# London Transfusion Practitioner Group Meeting Minutes

## Tuesday 10 June 2025 – Tooting Centre

**Chairs:**
Pascal Winter **(PW)** Barking, Havering & Redbridge
James Davies **(JD)** King's College

**Attendance**:

| | |
|---|---|
| Kristine Coretico **(KC)** Guy's & St. Thomas' | Selma Turkovic **(ST)** NHSBT |
| Charlie Little **(CL)** HCA UK | Avelyn Allata **(AA)** Imperial |
| Wendy McSporran **(WM)** Royal Marsden | Rachel Moss **(RM)** GOSH |
| Emily Carpenter **(EC)** King's College | Andy Wilmer **(AW)** King's College |
| Jan Gordon **(JG)** Chelsea & Westminster | Mitzie Rafada **(MR)** St George's |
| Jamilla Koshoni **(JK)** Whittington | Tim Williams **(TW)** King's College |
| Grace Adetunji **(GA)** King's College | Helinor McAleese **(HM)** Newham |
| Lubna Awas **(LA)** UCLH | Kate Maynard **(KM)** Croydon |
| Selma Turkovic **(ST)** PBMP London | Sachin Ramoo (**SR)** Cleveland |
| Ursula Wood **(UW)** Guy's and St Thomas' | Rebecca Kahari **(RK)** London Northwest |
| Tracy Omadeli **(TO)** Barts Health | Alexis Cooke **(AC)** Pharmacosmos |
| Nella Pignatelli **(NP)** NHSBT | Sonal Hussain **(SH)** Kedrion BioPharma |
| Rachel Suri **(RS)** Epsom and St. Helier | Zsofia Takats **(ZT)** Hillingdon |
| Sharon Ramirez **(ShR)** UCLH | Oscar Martin **(OM)** Cromwell |
| Silvane Gabriel **(SG)** Royal Marsden | Hayley Allen **(HA)** King's College |

**Apologies:** Sasha Wilson, Sarah Lennox, Charlene Furtado, Katie Pritchard and Dharshana Jeyapalan

**Minute Secretary:** Nella Pignatelli **(NP)** (NHSBT).
Please contact nella.pignatelli@nhsbt.nhs.uk for any amendments.

# Contents

**-- Meeting starts --**

## 1. Welcome and Introductions

JD and PW welcomed everyone to the meeting. Introductions were made.

## 2. Minutes of the Last Meeting and Action Log

The minutes from last meeting on the 5th of December 2024 were accepted as a true record.

| | Action | By whom | Status |
|---|---|---|---|
| 1 | ST to ask JB to send PSIRF videos to NP so they can be circulated amongst transfusion practitioners (TPs). | ST/JB/NP | Completed |
| 2 | UW will contact NP to organise a LoPAG meeting. | UW | Completed |
| 3 | Send out a survey asking the TPs what barriers they face with the QS138 tool. | TW | Completed |
| 4 | Raise the idea of a one stop portal that includes all the audit tools for TPs at the next NTPN meeting. | JD | Ongoing |
| 5 | Share link to the award nomination form. | JD/WM | Completed |
| 6 | ST asked NP to send out a small survey for the use of tranexamic acid to the TP group. ST asked the group If they can then share this with any surgical or anaesthetic contacts they have. | ST/NP/ALL | Completed |
| 7 | JD to get in touch with KM to arrange attending the next SCWG meeting which is in May. | JD | Ongoing |

Notes:

- Action 1: PSIRF Videos were shared via email and also uploaded to Future NHS TP Workspace by NP.
- Action 2: UW and NP organised LoPAG meeting on the 26th June 2025.
- Action 3: TW sent out survey and presented results at this meeting
- Action 4: Ongoing as the next NTPN meeting is after this meeting, so JD has been unable to raise this yet.

- Action 7: JD unfortunately missed the May meeting but will attend the next SCWG meeting.

**3. Blood Stock Updates**

Presented by NHSBT on Microsoft Teams

Current blood stock issues were discussed, noting a 4% improvement last week but a 12% drop in data. The glide path for blood collection was explained, and there was emphasis on collecting above the business plan to maintain healthy stocks. Some interventions included national media campaigns, local filming and priority lanes for donors.

The trial of the Venus HemoCue for more accurate low HP testing was discussed, with aims to reduce deferral rates. Additionally, they noted the impact of national media campaigns on donor mobilisation, with a significant increase in new appointments booked. There was also a discussion on improving the number of donors, particularly O negative donors, to manage peaks and troughs.

**4. London TP Updates**

**4.1 Shared Care Working Group (SCWG)**

Presented by KM

- KM provided an update on SCWG, noting its expansion to a national level and the development of the Shared Care Form.
- The Shared Care Working Group is working on digitalising communications within hospitals and developing a toolkit for good practice. They are also looking into the impact of shared care on transfusion practice and the potential for digital solutions.
- KM mentioned the group will approach specialist nurse groups about counselling for patients with historic Hodgkin's Lymphoma and those on Cladribine for MS.

**4.2 London Platelet Action Group (LoPAG)**

Presented by UW

- UW noted that London's performance is at 3.5% below the national average
- LoPAG are planning an educational event in October and a meeting in early July.
- UW shared a draft survey to the TP group for their review. The survey is to gather information on emergency platelet stocking and standing orders, and collect data

on the types of services that use platelets and the policies for issuing platelets in emergencies.

→ **ACTION:** RM asked UW to add Paediatric Platelets to survey

→ **ACTION:** JD asked UW to add IR blood question to survey, to expand on order of stocks section.

→ **ACTION:** EC asked UW if there should be a question asking how long before platelets are delivered and or used. UW to consider this, but fears this may prevent people answering the survey.

**4.3 QS138**

Presented by TW

- TW provided an update on the QS138 audit tool, and noted the need for more data entry from London Hospitals.
- TW thanked the hospitals that have been entering data, and highlighted the importance of Tranexamic Acid data.
- TW requested for hospitals to create a Snap Survey account to facilitate data entry.

**4.4 Wrong Blood In Tube (WBIT) group**

Presented by SR

- SR noted that the most WBIT incidents occurred on Fridays and with most errors detected at the lab.
- SR told the TP group that membership for the WBIT group is low, and asked if anyone would like to join the group.
- SR Discussed the London WBIT reporting tool and the need for more participation from hospitals.
- KM responded to SR by stating that there is a lot of duplication with reporting WBITs, as hospitals are also reporting their WBITs to SHOT, which makes people less inclined to also report it via the WBIT audit tool. The group generally agreed with this point, stating it felt like it was repeating work, and increasing the workload for TPs.

→ **ACTION**: WM advised SR to check out the Datix/Radar incidence reports on WBITs that the government collects to reduce tasks TPs have to do.

→ **ACTION:** Group asked to see WBIT report the WBIT reporting tool has collected thus far, and NP will email this to TPs.

**4.5 British Blood Transfusion Society**

Presented by WM

- WM told the group that the BBTS Annual Conference will be held in Harrogate on 13th - 16th October 2025.
- WM mentioned that the TP Special Interest Group (SIG) encourages all TPs and those in equivalent roles to consider attending BBTS conference.
- WM stated to please use the BBTS TP forum or contact your regional representative(s) if you have anything you would like escalated to the TP SIG for discussion and feedback.

→ **ACTION:** WM to send newsletter and any updates after BBTS meeting tomorrow (11th June 2025).

**5. NHS Futures**

- KM shared to the group the idea of having an NHS Futures workspace for the TP group to share documents and hold discussions.
- NP mentioned that it was created a few days ago, and she wanted to see if the group was interested in using it.
- The group all collectively agreed that the workspace would be a useful communication tool

→ **ACTION:** NP to invite all TPs to the workspace created on NHS Futures

**6. NHSBT/ Patient Blood Management Update**

Presented by ST

- ST provided updates on new resources and tools available on the PBM website, including the red cell toolkit and anaemia pages. Additionally, new accessibility features have been added, and the team encourage feedback on this.
- The Fit to Donate project aims to reduce donor deferral by educating donors about iron intake.
- Updated QR codes and patient information leaflets are available, with a focus on reducing printed materials.
- ST mentioned ongoing projects, including baby blood assist, YouTube Health, Google Health and the BTT e-learning app.

**7. National Transfusion Practitioner Network (NTPN) Updates**

Presented by JD

- JD told the group about the 4 professional development framework webinars that took place, and a combined video can be found on the National Blood Transfusion Committee (NBTC) website.
- Next NTPN meeting on 19th June – so not much to update at this time.
- The NBTC are working on a survey to assess the activity and governance of HTCs in London.
- The survey revealed concerns about the governance links of HTCs to trust executives and the representation in patient safety or clinical risk governance groups.
- The NBTC aim to support HTCs and improve blood safety through better governance and professional development.
- The survey results highlighted poor representation in HCCs, from important specialities like Medicine, Surgery and Paediatrics.
- Only half of trusts recognised the HTC Chair as a separate role, and two-thirds of HTCs receive no dedicated admin support
- The survey concluded tat most HCCs are active, but lack support, and trusts are losing governance support for HCCs.

**8. International Society of Blood Transfusion (ISBT)**

Presented by RM

- RM provided an update on the TP Subgroup, including its involvement in various working groups and projects.
- The TP Subgroup has representation from Australia, UK, Canada and Belgium.
- The group is working on educational sessions and publications, including a framework for transfusion practice in low-middle income countries.
- RM informed the group about TP micro-credentials in Australia, which consists of six working through modules for TPs.
- The group aims to promote best practices and support the development of Transfusion Practitioners globally.

**9. Sponsor: Pharmacosmos**

Presented by AC

- AC provided a refresher session on iron deficiency anaemia and emphasised its importance for various clinical settings.
- AC explained the importance of iron for haemoglobin production, energy production, hormones, enzymes and proteins.

- Global prevlance of iron deficiency and iron deficiency anemia is discussed with statistics on surgery patients.
- Causes of iron deficiancy anaemia include diet, malabsorption, inflammation, blood loss and increased requirements during pregnancy.
- AC explained the blood measures used to diagnose iron deficiency: haemoglobin, ferritin and TSAT.
- Ferritin is described as the iron storage, with levels below 30 indicating absolute iron deficiency.
- TSAT (transferrin saturation) is used to diagnose functional iron deficiency, with levels below 20% indicating deficiency.
- There was a discussion on the impact of inflammation on iron absorption and storage.

**10. Sponsor: Kedrion BioPharma**

Presented by SH

- SH explained the promotion of Anti-D; a product made from Rhesus Negative plasma donors infused with positive red cells.
- There are two doses available in the UK: 1500 and 500 units.
- SH highlighted the need for Anti-D due to 10% of babies born in the UK being Rh-positive to Rh-negative mothers.
- The BCSH guidelines recommend using both 500 and 1500 units, with 500 for sensitising events and post-delivery and 1500 for routine 28-week doses.
- SH told the group that the 1500 units dose is £15 more expensive and that there are also other benefits to using the 500 over the 1500 units dose, such as flexibility in dosing.

**11. Patient safety incident response framework (PSIRF)**

Presented by AW

- AW introduced PSIRF to the group, which was launched in 2022 and has been incorporated into every NHS provider by 2024.
- AW explained the theories of safety underpinning PSIRF, including systems thinking and the impact of human factors.
- Human factors such as team dynamics, fatigue, stress and the limitations of human memory and cognitive load were discussed.
- The discussion covered the importance of understanding the system, rather than just focusing on individual actions.

- The role of technology in healthcare was examined, with a focus on intuitive design and the need for less complex training.
- AW also discussed task factors, including challenges of simple, monotonous tasks, multitasking and complex procedures.
- The importance of double-checking and the potential tisks of over-reliance on safety nets are highlighted.
- The concept of local rationalities was introduced, where staff make logical decisions based on their environment.
- AW suggested that the shift towards PSIRF could lead to a reduction in the number of investigations, freeing up resources.
- The discussion concluded with a focus on the importance of continous improvement and evolving needs of patient safety.

**12. Group Discussion: Blood Refusal**

Presented by PW

The discussion focused on managing blood refusers, particularly Jehovah's Witnesses, with data showing 140,400 followers in the UK. Key points included the need for robust documentation, early referrals and optimising patient care. The discussion highlighted the importance of safety culture, informed consent, and digital systems. Recommendations from the blood inquiry emphasised training, PBM metrics, and transparency. Challenges such as language barriers, legal complexities, and resource allocation were discussed. The meeting also covered the implementation of self-salvage systems and the need for better staff training and capacity planning.

**13. Actions to complete**

| Action | To be completed by: | Status |
|---|---|---|
| RM asked UW to add Paediatric Platelets to survey | UW | |
| JD asked UW to add IR blood question to survey, to expand on order of stocks section. | UW | |
| EC asked UW if there should be a question asking how long before platelets | UW | |

| | | |
|---|---|---|
| are delivered and or used. UW to consider this, but fears this may prevent people answering the survey. | | |
| WM advised SR to check out the Datix/Radar incidence reports on WBITs that the government collects to reduce tasks TPs have to do. | SR | |
| Group asked to see WBIT report the WBIT reporting tool has collected thus far, and NP will email this to TPs. | NP | |
| WM to send newsletter and any updates after BBTS meeting tomorrow (11th June 2025). | WM | |
| NP to invite all TPs to the workspace created on NHS Futures | NP | |

**The meeting ended with final remarks from PW and JD.**