

London Shared Care Working Group

2nd November 2022 - Microsoft Teams

Attendance:

Emily Carpenter (EC) (Kings college Hospital)
Sara Hammond (SH) (Barts Health)
Michaela Gaspar (MG) (Royal Brompton & Harefield)
Kate Maynard (KM) Croydon
Tracy Johnston (TJ) (NHSBT)
Sasha Wilson (SW) (NHSBT)

Welcome, Introductions & Apologies

SW welcomed everyone to the meeting, no apologies required all attendees present

Minutes and Action Log

No prior arranged agenda prepared as this is the first meeting to establish the feasibility of resurrecting the Working Group.

SW gave an historical overview of the group, various Trusts are using shared Care Forms, with Transfusion 2024 and the aim of improved use of IT – SPICE will hopefully improve communication between NHSBT and Trusts for shared care.

SH raised DGH complaints of poor communication of Auto / allograft, use the EoE SCF. CNS has a copy of this and completes the transplant history and SH completes the Transfusion requirements and sends to DGH. She specialises in Myeloma

Pre-Operative Assessment not capturing – heart surgery patients with previous history of treatment for Hodgkin Lymphoma

SW asked the group which groups should we aim for the information to go to?

EC – stated CNS more manageable group than Doctor's they were super engaged.

MG – Requesting on ICE asks Specific Requirements questions now, Co-opting POA pathway's questions into it, CNS answer when they assess the patient. Problems with ECMO, Dissection – not much of a history. EPIC coming soon – ECMO Team do not write full transfusion history, problems with interhospital and discharge Summary.

Group shared various SCF documents including advice on requesting systems.

Action for collation to review current resources available and to

TJ – stated coming from DGH who receive these patients there are communication concerns with terminology used by specialists not widely known in surrounding areas / Junior Doctors were not familiar with all rationales for Specific Requirements and the latest medications and conditions that impact. They should be key group to consider including.

KM – Croydon is a DGH receiving these patients, have issues with AB identification, not all hospitals use SPICE, or share information from their Trusts. AB cards not always issued such as for D Variants. Croydon used to issue cards; due to transcription errors this has now stopped. On CERNER – put the information in (blue banner).

MG - ORTUS APP is used for cardiac patients waiting list, details are uploaded, Guys, Brompton, Harefield, and Imperial monitor patients based on this system. They use it to

monitor preoperative anaemia, share other information such as specific requirements. We should look at Digital developments.

Action – MG to provide more information on this

EC- SPICE sends out cards to patients, how do we get them to the patients.

GSTT had a patient card “I need Special Blood” check with Charlene whether still in use
Various applications were discussed

SW- they checked with FMU if baby was still alive to be sensitive as these were very high-risk pregnancies.

KM – suggested print outs of the full process on how SPICE works.

Action – Ask someone from RCI to attend next meeting

KM - Summary Care Records can be accessed at Croydon – GP will have some records. This may be an option worth exploring.

MG – look at transition from children to adults – Di George (Cardiac) and Sickle transition

Next steps:-

1. Explore RCI attending this meeting
2. Review of all the various forms
3. Include Kath Philpott (EoE TADG Chair)
4. BBTS forum – query what they do??

SH – Use IPS (select boxes)

MG – forms states fax should this be email address now

EC – suggested review of all the available documents

EC - suggested poster for ED ITU etc

Date of Next Meeting:

7th December 11am -12pm via Teams

Actions

Item No.	Action & Detail	Lead
1.	Compile and contrast available blood transfusion shared care forms:	EC
2.	Compile and contract live blood transfusion shared care forms from London referral centres:	EC, TJ,
3.	Share own hospitals blood transfusion shared care forms:	ALL
4.	Review for update tri-regional shared care form:	ALL
5.	Design specific requirement poster targeted at non-Haem/ITU/ED staff for awareness campaign:	ALL
6.	Design flowchart for initiating Haem shared care form use: SH	SH
7.	Invite RCI/SpICE speaker to next meeting (7DEC)	7th December