

**CONFIRMED Minutes of London Regional Transfusion Team Meeting  
Via Microsoft Teams**

**Thursday 26<sup>th</sup> January 2023  
14:00-16:00**

**Present:**

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Cath Booth (CB) (Chair)	Consultant Haematologist, Barts Health & NHSBT
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust & NHSBT
Rachel Moss (RM)	Transfusion Practitioner, Great Ormond Street NHS Trust
Wendy McSporry (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Denise McKeown (DM)	Transfusion Practitioner, Imperial College NHS Trust
Elisha Tuesday (ET)	Transfusion Laboratory Manager, Kingston Hospital
Dipika Solanki (DS)	Transfusion Practitioner, Imperial College NHS Trust
Tracy Johnston (TJ)	PBMP, NHSBT

**Apologies:**

Ali Lloyd (AL)	CSM, NHSBT
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital
Mohammed Rashid (MR)	CSM, NHSBT
Selma Turkovic (ST)	PBMP, NHSBT (maternity leave)

**Non-Attendees:**

Ravi Raobaikady, Consultant Anaesthetist, Royal Marsden Hospital  
 Ciara Donohue, Consultant Anaesthetist, Royal Free NHS Trust  
 Ursula Wood, Transfusion Practitioner, Guy's & St. Thomas' NHS Trust  
 Ethan Troy-Barnes, Haematology SpR, North Middlesex Hospital  
 Charlene Furtado, TP, Guy's & St. Thomas' NHS Trust  
 Michael Makele, Pathology Quality Manager, Kings College Hospital

**Minute Secretary:** Angela Pumfrey (AP), London RTC Administrator

### 1. Welcomes and Apologies

Welcomes: Alexandria Lloyd, Acting CSM for Colindale Elisha Tuesday has returned from maternity leave. Dipika Solanki has joined the group as Joint Chair of the TP group covering DM's maternity leave.

Apologies: Emily Carpenter, Ali Lloyd, Mohammed Rashid

### 2. Minutes and Actions of Last Meeting

The minutes of the last meeting on 29<sup>th</sup> September were accepted as an accurate record. AP to arrange to upload them onto the JPAC website.

### Outstanding Actions from Last Meeting:

Item 9(a) – RR has not sent CPOC anaemia guidelines to AP. Wendy will contact him during the meeting  
 Item 10 – See Item 8  
 Item 10 – Will be discussed under Item 11

### 3. Lab Manager Update

No CSM in attendance. AP stated that the Chair was unable to secure external speakers and there was no representation from MHRA. Most of the discussion was around the amber alert and sharing the learning points that arose from it.

### 4. TP Update

RM went through the actions for the TP group.

- WBIT Group – TJ is carrying out a survey to ascertain who is interested in participating in the WBIT audit; however, take up is very slow.
- Shared Care Group - has been restarted.
- Since the amber alert, the TP group have been holding fortnightly virtual meetings. They have also set up a WhatsApp group. This has improved communication and cohesion within the group.
- They had their first post-pandemic F2F meeting in December. There were talks by John Grant-Casey, SHOT and Pharmacosmos, who sponsored. In the afternoon there was a workshop to look at training needs of different TPs.
- Future meetings – the group will hold two virtual meetings and two F2F meetings next year. The virtual meetings will be more business-like and will include the TP supervision session, whereas the F2F meetings will include more education and external speakers.
- It has been agreed that a new TP is defined as someone in post less than 3 years.
- DS will cover DM's maternity leave. Both DM and RM will step down at the end of the year.

## 5. LoPAG Update

UW was not in attendance. TJ went through the actions for the group.

- The winter edition newsletter went out in December.
- The group are planning to do a back-to-basics survey to identify gaps in knowledge which will guide them on what topics to include in their education event this year.
- They are reviewing gastro, ITU and IR guidelines on platelet administration against BSH guidelines as a gap analysis/benchmarking exercise.
- They have been asked if their resources can be used by NHSBT for a platform to help with platelet education across the regions.
- It is highly unlikely that PAG will be resurrected, so LoPAG have agreed to open up one meeting a year to representatives from other regions.

## 6. RTC Work Plan/Activity Log

- London & SE Trauma Group – FC gave an update. They met yesterday, mainly to discuss lessons learnt during the amber alert. BSMS delivered a very good presentation on the importance of controlling wastage. FC gave the key points from the findings of the audit done last year; the draft report is currently being reviewed. They would like to hold another education event this year, theme not yet decided. No data yet available for the QIP audit.
- Twitter – DG is happy to continue tweeting on behalf of London alongside PBM England.
- Shared care – met this morning. RCI gave a talk. They are hoping to meet with the Sp-ice team too. Working on making Sp-ice more user friendly. Hoping to meet again beginning of March.
- WBIT WG – Some of the EoE's audit questions need to be re-worded by Brian Hockley before being implemented by other regions.

## 7. Overall Evaluation from Nov RTC Education Session 'Battle of the Bleed'

The results were circulated with the agenda prior to the meeting.



Education Overall  
Evaluation Form.pdf

AP gave an outline of the results. Not all forms were fully completed as some delegates were not able to listen to all the talks. TBS was 95%. Only 13 forms returned for the business meeting.

It was noted that most delegates would not have attended if not held virtually, probably because it would not be possible for delegates from other regions to attend in person. This led to a lengthy discussion about the differences and pros and cons between F2F and virtual meetings in terms of numbers and the feasibility of holding F2F meetings. It was agreed that hybrid meetings are not ideal. PK asked members individually whether they would prefer F2F or virtual RTC meetings: the vast majority would like to see a balance between the two, with educational events being virtual so other regions can attend and business meetings being F2F. As regards the working groups, it was agreed that it will be left up to each group to decide whether to hold F2F or virtual meetings.

The May RTC education session will be virtual. At the next RTC business meeting in July we can make pitches for both virtual and F2F meetings to try to gauge people's opinions

## 8. May 2023 RTC Education Session

The following topics were suggested:

- Amber alert and pre-amber alert – having a plan that can be activated in hospitals. This topic is more suited to a business meeting.
- Transfusion education post-pandemic – there are views that people behave differently when on virtual calls; is there a new landscape for transfusion education? WM explained that she has just finished mapping transfusion education pathways for all job roles. In the next 2 weeks, they will be asking for stakeholder engagement and invite feedback from RTC members on how they want education presented and what would be beneficial to clinical practice. She can present this at either the May or November RTC education events. CB would like to hear from educationalists about the impact and pros and cons that virtual meetings have had on education. Everyone agreed this would be beneficial not just to us, but for other regions too – perhaps better to wait until the November education event.
- Training the teachers – WM thinks this would be useful because the majority of hospital transfusion training is carried out by TPs who do not require any teaching qualification. CB also mentioned that it would be useful for all regions to learn about the theory and research around remote teaching techniques. Again, maybe better to wait until the November education event.
- SCD and thalassaemia - we have responsibility for a population with high levels of SCD and thalassaemia. There have been developments in haemoglobinopathy management, and the clinical trials that have been halted and the new drugs that have been rejected will be of interest. We can also look at getting the right blood components for SCD patients, the journey of the components and cell salvage. We can try to get a SCD nurse specialist to talk about what it is like to nurse people with SCD, what they do, how they support. Include a case of a non-SCD patient that needs a transfusion – haemoglobinopathies covers a whole range of conditions.

**Actions:** DS will ask the exchange team in Oxford whether they can talk about their experiences.  
DM will ask the Imperial apheresis team if they can present some data.

## 9. Customer Services Update

No CSM was in attendance to give a presentation. TJ reported that RW officially retires today.

- Alexandria (Ali) Lloyd is covering the Colindale CSM post as a 12-month secondment and will also temporarily cover Tooting along with Mohammed Rashid. Both posts are being advertised.
- New platelets – there are bar codes for the new low dose and 5-day platelets – you should have received notification already so they can be implemented into your IT systems. Low dose platelets are for non-bleeding patients only. Bleeding patients should receive the standard dose. All BSH guidelines around platelets have been collated onto two sheets (one for amber and one for red alert) and put onto the JPAC website. CB said that clarification will be coming on how to report unavailability of platelets to SHOT.
- Lessons learnt from the amber alert – FC has pulled together the new guidance from the lessons learnt into a new red cell shortage plan and hopes to have on the JPAC website by end of February.
- Platelet shortage plan - will be updated to incorporate things done during last 3 months and the new products, hopefully in March.
- Cessation of Non-Invasive Pre-Natal Testing (NITP) – for fetal sex determination due to the significantly reduced number of referrals from hospitals, it is no longer practical for us to provide this service.
- Slump in reporting on VANESA so data is not accurate.
- Blanket requesting for K pos – please take substitutions to avoid increased wastage.
- Strikes – NHSBT are concerned about strikes affecting the donors, donor carers and other lab staff.
- OBOS – message for you to print off updates for pre-amber status to cascade to your colleagues because of nhs.net issues.

## 10. Junior Doctors' Training

ETB has not attended the meetings for some time. CB mentioned that she has a junior Registrar with an interest in blood transfusion – is there any objection to invite her to join the group? No one objected. PK mentioned that we are the only RTT with junior doctor representation, but it would be brilliant to get a non-haematology clinician to join.

**Action:** CB to invite her to join the group.

## 11. Separating and Reformatting of RTC Business Meetings and Education Events

TJ and CB have been discussing the possibility of separating the business and education sessions into an all-day virtual education session and a separate F2F business meeting on the same day as the RTT meeting, the rationale being that we will all be there already, and it gives us the chance to share good practice, share audits and meet F2F.

Everyone agreed that we need to extend the length of the business meeting. It was suggested we can try it once and see whether there is interest. We can use a hospital venue cost free and have sponsors to pay the food and give a presentation. PK mentioned that local authorities may provide funding for health projects where there are issues with health inequality and availability.

There was a discussion about sourcing suitable venues and the costs. AP explained that, whilst our budget has increased, she can only book via Calders, so venues that want payment upfront are not accessible to us. Calders can source venues, but they are often more expensive so we need to be realistic about numbers. We usually had 80-90 delegates attending our previous F2F all day events, so CB thought a figure of around 50 would be a realistic number.

Everyone agreed the business meeting needs to be renamed so that it is distinct from other working group meetings and entices people to attend. TJ suggested London Transfusion Collaborative Team. It was agreed that we need more time to think of suggestions.

It was decided that we will ask delegates at the May education session how they would like their education delivered.

**Post-meeting Note:** it has been agreed that the April RTT meeting will remain virtual. The May RTC education event will also be virtual. The July RTT meeting will be F2F and joined with the RTC business meeting. AP will look for a suitable venue

## 12. Any Other Business

This is DM's last meeting before she goes off on maternity leave. Everyone wished her well.

## 13. Date of Next Meeting

13<sup>th</sup> April 2023

2 – 4pm

Will be a virtual meeting

## London RTT - Action list for 26<sup>th</sup> January 2023

Item No	Action	By Whom	Completion
2.	Minutes of September meeting to be uploaded to RTC website	AP	Completed
8.	Ask the Oxford exchange team to give a talk about their experiences	DS	
8.	Ask the Imperial apheresis team to present data	DM	
10	Invite junior doctor to join the group	CB	
11.	Find venue for July RTC business meeting and RTT meeting	AP	
11.	Rename the business meeting	All	

**END**