

# London Platelet Action Group



## LoPAG Steering Group Minutes

Tuesday 25<sup>th</sup> April 2023

### Via Microsoft Teams

Attendance	Role	Organisation
Ursula Wood (Chair) (UW)	TP	Guy's & St. Thomas' NHS Trust
Helen Wadham (HW)	BMS	Guy's & St. Thomas' NHS Trust
Rebecca Patel (RP)	TP	Northwick Park Hospital
Molly Rutherford (MoIR)	Viapath	Guy's & St. Thomas' NHS Trust
Sara Hammond (SH)	TP	Barts Health NHS Trust
Kate Maynard (KM)	TP	Croydon NHS Trust
Denroy Lindsey (DL)	Senior BMS	Great Ormond Street NHS Trust
Tracy Johnston (TJ)	PBMP	NHSBT
Mohammed Rashid (MR)	CSM	NHSBT
Ali Lloyd (AL)	CSM	NHSBT
Danny Bolton (DB)	CSM	NHSBT
Jill Caulfield (JC)	BSMS Lead Specialist	NHSBT
Angela Pumfrey (AP)	RTC Administrator	NHSBT
Apologies		
Tracy Hui	Consultant Haematologist	Imperial NHS Trust/NHSBT
Fatts Chowdhury	Consultant Haematologist	Imperial NHS Trust/NHSBT
Kirk Beard/Richard Turner	National Stock & Distribution	NHSBT

### Item 1 – Welcomes, Introductions and Apologies

Everyone was welcomed to the meeting and introductions were made.  
Danny Bolton was welcomed to the group as the new CSM for Tooting.

### Item 2 - Minutes of Last Steering Group Meeting

The minutes of the last meeting on 28<sup>th</sup> February were accepted as a true record.

#### Actions from the last meeting:

No. 2 – UW will send AP the amendment to the December minutes and the February agenda after this meeting.

No.4 – KB sent UW a draft communication for the hospitals – to be discussed in Item 4.

No.7 – Tom Bullock presenting at our education event: KB and RT not present to give any update.

No.8 – TEG guidelines – Email was sent to TPs, so far we have received 3 sets of guidelines – to be discussed in Item 7.

No.10 - Completed

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## Item 3 – London RTC Platelet Issue, Demand & Wastage Data (BSMS)

JC gave the following presentation. She presented data from Nov 22 – Mar 23



BSMS Presentation  
April 23.pdf

**WAPI:** **Very high users:** had 1.74% WAPI which is very good. Some data is missing. Hammersmith has still not recorded any wastage – does this mean zero wastage? **High users:** were below their target, but there was missing data. Royal London and QE Woolwich have not entered any data since April and September respectively - **SH** will feedback to them. **Moderate users:** are also below their target, but four hospitals have not submitted data for some time and London Bridge has never entered data. **Low users:** had WAPI of 11.8% which is above their target and is increasing, but their numbers remain small.

**JC** explained that hospitals can only submit data which is 3 months in arrears; any older and you need super user access from the BSMS team.

**RP** explained that Northwick Park's high WAPI was due to a breakdown in the system of them and Ealing exchanging one unit. **KM** explained that in March Croydon had a patient who needed a lot of platelets.

## Item 4 – High Titre Platelet Ordering – Message from Kirk Beard

**UW** showed the group KB's message. It was agreed to send it to the London Lab Managers. The group reviewed the wording and made several changes. **AL** thinks this issue may be caused by historic standing orders. **AL** and **DB** think it is best to look at who are the high orderers and devise an action plan how to communicate this message to them, rather than solely rely on an email. It was acknowledged that HT has never been the theme of a newsletter – should we include it in the next newsletter?

**Action:** **AP** to send out the message to the TLMs on behalf of LoPAG.

**AL and DB** to look at who the high orderers are.

## Item 5 – LoPAG Invite to all Regions

It was agreed previously to hold it in the summer, but who should we invite and what is the best way to invite them. It was not known who attended the PAG meetings previously. After some discussion, the following actions were agreed:

### Actions:

- **UW** will draft an email next week for **TJ** and **AP** to circulate
- **TJ** will ask the other PBMPs to put out invites to their respective regions.
- **AP** will create a MS Form for people to register so we know which regions are taking part.
- **AL and DB** will ask the other CSMs to circulate to their regional Lab Managers.
- **JC** to pull together specific data for the relevant regions once we know who is attending – she will need 2-3 weeks' notice to prepare this.

**Post-meeting Note:** Due to lack of time, it has been agreed to postpone this PAG meeting. It will be discussed further at the meeting in July.

## Item 6 – LoPAG Skills Gap Survey results



Platelet Knowledge  
Gap Survey Results.1

31 responses have been received. **TJ** showed the group the results and went through the responses to each question. For most questions, the majority of respondents did not want further information, but for Q.2 and Q.5 the majority requested more information or were unsure.

From the results, **UW** suggested re-advertising the app and doing a newsletter focusing on the appropriateness of platelet ordering and thresholds. **JC** said she touched on this and also the app on the ordering and threshold newsletter. After a lengthy discussion, it was agreed to use case studies and have multiple choice questions on which platelets to give. Members were asked to provide **KM** with an appropriate case study from their hospitals. **KM** said that one side of the newsletter will focus on different OBOS ordering options and the other will have the case studies. She will send a draft newsletter to **UW** in 6 weeks' time.

**Actions:** **All** to send appropriate case study to **KM**  
**KM** to draft newsletter

## Item 7 – TEG Guideline Reviews

Three guidelines were received; **TJ** showed them to the group. **KM** said that the new Haemonetics TEG rep is interested in talking to us; she might be a possible for the PAG day. **KM** will give her **UW's** email to contact her.

The group looked through each guideline. It was noted that the guidelines have almost the same wording. **UW** will send the GSTT one to the group.

After some discussion, it was agreed that all the guidelines will be collated together into one table so that it is clear where they say the same thing. If they marry up, **UW** suggested we use them as a toolkit to show what other Trusts are doing. The group thinks that **FC** should be present when they are reviewed. **UW** asked if anyone can volunteer to collate them. She feels that this is as far as the group can go on this subject.

**TJ** offered to ask the London & SE Trauma Group if they have reviewed any TEG guidelines and will also ask **FC** if she can help with reviewing.

**DL** will find out if GOSH has guidelines. If so, he will send to **UW**.

**Actions:** **KM** to give **UW's** email address to the Haemonetics TEG rep  
**UW** to send the GSTT guideline to the group  
**TJ** to ask the trauma group and **FC** re. review of TEG guidelines.  
**DL** to source GOSH guidelines and send to **UW**

## Item 8 – Any Other Business

a) Sending Back HLA Matched Forms to NHSBT

**RP** asked how other TPs ensure these forms have been returned to the NHSBT Platelet Desk as there is no acknowledgement. It was noted that the platelet desk email address

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AL

is an nhs.net account, not NHSBT, because of patient confidentiality.  
will feedback to the Platelet Desk that hospitals would like an acknowledgement.

**Action** – **AL** to feedback to platelet desk re acknowledgement of receipt.

## b) October Education Event

**UW** asked everyone to think about ideas for speakers for the education event. Email any to **UW** and cc **TJ** and **AP**.

## Item 9 – Date of Next Meeting

18<sup>th</sup> July 2023

2 .30 – 4.30pm

## Action List

Item	Action	By Whom	Update
2.	Send AP the December amended minutes and February agenda	UW	
4	Circulate HT email to London Lab Managers	AP	Completed
4.	Identify and contact high orderers	AL/DB	
5.	Draft an email next week for TJ and AP to circulate	UW	Completed
5.	Ask the PBMPs to circulate the invite to their regions	TJ	Postponed being discussed at July meeting
5.	Create MS Form for registration of participants	AP	Postponed
5.	Ask the CSMs to circulate the invite to their regional TLMs	AL/DB	Postponed
6.	Send case study to KM	All	
6.	Draft back to basics newsletter	KM	
7.	Give UW's email address to Haemonetics TEG rep	KM	
7.	Send GSTT TEG guidelines to the group	UW	
7.	Ask the trauma group and FC about review of TEG guidelines	TJ	Completed
7.	Source GOSH TEG guidelines	DL	
8.	Inform Platelet Desk that hospitals would like an acknowledgement of the return of HLA matched platelets.	AL	