

London Transfusion Practitioner Group Meeting

Thursday 5th December 2024 – Face to Face Meeting

Chair:

Dipika Solanki **(DS)** (Imperial)

Deputy Chairs:

Pascal Winter **(PW)** (Barking, Havering & Redbridge)

James Davies **(JD)** (Kings)

Attendance:

Kristine Coretico (KC) (Guys & St. Thomas')	Charlene Furtado (CF) (Guys & St. Thomas')
Charlie Little (CL) (The London Clinic)	Avelyn Allata (AA) (Imperial)
Rebecca Patel (RP) (Northwick Park)	Rachel Moss (RM) (GOSH)
Emily Carpenter (EC) (Kings College)	Lawrance Nyoni (LN) (HCA Laboratories)
Jan Gordon (JG) (Chelsea & Westminster)	Jamilla Koshoni (JK) (Whittington)
Nathalie Muller (NM) (Royal London)	Mihaela Gaspar (MG) (Royal Brompton)
Lipa Islam (LI) (UCLH)	Tim Williams (TW) (Kings College)
Jeorge Duldulao (JD) (The London Clinic)	Paul Sandajan (PS) (North Middlesex)
Selma Turkovic (ST) (PBMP London)	Helinor McAleese (HM) (Newham)
Suzzane Makki (SM) (Barts Health)	Tabeth Carnegi (TC) (Whittington)
Tracy Omadeli (TO) (Barts Health)	Wendy McSporran (WM) (Royal Marsden)
Nella Pignatelli (NP) (RTC Administrator)	Sasha Wilson (SW) (Cleveland)

Guest Speaker: Stephanie Dryland **(SD)** (Haemonetics)

Apologies:

Sarah Hammond **(SH)** (Barts Health)

Sarah Lennox **(SL)** (Royal National Orthopaedic)

Anne Minogue **(AM)** (Queens)

Dumi Simelane **(DuS)** (St John & Elizabeth)

Helen Brown **(HS)** (Imperial)

Silvane Gabriel **(SG)** (Royal Marsden)

Minute Secretary: Nella Pignatelli (NHSBT).

Please contact nella.pignatelli@nhsbt.nhs.uk for any amendments.

Meeting starts

1. Welcome and Introductions

SW and **DS** welcomed everyone to the meeting. Introductions were made. **DS** announced that she is stepping down and that **PW** and **JD** will take the role as Chair of the Transfusion Practitioner (TP) group.

2. Minutes of the Last Meeting and Action Log

The minutes from last meeting on the 9th of September 2024 were accepted as a true record.

	Action	Responsibility	Status
1	Discuss the need for a more cohesive IT systems approach to transfusion at BBTS	RM	Completed
2	Organise a meeting to review the data from the WBIT Audit Tool in depth	DS/TJ	Pending
3	Reach out to Estelle and organise 'What's your blood type' events in North-West London / reach out to Estelle's colleagues to organise these events around London	SH/ALL	Closed
4	Make sure all relevant rad-sure signage within training is updated	ALL	Completed
5	Group should organise and attend a face-to-face tutorial or online tutorial on using the QS138 Audit Tool	ALL	Completed
6	Upload WBITs from 01.01.2024 using the following link: - WBIT RTC Regional Reporting Tool (snapsurveys.com) Last question (free text) tell us if you use electronic / paper based / hybrid system, what the issue is and what system you use.	ALL	Completed

7	Circulate PSIRF YouTube Video when available	TJ	Completed
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2.1 Group reviews actions

- **Action 1:** **RM** brought up the need for a more cohesive IT systems approach at SHOT and BBTS but there was no movement in this area. **RM** met up with the new Chair of SHOT and expressed her concerns and the need for standards for admins recording sample labelling. **WM** stated that there should be a requirement document created. **WM** and **RM** will keep pressuring higher ups and that this action should be a standing agenda instead. **PW** added that the use of various systems leads to errors and that sharing a system might be more beneficial and **DS** agrees.
- **Action 2:** No meeting was planned this year due to the changes in chair (**DS** steps down from Chair of WBIT and the TP group). **PW** will meet with **RP** who will do this action going forward.
- **Action 3:** Group contacted Estelle regarding 'Know your blood type' and received an overwhelming number of responses.
- **Action 4:** Everyone confirmed – action closed.
- **Action 5:** **TW** will show team a demonstration on how to use the QS138 Audit tool
- **Action 6:** Completed. Link will be shared with **NP** who will circulate to the group.
- **Action 7:** Completed. **SW** will share PSIRF video with **NP** for circulation.

London TP Updates

3. Shared Care Working Group

EC provided update and presented slides. A summary of the presentation is below:

- Shared Care is now a national working group (National Shared Care Working Group)
- Good representation of transfusion practitioners from various regions
- The group has met twice so far as a national group
- Interactive PDF resource developed by **HM** which will go to NBTC for badging

- Scoping document on possible shared care options developed following a short survey that was sent out nationally, submitted to Louise S. as part of Transfusion Transformation
- Development of FAQ around NHSBT labs

4. London Platelet Action Group (LoPAG)

TW provided update and presented slides. **TW** announced he is now deputy chair of LoPAG. A summary of the presentation is below, broken down into categories:

4.1 Platelets

- High Titre-demand data shared from July 2023 to July 2024
- In relation to platelet wastage, shared data was collected on trusts who do well and trusts who do not
- There is an expectation of platelets always being available
- London hospitals have an expectation to receive blood components from NHSBT quickly
- Reducing platelet ordering is a priority
- **EC** suggested big users of platelets should recycle but small users might struggle
- **TW** suggested a change from 24 hours to 4 hours reservation for platelet ordering to which **RM** added it should not go below 4 hours otherwise people will struggle
- Principles of Universal Plasma to be applied to platelets
 - Order A+ platelets as emergency stock
 - **DS** stated that this would be good for trauma centres
 - If under 18, always give neg platelets if they do not know B group unless it is an emergency or a blood shortage
- **CF** stated that labs are struggling to manage their stock as people order late as they know they will get it (which is the case with Red Blood Cells too).

4.2 Auditing

- **RM** explained that there are four standards set out by NICE to make a model hospital, and that trusts can register and therefore cross-reference, but it has not had the uptake that was hoped for. **SW** added that auditing each standard separately is a benefit as it allows for trusts to focus on one standard that needs more attention and that the trust does not have to commit to all four to do one. **TW** added on that trusts who do not have as much time could focus on standards that are quicker such as Tranexamic Acid (TXA).

- **WM** expressed that she has found it hard to have access to data from audits signed off and has had to go through many channels – even for data with no clear way of identifying patients which leads to a long turn around. This is because the NHSBT are not on the exclusion list.

5. Wrong Blood in Tube Working Group (WBIT)

DS informed the group that the chair has stepped down and that she is temporarily looking after the WBIT tool. **DS** presented a few slides about the WBIT audit tool stating that there is no need for registration and that the London region is using the tool more frequently than other regions.

6. International Society of Blood Transfusion (ISBT) updates

6.1 International Transfusion Practitioner Day

RM led the update, firstly informing the group that she is the chair of the International transfusion group and presented a few slides. **RM** announced that new members have joined from the UK and Australia currently totaling 8 members, but more people will be coming onboard in the next couple of months. **RM** helped organise the first ever International Transfusion Practitioner Day in Barcelona supported by ISBT. On the day of the event, the role of a transfusion practitioner was discussed. As a result, Israel and South Korea have now welcomed the TP role to their hospitals. There are plans in place to do something similar in 2025 in Milan.

6.2 TP Podcasts

TP Podcasts have been running for about two years. **RM** announced that the 12th issue has been released with a TP midwife and transfusion lead as guests on the podcast. Topics of conversation included transfusion and obstetrics.

Issues with their previous platform is the reason for the delay in releasing this podcast, and the new platform that is being used is called Riverside. The next podcast will be on Pediatrics. **WM** has also prepared a podcast on managing haematology patients. **RM** stated that they are trying to get speakers from around the world to come on to the podcast and are happy to speak English.

6.3 Essentials of Blood Transfusion Teaching

A doctor from India asked Lily – who was the chair before **RM** took over – to write an E Learning Program for nurses. A lot of countries are low to middle income and they don't

necessarily have the resources that the United Kingdom has, and **RM** expressed that she wants to continue with the E Learning Program. However, **RM** explained that as it was a big project that needs to be kept on top of constantly, it may be difficult to sustain. Under **RM**'s leadership, an 'Essentials of Blood Transfusion' teaching guide was created instead for nurses and scientists who were building programs to teach their own staff how to administer blood. The lead of the Education Group at ISBT Clinical Education wanted to also do this but for doctors. Both of these are now live. If there is no TP present in a region or state, then the Transfusion leads could follow this. **RM** and her team are hoping this teaching guide will gather traction and they are eager to hear any feedback about it.

7. National Transfusion Practitioner Network (NTPN)

RM introduced the NTPN by explaining to the group that the idea of this working group is to bring together the chairs of each TP network as nothing of the sorts was done before. Patient Blood Management Practitioners (PBMPs) have always had a great understanding of what was going on across the regions, so it was time for the TPs to have the same, leading to the relaunch of the NTPN.

7.1 NTPN Relaunch:

- There is not currently a framework in place for TPs.
- Transfusion 2024 highlighted the need to review the transfusion practitioner role and the need for a better framework.
- The relaunch will include work streams and a seat at the table at the National Transfusion Committee.
- The NHSBT are supporting a TP with a TP background to build a framework for TPs.
- This will be led by the NTPN and the TPN.
- JD is leading the work streams and digitalisation and there is going to be one on transfusion education.

TPs with decades of experience are using their knowledge acquired but new TPs are left without any structure, so this new framework can hopefully assist the next generation, and they can build with it. There are hopes for another TP Day in 2025 which will be virtual as it would otherwise involve a lot of travelling from different regions.

TPs who are involved must negotiate within their own teams as they are not given funding or allocated time and end up having to do it in their own time. **RM** states that this

is a major challenge, but everyone must persevere and think about the future generation of TPs. **WM** added that the hardest thing for TPs is the authority gap – TPs are given a reasonable amount of responsibility but no support or authority to fulfill that. **WM** added that the NBTC approved the funding to finish off the TP framework and that this has set the ball rolling – even if this is not reflected in the day-to-day work of a TP.

8. Patient Blood Management Practitioner (PBMP) Update

ST led the PBMP update with a presentation.

8.1 Important announcements/updates:

- Amber alert continues for platelets
- Stocks are fragile
- A decision was made to stay in amber alert till after Christmas
- There are not enough B negative donors
- There is an expected increase in demand during winter e.g., sickle cell symptoms worsen in winter
- West End Donor Centre is expanding
- Two new donor centres opening – one in Brighton and one in Brixton
- Campaigns set up to promote donations
- Currently there is B neg red cell shortages
- Encouraging online use of patient leaflets rather than ordering paper leaflets
- Iron in your blood display took place at Chelsea & Westminster and will be at other hospitals in the future
- There is a backlog of BTDEG videos that need edited

8.2 Pilot study

3 Pilot exercises failed due to quality issues with the cold chain.

- **NM** mentioned that there was a lot of work for lab staff to prepare which units to return and sometimes it is packaged incorrectly e.g., stored at the wrong temperature.
- **PW** was asked by private hospitals to sell back blood close to being expired and **PW** thinks they should order less instead.
- **WM** stated that buying back blood at half price would make it easier for a big blood bank to accept back short expiry blood.
- **NM** added that it is a logistical nightmare as each unit and fridge need temperature checks regularly and temperature charts documented.

9. Haemonetics

Guest Speaker: Stephanie Dryland

The presentation was on cell salvage and improving the way blood is transfused correctly.

The Cell Salvage machine can be used intraoperatively and post-operatively. To reduce the cost, it can be set up in collect only mode. The Cell Salvage machine collects blood in a reservoir and the internal policy of the hospital dictates how much blood is needed before further processing with the cell salvage machine. The blood is then sent to a centrifuge and wash procedure which is all automated by the machine and allows for the surgical team to do other tasks.

Cell Salvage is becoming common in obstetrics – especially for caesarean sections. It also reduces the risks associated with allogenic transfusion.

Some more benefits include:

- Quicker recovery
- 2,3-DPG levels are higher in oxygen transport which speeds up recovery and frees beds
- Acceptable to most Jehovah's witnesses (closed circuit can be set up)
- Smart suction is built in now and speeds up when it detects larger pools of blood and slows down when there is less which prevents red blood cells from haemolysing and avoids a turbulent flow.

They show trainees with expired blood how to use the machines.

PW added that more people are presenting as blood refusers and Jehovah Witnesses, so cell salvage is useful.

WM asks if patients need to consent to cell salvage and PW responded stating patients do not need to be told unless they are blood refusers.

10. Sharing and Caring

10.1 Labelling

The group discussed how issues with name changing has caused issues with removing blood from fridges. **TW** states that in his trust they avoid using middle names for this reason. **DS** and **SW** agree that merging needs to happen, and **SW** added on explaining that there should be changes to registration which should be checked against lab

records. The group agrees multiple forenames can be confusing and it can be unclear what the surname is, especially when character limits occur with labelling. **SW** emphasises that this is a joint lab and registration issue not TP.

RM added on to mention the confusion that diacritics (symbols and non-UK keyboard letters) can lead to a mismatch between systems as some systems do not allow for diacritics and others do (e.g. EPIC). In the lab it cancels the letter if it has a special character which changes the name, and the TP present would need to go and check records on EPIC.

WM mentioned creating a TP report to include key issues experienced.

10.2 Regulating NHS Managers

PW asked everyone to read and complete a survey to give a response to the regulation of NHS managers. RM added that it will be difficult to regulate but it is needed and that managers are afraid to spend so they can be promoted to the next band as underpaying for projects reflects them positively. **SW** also stated that legal accountability is needed.

10.3 Blood price

EC was concerned about the blood price increasing as to achieve savings, hospitals need to reduce even more wastage which can become difficult. **RM** added that stopping block contracts or paying by unit could be a potential way to combat wastage. **WM** mentioned that data that takes into consideration price increase, activity and blood usage is hard to get. **RM** highlighted that as time goes on cases will get more complicated and therefore require more blood.

10.4 Any other business

QS138 Ambassador Team nominated **TW**.

Actions

	Action	Responsibility	Status
1	Organise a meeting to review the data from the WBIT Audit Tool in depth. PW will meet with RP who will do this action going forward.	PW/RP	Pending
2	WBIT and PSIRF video to be shared to NP who will circulate video.	?	Pending

3	To create a TP report to include key issues experienced by TPs	WM	Pending
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-End of meeting -

Next TP Meeting: 11th March 2025