
Transfusion Practitioner Collaborative Working Group Workshop – OUTPUTS

Tuesday 2nd July 2024, 09.30–15.30

Suite 124, University College Birmingham, McIntyre
House, 2 Holland Street, Birmingham B3 1PW

Context Setting and aim for today

Professional Development Framework Workshop.

2nd of July 2024





NHS

Blood and Transplant

Thank
you

Where are we up to?



NHS

Blood and Transplant

Collaboration

Steering group

BBTS, ISBT, NTPN,
guideline authors, NCA
authors

Working group

TPs represented from each
RTC, experience,
professional background,
banding

Stakeholders

SHOT, Pathology
Networks, workforce
experts

Review

Previous frameworks
for TPs have been
developed by Kings
Health Partnership,
NHSBT, NTPN

However, the
frameworks were not
adopted at a national
level

Findings

*“due to the frameworks not
being approved by the required
professional and regulatory
bodies they lack weight and
therefore no onus for the
employer to acknowledge the
framework”- NHS workforce
expert*

Review of successful frameworks

1. developed in conjunction with
a third party
2. regulatory and professional
body support and endorsed by
associated society-IPC and
RCSLT for example,

Recommendations

Regulatory and
professional body
recommendation
essential for successful
implementation of
framework

Options appraisal review
recommended that to
achieve a nationally
recognised framework for
TPs must be developed with
a 3rd party agency and the
TP collaborative.

- ✓ NBTC- agree to support the framework being developed with a 3rd party
- Funding
- Procurement- impact of momentum on the group
- NPTN/feedback

Positive comments

Realistic



Workshop to agree next steps



- ✓ Funds- what is the strategy
- ✓ Raising the profile of the TP
- ✓ Momentum- what should we focus on
- ✓ Deliverables and limitations for the professional development framework



Aim

To bring together the collaborative working group for the Transfusion Practitioner Programme to explore and agree:

- how the proposed Transfusion Practitioner Professional Development Framework supports the strategic ambitions of Transfusion 2024 and beyond
 - how we manage the opportunities and challenges and how we collectively communicate about the framework development
 - the role of the collaborative working group and others in the development and oversight and governance of the framework
-

How will the proposed Transfusion Practitioner Professional Development Framework support the ambitions of Transfusion 2024 and beyond?

- Transfusion Transformation (workforce development)
- Futureproofing role



Tx 2024
RESEARCH

Tx 2024
WORKFORCE

Tx 2024
PBM

Tx 2024
IT

is this
just nice
to have?
—

Appropriate
Use of
Blood

Influence
future
TP Role

DATA IS
KEY
TP Role
within
THIS

AI +
Decision
Support

Benefits
TP &
organisation

Leadership

Who Asks
THE
Question?
Defines the
ANSWER

Pt
safety
Haemovigilance
+
TP Role

PATH
Networks
+ (private grade)
Hospitals
Interface.

Role has
morphed

BSQR
2005

Stock
management
+
wastage

RETENTION
TO BUILD
EXPERTISE

ADVICE
SOUGHT
BY CLINICAL
COLLEAGUES

CREDIBILITY/
TO ROLE

WRITE
RECOMMEND-
ATIONS.

MANDATED
QUALIFICATION
+
PROGRESSION.

ACKNOWLEDGE
EXPERTISE
NOVICE TO
EXPERT.

RECOGNISED
PATHWAY FOR
CAREER
DEVELOPMENT
WITHIN
TRANSFUSION.

PROVIDE
BASIS
FOR EDUCATION
SHAPE + FRAME
UNI EDUCATION.

INVOLVED
IN
DECISION
MAKING.

RECOGNITION
OF
ROLE.
BY WHOM?

PBM
Require
knowledge
behind
this.

PLATFORM.
→ REACH
OUT
&
→ FEED INTO.

Pathology
Networking

induction -
introduction
role.
National
NHSBTS.

Standardise.
The
ROLE

Qualification

Change
the
mindset.
- clinician

Ensure TPs
are
part of blood
tracking
Conversations

Management
Structure

Transferable
Skills
between
professional
backgrounds

Education
opportunities

Better
Collaboration
for IT
Set up

Support
links with
pathology
network
Leads

Workforce
Development

Capacity
planning

visibility
within Trust
+ public

What opportunities and challenges will we need to manage?

Who else needs to be involved?



opportunities

challenges

who else

Macro-level.
- Achievement

OUTWARD
FACING

NHS England.

cement
- embed.
- Foundations

How to
get involved.

All
Clinical
Users.

High
Level
Networking

Role
history

Pathology
Trust
Visibility.

Governance
Regulatory
Professional

Pioneers

funding
?

8007
2016
1800
Society
2016
1800

Standard
sets.

Management
Leadership.

CSU/
Division/
Business
Unit

↓
Mechanism.
↑.

* Patients

Patients

Clinical
Expertise.

Opportunities

* Role
embedded
for so long
change.

ACP's
? @
model.

-> Detachment
from
Clinical
environ.

* Organization
+
Networks

* Size of
Organization
x.

* Funding
Ext +
Internal.

Grading
variation

Transj.

CHALLENGES

Recognition +
Acceptance
of
framework

Funding

Engagement
of TPs
in the
process

Retention
+
Development

Framework
boundries

Capacity
Skills mix
Resource

OPPORTUNITIES

Blood
Enquiry -
BT at the
forefront
of minds.

TP specific
qualifications.

Improved
Support for
TPs

Break down
regional
barriers

Wider
RECOGNITION
(a) policy / Super
Practice Notices
etc.

HSST
equivalence
for Nurses
etc.
NSMCS

WHO INVOLVED?

National
School of
Healthcare
Science

NHS
England.

Patient
Safety
NHS

Royal
College's
BBTS

What else is important?

IT => TP's use for config + support + knowledge.

UPTAKE
ADOPTION
OF F/WORK

FINANCIAL
IMPLICATIONS.

opportunity to
enhance professional
safety with defined
framework + edict to
make clinical decisions

=> HSE.
=> NHSE
=> Patient Safety Teams
=> CQC
=> Royal Colleges
=> Medical health
=> Model hospital data

Opportunity to
Standardise role
+
Approach governance
+ support of role
differently.

Challenge -> to
influence those in
post to buy into/
engage with
framework.

What needs to be different as a result of this framework and how do we communicate these messages with:

- NHS England
- Transfusion Practitioners



NHS ENGLAND

Buzz
WORDS

NHS
management
SPEAK

Retention
Recruitment
Governance

Education

work Plans
Joined up
Metrics

QI
strategies

TP
Networks

PATIENT

CAPTURING
"soft"
measures

DATA

IMPACT

NHS
England
Strategic
Plan

Working
at a
National
level

BSQR
PSIRF
SHOT

Efficiencies
What does
that look
like?

Be
more
MACRO

Influence

Leadership
+
Governance

INTEGRATED
CARE
RECORDS

What are priorities?

Where do we get the knowledge?

Education + Networking + Peer Support.

Induction + Introduction

Development of established T.P.s.

Core elements Standardise.

Have SpR's Course.

Current Chain of Learning.

Retain expertise
↓
Development

Capacity?

Framework to Support Education.

- 1) Introduction
- 2) Framework to support education framework.
- 3) NHS Employers → For next round of TP recruitment.

- 4) Recognition
- 5) Capacity

Key discussion:

To focus our message on **our impact on patient outcomes and patient safety**

- How do we measure our impact on safety? – how do we use SHOT data and IBI patient outcomes?

Use the support we have from patients and public to gain the support we need nationally and locally – using patient stories (as well as data)

- Focus on co-design and co-production

Use the narrative of how the TP role has been developed, along with the current strategic drivers to explain why this framework, and why now – capitalise on the current opportunities and build on all the work already undertaken – future proof role

Ensure we are able **to use our collective voice** to influence key strategic and policy conversations where we have knowledge and experience to share

What's important for the oversight and governance of the framework?

...and Transfusion Practitioners?



The role of the National Transfusion Practitioner Network:

Agreement that this network is best positioned to provide **oversight and governance** of the framework:

- TP role and professional development
- Education provision
- Research (important that the framework recommends protected time for TPs)

We are not asking for permission – we are also asking for support with:

- Communications with TPs
 - Funding conversations with NHS E
-

The role of the National Transfusion Practitioner Network:

However, the role needs to be formalised and strengthened – engage with the network, as well as influence through our dialogue with NHS England to:

- Review membership, including SHOT
 - Improve two-way dialogue with regions
 - Share what works well to best support peer learning and problem solving within and across regions (London model)
 - Clarify the alignment with other groups such as BBTS (some people sit on many different groups) – unifying goal of improving patient safety
 - Ensure we have a collective voice as TPs
-

What is the role and ownership by the collaborative group for the development of the framework?



Developing the framework

- Small 'steering group' – advisory role for Jen
 - Working Group – TPs:
 - Progressing four workstreams
 - Lead on framework development – building on future proofing work to date
 - Collaborative Working Group (wider stakeholders):
 - May need to reconfigure as a sub-group to National TP Network
 - Agree ToR – formalise the relationship with the working group – effective two-way dialogue
 - Consider broaden membership: another lab manager without TP line management, rep from ?NHS Employers
 - Value contribution and support NHS E and SHOT colleagues
 - Focus on 'macro' strategic issues and services requirements – oversight of the framework development
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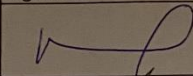
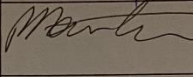
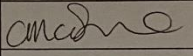
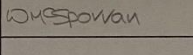
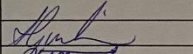
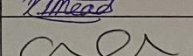
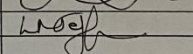
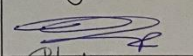
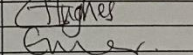
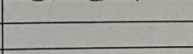
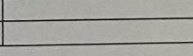
Our next steps

1. Meet with the Chair National TP Network – asap
 2. Present to the National TP Network – July
 3. Engage with NHS E – exploring options for funding third party support:
 - Proceed to third party procurement or
 - Agree how to progress without or limited funding
 4. Communications with TPS
 5. Stakeholder management, who, when and how, including hearing diverse and dissenting voices
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Delegates

TP Professional Development Framework- Workshop.

2nd of July 2024.

Name	Organisation	Signature
Katarina Kacinova	University Hospitals of Derby and Burton NHS Foundation Trust	
Pascal Winter	Barking, Havering and Redbridge University Hospitals	
Julie Edmonds	East and North Hertfordshire NHS Trust	
Carole McBride	Mid Yorkshire Hospitals NHS Trust	
Wendy McSporry	The Royal Marsden NHS Trust	
Rachel Moss	Great Ormond Street Hospital NHS Trust	
Sasha Wilson	Cleveland Clinic	
Karen Mead	North Bristol NHS Trust	
Stephanie Ferguson	Leeds Teaching Hospitals Trust	
Louise Jeffries	NHS England Peninsula Pathology	
Heather Clark	University Hospitals of Derby and Burton NHS Foundation Trust	
Caryn Hughes	SHOT	
Emma Milner	SHOT	
Louise Sherliker	NHSBT	
Nicki McNaney	NHS ELeet	
Jennifer Rock	NHSBT	