London Platelet Action Group (LoPAG)

Chair: Ursula Wood
Co-chair: Tim Williams

Attendee	Hospital/Organisation	Initials
Ness Hayes	NHSBT	NH
Ursula Wood	Guys & St. Thomas' NHS Trust	UW
Tim WIlliams	King's College Hospital	TW
Nella Pignatelli	NHSBT	NP
Rebecca Patel	Northwick Park Hospital	RP
Kirk Beard	NHSBT	KB
Sheelan Abdulah	Univeristy College London Hospital	SA
Molly Rutherford	Guys & St. Thomas' NHS Trust	MR
Richard Turner	NHSBT	RT
Lubna Awas	Univeristy College London Hospital	LA
Kojo Adarkwah-Yiadom	Great Ormand Street Hospital	KA

Minutes secretary: Nella Pignatelli
Apologies: None

---------- Meeting starts ----------

1. Welcomes

UW welcomed everyone present at the meeting.

2. Platelet Issues and Data Insights
Presented by NH

2.1. Introduction

- NH introduced herself as a Facilitation Specialist for Blood Stocks Management Scheme (BSMS), having joined NHSBT in December.
- This was her first meeting with the group, and she acknowledged it had been some time since the last gathering.

- She reviewed previous presentations to ensure continuity and welcomed any feedback or suggestions for future sessions.

2.2 Key Observations from the Data

- Overall platelet issues have increased over the past six months.
- London accounts for approximately 26% of national platelet issues, up by 1% since the last meeting.
- A Negative platelet issues have slightly decreased in London (down 2%), consistent with the national trend.
- NH thanked all hospital teams for their efforts, acknowledging that data entry is not the most glamorous task but is greatly appreciated.
- Slight variation noted in moderate hospitals, possibly influenced by the recent cyber attack—though the specific sites affected are unclear.

2.3 Hospital Activity Trends

- Activity levels remain consistent across very high, high, moderate, and low user groups.
- Notable variation between very high users and others.
- Kidney Hospitals: Sustained drop in platelet issues since May last year, possibly due to a change in practice or patient needs.
- UCLH: Notable drop in A negative platelet usage from November 2024 to February 2025.
- Seasonal trends observed, with lower activity during summer months.
- Greater variation in low user groups due to smaller volumes.

2.4 Wastage and WAPI

- London region WAPI is at 3.5%, lower than the national average.
- Despite a few months with slightly higher wastage, the overall trend is stable and commendable.
- Since July 2024, WAPI in low user groups has improved by 2%, though still outside target—indicating progress with room for further improvement.
- Top causes of wastage: stock expiry and medically ordered but not used.
- A downward trend in wastage observed compared to spring/summer 2024, suggesting improved practices.
- Very high and high users show a stable pattern.

- Moderate and low users show more variation, likely due to smaller volumes and practices such as stock sharing with larger NHS sites.

2.5 Demand Data and A Negative Platelets

- Stock-holding units in London (e.g., Tooting, Colindale, Basildon) show higher A negative demand than the national average.
- The A negative donor population remains at 8%, presenting ongoing supply challenges.
- Larger hospitals tend to have lower A negative demand relative to total usage.
- Smaller hospitals may show higher A negative demand, possibly due to broader use across patient groups.
- Variation may reflect changes in stock selection or patient needs—local expertise is key to interpreting these shifts.
- Data presented on total and percentage HT demand, including breakdowns by blood group (e.g., O and B).
- Practices vary by hospital, influenced by clinical needs and local protocols.

2.6 Impact of Green Status and Final Remarks

- On 10 February, NHSBT announced that all platelet groups had returned to green status.
- A concern raised in other UK regions was whether this would lead to increased ordering.
- Data from London shows no such spike in activity following the status change.
- The 17-day rolling average of platelet issues remained stable, with expected dips around Christmas and bank holidays.
- This suggests that London hospitals have maintained responsible ordering practices despite improved stock levels.

2.7 Discussion

- TW and UW discussed the impact of NHSBT alerts on platelet ordering behaviour.
- NH noted that long-term changes in practice may persist post-alert, similar to COVID-related changes.
- KB raised a question about the use of A POS platelets alongside A NEG.
- RP confirmed temporary use of A POS during the alert but reverted to A NEG, especially for healing patients.

- No incidents were reported during the A POS usage period.
- RP highlighted low usage (approx. 10 units/month) and the need to transfer near-expiry stock to Norfolk Park.
- KB mentioned concerns about A NEG availability and suggested proactive planning, especially around Easter.
- TW proposed a survey to assess emergency stock practices across hospitals.
- UW agreed and suggested including questions on emergency stock and anti-D usage.
- NH confirmed BSMS will conduct a broader emergency planning survey later in the year, including platelet stock practices.
- Decision: No separate survey needed; rely on BSMS survey.
- UW proposed reissuing an information leaflet with updated anti-D data.
- RT emphasised the need for early planning due to the extended holiday period.
- Focus on ensuring adequate A POS emergency stock to meet potential demand spikes.
- TW observed a decrease in A NEG platelet usage at UCLH, the largest user.
- SA confirmed a slight drop, attributing it to:
    - Increased use of patient-specific group-matched platelets.
    - Seasonal factors such as Eid, Ramadan, and bank holidays, which reduced overall hospital activity.
    - Stock Practices

- UCLH typically uses A NEG or A POS for AB patients, avoiding AB platelets.
- TW suggested considering a proportion of AB platelets to reduce pressure on A NEG stock.
- SA acknowledged the logic but noted:
- A NEG is preferred due to its universal compatibility and availability.
- AB is rarely used, even for red cells.
- UW suggested allowing NHSBT to choose between A or AB platelets when ordering, to help balance stock.
- SA agreed to revisit the discussion internally, though current practice heavily favours A NEG due to familiarity and availability.

3. 2025 Planning

3.1 Educational Activities for 2025

- At least one educational event (likely online, as in previous years).

- Two educational newsletters (aiming for three if feasible).

3.2 Survey Update:

- Original survey idea passed to NHSBT.
- Open to suggestions for alternative survey topics.

3.3 Proposed Newsletter Topic: Platelet Shortage Learnings

- UW proposed compiling a collection of successful initiatives from different trusts during the platelet shortages.
- Examples: reducing standing orders, switching to daily ordering, reducing A NEG usage.
- Aim: Share nationally to support preparedness and best practices.
- Plan:
    - Email lab managers and TP networks to gather input.
    - Discuss findings at the next TADG meeting (26 June).
    - Include in one of the 2025 newsletters.

3.4 Additional Educational Topics

- RP suggested exploring wastage and shortage management further.
- UW noted potential future relevance of new platelet products and the need for guidance if launched.

3.5 Transfusion Thresholds & Clinical Practice

- RP highlighted examples of over-transfusion and unclear practices, such as dual platelet transfusions.
- TW suggested the need to clarify ambiguous areas in existing BSH guidance.
- Agreed there is potential to raise these concerns with BSH for future updates.
- RP cited a haematology patient with cerebral haemorrhage and HLA antibodies, where a target of 100 was unrealistic.
- Another case involved two platelet units given simultaneously, which lacked clinical justification.
- TW and RP stressed the absence of clear written guidance on timing and dosage, calling for more explicit protocols.
- UW proposed a structured approach: allow two attempts to reach the threshold, then proceed with transfusion during the procedure only.
- General agreement that this approach should be formalised to support patient blood management and reduce unnecessary transfusions.

- Discussion on the need for explicit guidance on:
    - Maximum number of prophylactic platelet units.
    - Timing of transfusions (e.g., spacing doses 12 hours apart).
    - Managing patients who will not reach target thresholds despite multiple transfusions.
- RP referenced existing app guidance, noting it is often overlooked in practice.
- UW proposed drafting a formal letter to the BSH (British Society for Haematology) to request clearer guidance.
- Agreement to proceed with this as a second project, potentially supported by survey data.
- TW presented a draft poster aimed at improving confidence in cross-group platelet transfusions during shortages.

3.6 IT Infrastructure and Education

- UW noted that many hospitals are focused on IT upgrades, limiting engagement with platelet education or innovation.
- Emphasis on the need to fix a date for an educational event.

3.7 Any other business

- LA shared that a registrar at UCLH is auditing platelet use, supported by a "smart phrase" system to justify transfusions.
- The tool is inconsistently used and not fully integrated into EPIC but aims to improve documentation of appropriateness.
- UW raised the issue of post-transfusion review, questioning whether outcomes are routinely assessed and documented.
- RP and LA noted that reviews are typically only done for HLA-matched transfusions, and even then, not consistently.
- UW suggested including this in a letter to BSH, especially regarding outpatient transfusions given above threshold to prevent emergency admissions.
- Discussion on whether early transfusions in outpatients prevent hospital admissions or are unnecessary.
- LA acknowledged this is a grey area, often driven by nurse-led decisions outside formal therapy plans.
- KB suggested exploring whether data exists on outcomes of early/out-of-threshold transfusions and offered to liaise with colleagues to investigate further.

- UW to coordinate with NP to set a date in October for an education event.
- UW to contact NHSBT regarding upcoming developments and explore ways to encourage clinicians to document transfusion appropriateness.

4. Actions:

No.	Action	By Whom
1	Stock Management Team to include questions on A NEG and A POS emergency stock in their upcoming survey	NH/SMS Team
2	Explore reissuing an information leaflet with anti-D usage data	UW/NP
3	Draft and send a request for platelet shortage initiatives to lab managers and TP networks	UW
4	Add platelet shortage learnings to the TADG agenda for 26 June	UW/NP
5	Explore potential topics for a second or third newsletter, including wastage and transfusion thresholds.	All
6	Draft a formal letter to the BSH (British Society for Haematology) to request clearer guidance on dual platelet transfusions.	UW
7	Arrange an education event	UW/NP
8	Explore whether data exists on outcomes of early/out-of-threshold transfusions. KB to liaise with colleagues to investigate further.	KB
9	UW to contact NHSBT regarding upcoming developments and explore ways to encourage clinicians to document transfusion appropriateness.	UW