

London Transfusion Practitioner Group Meeting

Unconfirmed Minutes

27th November 2023

1000 – 1630

St. Olaf's House, London Bridge Hospital

Chairs:

Dipika Solanki (DS) (Imperial)

Attendance:

Rebecca Patel (RP) (London Northwest)
Jan Gordon (JG) (Chelsea & Westminster)
Rachel Suri (RS) (Epsom & St. Helier)
Abiola Adeniyi (AA) (Homerton)
Zsofia Takats (ZT) (Hillingdon)
Avelyn Allata (AA) (Imperial)
Helen Brown (HB) (Imperial)
Nathalie Muller (NM) (Royal London)
Suzanne Makki (SM) (Barts Health)
Kirsty Hancock (KH) (Barts Health)
Leah Fulgar (LF) (Kingston)
Charlie Little (CL) (The London Clinic)
Tim Williams (TW) (Kings College)
Paul Sandajan (PS) (North Middlesex)
Sachindev Ramoo (SR) (Cleveland)
Pascal Winter (PW) (Barking, Havering & Redbridge)
Hayley Allen (HA) (Kings College/Princess Royal)
Kate Maynard (KM) (Croydon)
Emily Carpenter (EC) (Kings College)
Lia Estrada (LE) (UCLH)
Zeynab Jeewa (ZJ) (UCLH)
Tracy Johnston (TJ) (NHSBT)
Selma Turkovic (ST) (NHSBT)

Minute Secretary: Angela Pumfrey (NHSBT)

1. Welcome, Introductions & Apologies

DS welcomed everyone to the meeting and thanked them for attending. Introductions were made. Formal apologies have been received from Rachel Moss, Sharron Ramirez, Jamilla Koshoni, Sasha Wilson, Wendy McSporran and Sharon Harding

2. Minutes of the Last Meeting and Action Log

The minutes from the last meeting on 19th September were accepted as a true record. There are no outstanding actions.

3. London TP Working Group Updates

a) WBIT Working Group

DS gave the update. They have not met since the last TP meeting. They still need to set an implementation date for the audit tool but aim for a start date of 1st January. TJ and DS to send out the link to upload WBIT data. Once we start using it, we can request for changes to be made at yearly review.

b) LoPAG Update

No one present to give a formal update, so TJ fed back some points.

- The meeting scheduled for 21 November was cancelled because of the implementation of EPIC at GSTT.
- They are aiming to hold a normal meeting in January – date still to be confirmed by UW.

- The joint PAG/LoPAG meeting will be held later next year. TJ explained that, because of changes to the way the PBMPs support the RTCs, they are no longer able to chair the working groups. Therefore, they have asked UW to elect a Co-Chair to assist her in running the group. If anyone is interested in this role, please let UW, TJ or ST know.

c) Shared Care Working Group

KM gave the update. Nothing further to report than what was minuted in the September meeting. The group is hoping to affiliate itself with the NBTC, under the umbrella of SCRIPT due to the involvement with Sp-ice. A business case will be written.

It was clarified that a tri-regional SC form is available online, but the group would like to develop a new one that could be used nationally with the support of SCRIPT.

4. NHSBT Update

ST and TJ gave the presentation.



NHSBT PBMP
Update.pdf

- Stock levels – trying to encourage O neg donors to donate as we are only collecting 50% of the Ro units we require.
- Patients refusing blood from vaccinated donors – Working Group being set up with representation from JPAC (Donor and Patient Safety) and other members, working on Position statement and Patient Information Leaflet which is awaiting approval. Please use the current position statement on the JPAC website [Position Statements \(transfusionguidelines.org\)](http://transfusionguidelines.org)
- Funding has been approved for Baby Blood Assist app.
- Development Team looking into developing the Blood Component Assist app to work alongside any update from NHSBT Alert.
- BTT eLearning for Health (eLfh) is free of charge to NHS affiliated hospitals and private hospitals who provide direct care to NHS patients. They can access this via link to Athens. Private hospitals who do not provide direct care to NHS patients - PBM has agreed copyright permission with eIntegrity (which is the private arm of eLfh) or Open Athens.

5. NTPN / ISBT Update

NTPN:

DS gave the update.

TP2024 still need Band 4 and 5 job descriptions.

Reed Employment Agency has agreed to use eLfh for their agency staff. There are concerns that e-learning is not sufficient to deem people as competent.

ISBT:

Update from RM forwarded after the meeting.

- ISBT TP group continue to record podcasts with the final 2 coming out for 2023 in December, both on the non-medical authorisation of blood. For those new to the ISBT TP podcasts they are called “transfusion practitioners across the world”.
- The ISBT TP group have put in a proposal for a TP Day on Sunday June 23rd at ISBT Barcelona and we are waiting to hear whether we have been successful

6. TP Sharing & Caring

a) Hospitals using EPIC – how are you using it to collect data?

It was thought that most EPR systems do not produce accurate data. Members stated that the only sources of true data are Blood Track or your LIMS systems. There followed a discussion about e-ordering and the pros and cons of using it.

b) BTT Learning / e-Learning

TJ said that next year NHSBT are planning to make the training role specific. It was identified that some eLfh training is not relevant for specific Trusts.

There was a long discussion about eLfh and training - how many attend, do they read the material beforehand or just go straight to the assessment, what is the compliance rate? The training is much

better for nurses but not so much for junior doctors. There was a discussion about the national training passport and competencies.

7. Presentation by Haemonetics

Fiona Reyne and Jess Preece gave a presentation on 'Blood Track Management and Bedside Transfusion Software Solutions'.

They explained the six different modules included in Blood Track Manager:

Safetrace Transfusion is a stand-alone LIMS just for transfusion. Blood Track Demand is used for remote e-issues. If you want to learn more, please contact Fiona or Jess outside of the meeting.

They showed two videos demonstrating Blood Track in operation. The first showed how to collect a sample and print the label at the patient's bedside. You can only use this function if the patient has a wristband. The second was on how to begin a transfusion. It was clarified that the scanner can be classed as the second checker.

Unfortunately, the presentation and videos cannot be shared. If you have any queries, please contact Fiona or Jess via email. Jess also offered the opportunity for a small group to visit their HQ in Coventry and have a play around with Blood Track.

fiona.reyne@haemonetics.com

jpreece@haemonetics.com

8. Transfusion 2024 Checklist

KM raised this issue at the September meeting. No one at the meeting today has completed the checklist, but some are looking at it or have made attempts to start it. KM went through the checklist step by step. She suggested that the group chooses three key points and split into three groups to discuss them. The topics chosen were Competencies Framework, Human Factors and PSIRF training, and IT.

Embedded below are notes from the IT and Competencies Framework groups



IT -
20231128_113957.jp



Transfusion 2024
Competencies Fram

9. Traceability – 18 years in

Embedded below are notes taken during the meeting.



Traceability
Notes.docx

10. QS138 – what can the London TP group do?

Embedded below are notes taken by each group.

QS1 Group: Pre-op anaemia correction



QS1 Pre Op
Anaemia correction-

QS2 Group: Tranexamic Acid

- BHRUT Obstetrics - Give 1g when going into theatre (Stat) then just after Bleeding, 3 hours within. TPs attend bleeds and remind theatre staff to give TXA. Use of TXA outside theatres / Obstetrics unclear - Needs auditing.
- Royal Free Hospital give higher doses of TXA 3-4g in cardiac haemorrhage setting.
- UCLH and Imperial TXA is in the MHP protocols, but also needs auditing.
- **Action:** Audit the usage of Blood Post implementation of TxA x 1 dose.

QS3 Group: Patient Information

- Part of consent
- Difficult to implement consent in most trusts
- Following Blood inquiry, consent may become compulsory. Awaiting NBTC recommendations.



QS3 review after 1
unit - 20231128_114

QS4 Group: Patient Information

- Challenge Request may be challenging for BMS in the lab.
- Crossmatching 2 units is easier than 1 at a time.
- How early to repeat FBC - a common question, yet not often done.



QS4 Consent and
Patient Information

Meeting ended