Shared Care Working Group Meeting: Minutes

Chair: Tracy Johnston **Date:** 26th January 2023 **Time**: 10:00 – 11:00

Place: Microsoft Teams

Attendance	Role	Organisation
Tracy Johnston (TJ)	Patient Blood Management Practitioner	NHSBT – Colindale
Emily Carpenter (EC)	Lead Blood Transfusion Practitioner	Kings College Hospital
Kate Maynard (KM)	Transfusion Practitioner	Croydon Health Services
Sarah Hammond (SH)	Transfusion Practitioner	Barts Health
Michaela Gaspar (MG)	CNS in Blood Transfusion	Royal Brompton & Harefield
Doris Lam (DL)	Head of RCI Laboratory	NHSBT
Apologies		

Actions

No	Actions: Commencing 02.11.2022	Owner	Due Date	Status
1	Compile and contrast available blood transfusion SC Forms – ***TJ*** *resent SCF to the group*	**EC / TJ**	Ongoing	
2	Compile and contrast live BT SCF from London Referral Centres – ***TJ*** *resent BT SCF to the group*	**EC / TJ**	Ongoing	
4	Review for update tri regional SCF and relaunch with the 3 regions	**All**	Ongoing	
5	Design specific requirement poster targeted at non-haem / ITU / ED staff for awareness campaign	**All**	Ongoing	
6	Design flowchart for initiating Haem SCF use	**SH**	Ongoing	
9	Seek NHSBT advice on specific requirements animation **KM** forward Blood Assist slides for training to the group to add to training. Barts animation to be sent to group.	**TJ** **KM** **EC**	Ongoing	
10	Look at other working groups, seek information from NHSE	**KM**	Ongoing	
11	Set up a meeting with **DH / HC** from NHSBT to provide an update on SpICE and the future (Transfusion 2024). Establish contact links with Transfusion 2024 lead for IT / RCI	**TJ**	Ongoing	
12	Assist **DL** and RCI by obtaining questions for the Q&A section on website for clinical staff and Laboratory. **TJ** to put query out to PBMP's in other regions. **KM** to consult with BBTS TP's	**ALL** **TJ** **KM**	Ongoing	

Completed Actions

No	Actions: Commencing 01.10.2018	Owner	Due Date	Status
3	Share own hospitals BT SCF – ***TJ*** *resent to the group*	**All**	Complete	
7	Invite RCI / SpICE speaker to next meeting (7th Dec) Meeting took place on the 26th January 2023	**TJ**	Complete 26.01.23	
8a	Set up Share Point folder for SC Group to store and update folder as and when required. To source with EoE RTC Admin PBMP. **10.01.23 Folder set up by TJ**. **TJ** to send invites to the group for access to the folder (may require assistance from their It Depts to accept the Share Point)	**TJ** **All**	10.01.23 meeting Folder 16.02.23 Links sent	
13	**DL** to forward current resources available on NHSBT website RCI offer to hospitals & patients. Uploaded onto Share Point 10.02.23 by TJ	**DL** **TJ**	Complete	
14	**KM** to join BBTS	**KM**	Complete	

Welcome, Introductions & Apologies
Everyone welcomed **DL** to the meeting, no apologies required as all attendees present
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Minutes and Action Log
Minutes and Action Log not reviewed. Purpose of today's meeting to pose questions to **DL** on RCI processes, samples requirements, Antibody cards etc and how we can work together and improve communication between hospital and NHSBT RCI. The following questions from the group were sent to **DL** prior to the meeting.

RCI Questions: -

1. Feasibility of uploading hospital information onto SpICE
2. Processes -share RCI SOP's, letters sent by RCI / Trusts
3. Timings - sample turnaround times / urgent samples
4. Confirming – letters and what clinical scenario do they send?

SpICE – update provided by DL
Accounts can be set up for staff to view results, must be trained to do so by trainer in the Hospital Lab.
H&I RCI reports can be seen once it has been authorised (usually within 1 hour)
They are moving across to Microsoft hatch, still being set up (**DH** will be able to cover this in more details)

Action – TJ to set up meeting with the group and DH / HC NHSBT

KM asked if the possibility of patient's blood requirements could be put onto SpICE. If they expired, risk would be the other way round – no harm in the patient receiving irradiated products. Other way round could cause harm if removed?

DL SpICE is only platform for uploading results. Pilot was undertaken, sample from hospital with confirmed result was uploaded. Pilot didn't go so well and thus didn't materialise.

Action – group would like to know more about the Pilot – discuss with DH and HC (NHSBT)

KM asked if there was a rebuild going on with Edge, **DL** stated IT were still working on it. Channel Islands were unable to log onto it.

DL stated that RCI and H&I email results, reports are in pdf format – no changes in current practice. Report can be slotted into hospital systems for viewing.

Action – Transfusion 2024 covering this **TJ** to find out who is working on this and to ask if they would come and present to the group in the future.

KM raised the question **w**hen are Antibody cards issued by NHSBT – as they are not always generated?

DL informed the group that they are generated if AB is allo (not specific / auto AB).
Allo AB is detected by IAT, if by enzyme technology not possible (no card - anti a) (Should for anti-Leb).

KM asked if recently transfused they don't receive a card if AB found?

DL explained that if recently transfused can't decipher if allo / auto AB, people can generate both. Can't differentiate the allo AB this is put down as non-specific. Once transfusion free for 3 months repeat sample can be typed.

DL also explained that RCI has genotype platform. Sickle Cell Disease have variants, advise lab send sample to IBGRL. Platform can pick up variants where RCI genotype can't pick it up.

Antigen Lea and Leb are transient, they can fall off when pregnant, can develop non-specific in pregnancy.

Action – Group asked if **NHSBT RCI** could map the process for AB cards when they are issued / Guide for Lab and TP's. Advise when hospitals generate in house AB cards (Can't do one on SpICE) result not from NHSBT.

MG – asked if AB card is lost does NHSBT issue a new one if so, what is the process?

DL – If AB card was issued within the last 5 years it can be replaced (they require the name, DOB, address) The Patient / hospital can contact RCI.

If the AB card issued > 5 years ago advise the patient to go to their GP and ask to be retested, sample can be sent to RCI / local hospital if they produce AB cards.

If sample is tested in your own hospital, NHSBT can't issue card via SpICE.

Any card issued before 2006 can't generate as the system used then was APEX. Now RCI use a different system.

Action – TJ suggested **NHSBT** RCI to produce a Q & A for hospital staff and patients as a downloadable resource. **DL** to check current resource on the website

MG – suggested developing a Patient Information Leaflet, **TJ** explained that the process for PIL is very lengthy. **EC** agreed website information would be best.

MG paediatrics require 3 sample tubes (was this 3 paediatric size tubes) instead of adults.

DL – RCI receive 1 tiny tube if baby having pan reactive, need to query if your hospital labs are requesting more for their own tests. RCI only require 1.

EC – stated that for adults they request 3 samples 2 for NHSBT and 1 for the hospital Lab.

MG - < 5 = 1mls, 5-12 years = 4mls, > 12 years 6 ml EDTA sample bottles, would 1 tube be enough for RCI?

DL - 1 tube is usually enough to perform AB screen and X match. Would be a case-by-case discussion with NHSBT Consultant instead of taking samples every 3 days.

EC – Are AB cards always sent to the Lab?

DL - The initial card goes to the hospital unless hospital prints own AB card.
If lost – query comes to RCI regenerate new one and send it to the patient. RCI will liaise with NHSBT in patient areas.

RCI Can't give out results, Consultant will contact the patient directly with their report

Action – **TJ** ask the wider regions if they have any questions for RCI – RTC groups via PBMP's

MG – RBH are moving to EPIC, used to use ICE – ICE labels for samples for RCI) can they continue to use electronic on demand labels?

DL – form on Hospital and Science website hospitals to complete forward to Customer Service Team who forward it to RCI to ensure it satisfies their requirements. Internal spreadsheet lists new system labels – look up to see if it is acceptable to NHSBT.

TJ asked about sample timing requirements for NHSBT –

DL – **<u>Classified as Urgent Clinical / Operational Urgent</u>** (most of the time)
Clinical Urgent – need transfusion middle night / day due to bleeding, urgent op or obstetric delivery – more priority.
Operational Urgency – late arrival, not taken on time, transport issues, not given too much priority

<u>DL gave some example scenario's</u>
Common one is patient has started Daratumumab drug, informed (routine) top up during the day time. Requests come in all sorts of hours (during the night) with need for blood (hospital labs unable to support) RCI are testing all times of the day. Impact on staffing, 1 person short the next day. Patient can't wait for test the following day as they are for next day transfusion.

Unable to confirm end point sometimes, patient is new, going for surgery, we can work on the sample all day, pressured by the hospital Consultant they will have to defer the surgery. IBGRL had to test rare AB patient needed rare blood. If we can get to the bottom of it, we need to get blood from Filton – thaw it / get donor in, find out urgency / discuss with the NHSBT Consultant.

Working Group thanked Doris for her time and input, very useful meeting

Date of Next Meeting:

Set up Teams meeting with the group and SpICe Team TJ to arrange
Plan for the working Group to meet face to Face early March
(Avoid Monday and Fridays latest finish time at 15:30pm).