London & South East Haematology & Trauma Group

Wednesday 24 January 2024
10.30-11.30

Final Minutes

Attendees	**Job Title**	**Hospital**
Fatts Chowdhury (FC)	Chair, Consultant Haematologist	NHSBT/St Mary's Hospital (SMH)
Peter Baker (PB)	Transfusion Service Manager, North Region	Liverpool University Hospitals (Royal Liverpool Aintree (MTC) and Broadgreen Hospitals
Dwamenah Bismark (DB)	Blood Transfusion Section Manager	Coventry and Warwickshire Pathology Services
Helen Brown (HB)	Transfusion Practitioner	Imperial College Healthcare NHS Trust
Danny Bolton (DB)	Customer Service Manager, Tooting	NHSBT
Emily Carpenter (EC)	Lead Transfusion Practitioner	King's College Hospital (KCH)
Anwen Davies (AD)	Patient Blood Management Practitioner, South East Region	NHSBT
Christine Gallagher (CG)	Lead Specialist – Blood Stocks Management Scheme	NHSBT
Laura Green (LG)	Consultant Haematologist	Barts and The Royal London / NHSBT
David Johnson (DJ)	Blood Transfusion Laboratory Manager	St Mary's Hospital
Tracy Johnston (TJ)	Patient Blood Management Practitioner, London Region	NHSBT
Marina Karakantza (MK)	Consultant Haematologist	St James University Hospital, LTHT/ NHSBT
Julie Northcote (JN)	Blood Transfusion Section Manager	University Hospital Coventry
Chloe Orchard (CO)	Transfusion Technical Lead	St George's Hospital (SGH)
Jonathan Ricks (JR)	Lead Transfusion Practitioner, Chair, SE TP Group	University Hospital Southampton (UHS)
Sophie Staples (SS)	Lead Specialist – Blood Stocks Management Scheme	NHSBT
Julie Staves (JS)	Transfusion Laboratory Manager, Chair, National Lab Managers' Group for NBTC	John Radcliffe Hospital - Oxford University Hospitals (OUH)
Tina Taylor (TT)	Network Blood Transfusion Manager	Coventry and Warwickshire Pathology Services (University Hospital Coventry)
Frances Moll (Minutes)	RTC Administrator South East	NHSBT
Apologies received from:		
James Uprichard	Consultant Haematologist	St George's Hospital
Sam Carrington	Transfusion Practitioner	University Hospital Southampton
Jo Shorthouse	PBMP, Midlands Region	NHSBT
Celina Bernstrom	Executive Secretary, NBTC	NHSBT

Minutes of Meeting	ACTION
Welcome and Introductions FC welcomed everyone to the meeting. Introductions were made, with particular welcome to Julie Northcote, Blood Transfusion Section Manager, and Tina Taylor, Network Blood Transfusion Manager. Both attending their first meeting, and based at University Hospital Coventry, (Coventry and Warwickshire Pathology Services).	
Previous Minutes – **4 October 2023** These were reviewed, and with one typo amendment made on page 3, were approved. To be uploaded to JPAC - **ACTION** **Updates – Major Trauma Centres and KSS** **St George's Hospital Update**  SGH Update form - Jan 2024.pdf **CO** – St George's have started to implement Blood Track TXA, they went live in December. There have been a number of teething problems. It will be a major project for ED and be introduced later this year. St George's is now holding Fibrinogen Concentrate in obstetric theatres for major haemorrhages to mitigate for delays. This is on the major haemorrhage protocol now. **LG** – informed everyone to be aware there is a shortage of fibrinogen concentrate – a letter is to be circulated to all sites. **LG** – asked if CO could get in touch to share experiences with the Blood Track TXA (Haemonetics) being introduced at Barts **ACTION** **Imperial Hospital Update**  Imperial Feedback Jan 2024.pdf **HB** –big training drive to ensure sampling and labelling is done correctly – introduced into morning safety huddles/ Doctors now have a training page – gone to UTLs. Have PDA's from Haemonetics, in ED All theatres, AICU, Maternity and IR these are high user areas. Imperial is also implementing a new one in PHDU in Haematology Day units for paediatrics. Also working towards end fating the emergency units via the PDA systems not just named components. **King's College Hospital update**  KCH Feedback - Jan 2024.pdf **EC** – At King's, a Consultant in ED has been looking at a plasma first approach for all hospitals and is hoping to stock thawed plasma in ED fridge. Not formally asked for but expecting this – more evidence as to why, and how it will affect them and the plasma first ethos. Have had success with red leader role in Ed. Code red policy is due for an update, but main users want it to remain the same as everyone gets MHP training as mandatory, but many do not get	LG/CO

the opportunity to practice, so considering bringing out a red leader role throughout the Trust – so there will always be an expert on site. **JS** explained they had had a similar request for plasma, but she turned them down. If available they may not alert the lab, and the lab needs to know they have a major haemorrhage, so lab prepared for further requests. **DJ** – Imperial have two lots of pre-thawed plasma – one in A&E and one in the main theatres – both 4-packs of Group A FFP. Initially had wastage, but don't have exceptional wastage now., since ED action cards updated. The Blood Track fridges are set to have emergency as group A. There are blood track audible alerts in the lab for the manager, so when an emergency product is taken the alarm levels are set to one below, this alerts the lab. There was an increase in FFP wastage through time expiry initially. The first pack is now from the fridges in both locations – gives instant access, it gives the lab time to respond and prepare replacements – it removes a little pressure at the start of a big haemorrhage. **JR** – There is a similar practice in Southampton – Thawed plasma in ED Group A, they still call the lab (red phone). They also have the blood track system, so anything taken out of the fridge the lab is notified. **EC** – Half of code reds are not from ED – so still need plasma in transfusion lab, so it would be difficult to rotate round. **DJ** – Rather than holding pre-thawed in the lab, FFP returned back from rest of hospital is sent out to remote fridges in ED / Theatres, hold all blood groups in lab and take all opportunities to send out for other haemorrhage if the blood groups known. **JN** – is pre-thawed in ED because of distance or other reasons? **DJ** – it is mainly because of distance which can take 12 minutes. Benefit over the long term. **Southampton University Hospitals** UHS Feedback - Jan 2024.pdf **JR** – Southampton are talking to HEMS about taking pre-hospital, pre-transfusion group and screen samples, to get the initial group in before the emergency blood is given. **FC** - This has been discussed before, and the issue is the getting the second sample with the correct details. **JR** – agreed, if the blood track system being used in the helicopter hopefully, will get traceability straight away – will know what has been used, and what the mixed field is - however still in discussion, and work in progress. **TJ** – had helped with the implementation of blood on board for EHAAT and an onsite request form was introduced, which was quite detailed – a sample taken at cannulation, and they would proceed to transfusion. The form itself had all the details of any blood products – PCC, Vitamin K - that would have been given is ticked. The lab would then know what was given at the roadside to then make their determination. TJ was happy to share the form with the group. **ACTION** Blood request form for EHAAT - FV 5.pdf **Liverpool University Hospitals** **PB** –nothing to update at present, staffing issues are the main concern for the Lab Manger at Liverpool/Aintree site. PB is developing a good working relationship with the lab managers and major trauma teams.	TJ

Barts and Royal London Update
LG – Barts is taking part in the SWIFT trials, collecting information on the wastage of plasma, and pre-thawed plasma wastage is high at the moment. Considered putting FFP in remote fridges but have not done this due to restrictions by LIMS.

Oxford University Hospitals
JS – Working with obstetrics; have fibrinogen in obstetrics over the past six to eight months. Pushing not to have FFP in pack one, because not used. Dropped to two units in pack one in August and are about to take it out totally. The plan is to take out the plasma in pack one for the Delivery Suits in April.

St James's University Hospital Update
MK – Leeds have 1 dose of fibrinogen in ED, works well. Recently changed to Winpath in November, and there have been many problems in the interface between WinPath and the Blood Track system. It has been a real challenge. Blood Track was not printing labels for emergency stock, and we were issuing with hand-written labels! Three months since implementation there are still major problems.

As with others we have wastage of FFP – 40% wastage.
MK raised the following issue with reference to Packs – the first pack has FFP, and red cells and the second pack is exactly the same – platelets released on request.
Based on a quarterly audit, had very high wastage of platelets, when releasing automatically. However, some cases are not being treated properly, so when release the second pack, asking if platelets needed. Use Teg to guide usage of products. How do others manage this?
DJ – At Imperial, 4 Red and 4 FFP as a first response and then everything is very much guided on patient-by-patient case. Very good at using TEG /. Some sites are very much guided by the trauma anaesthetic response teams – they are very experienced.
EC – Kings really trying to enhance the education on how to use TEG appropriately – at present it only really being used well in ED and theatres.

University Hospitals Coventry Update
JN – At Coventry they have prescriptive MHP packs, pack one is red cells and plasma, pack two is red cells, plasma and platelets, pack three, red cells plasma, platelets, cryo and then continue the cycle. In December changed from group AB to Group A FFP for all emergency use.
4 red cells in ED fridge, 4 in theatres. Supply air ambulance as well.
MOH don't seem use anything else other than red cells, have reduced from 4 to 2 in the labour ward after an audit showed they were rarely used. Keep pre-thawed FFP in the lab.
TT added that at Coventry had reduced red cell wastage from MHP since sending the pack in two smaller boxes with 2 units in each one, there is less wastage now. However, because they hold pre-thawed plasma, they do have a lot of FFP wastage.

FC asked if everyone was using group O Pos for unknown males and Group A for FFP in cryo?
FC referred to a table, which had been circulated to the group. Showing the top ten hospitals that are requesting large amounts of group AB plasma, JN's team have done an amazing job reducing their requests. FC has been in touch with national leads for major trauma asking them to make sure when writing policies that they are promoting the user group O Pos red cells for unknown males and people beyond the child bearing age and use of Group A FFP and cryo for unknown patients. Most of our group A FFP is high Titre negative, and JS sent out a message in late December through the BT Lab Manager Group with similar request.

AB FFP excel sheet.xlsx **TT** ask what was provided in the air ambulance boxes? **JR** responded that they normally have O Pos and O Neg, two separate boxes in the air ambulance. At present we are running the SWIFT trail, so do not have any O Pos. **LG** – provide O neg to air ambulance. MK – 3 incidents of O Pos given to women of child bearing age, so only now have O neg. Wastage of O neg not from trauma but from Apheresis service. **FC** is inviting Jo Shorthouse to present the O Pos Report at the next meeting. **Agenda item for next meeting ACTION** Feedback form from Ric Proctor (James Cook University Hospital) jcuh TH group Feedback Jan 2024.pc	FC/CB
Christine Gallagher, BSMS Wastage Data The data, from VANESA, relates to 27 major trauma hospitals. It covers the last 12 months of data for issues and wastage, and it compares some of that data with the National Hospital data. Key messages – a stability in red cell issues over the last three months; an increase in O neg issues over the past 12 months – due in-part to substitutions. There has been an increase in TIMEX red cell wastage, a decrease in platelet issues over the last three months, but the percentage of A Neg issues has been quite consistent since the last report. Good news is that Oneg red cell demand has remained static over the last six months. MTC data Jan 2024 (BSMS presentation).p Relating to data submission – BSMS would like daily red cell entries. Other components FFP, Cryo can be updated once a week, or when there is a change. For wastage, the request is for one entry minimum a month, and that can be zero wastage. That is, at least 15 entries for stock a month and at least one for wastage. A few hospitals are lagging behind, but overall, the stock entry for red cells and for wastage entry is very good. Key messages regarding blood supply: O and B negative red cells and A negative platelets remain in pre amber. A Pos platelets return to green status on January 15th. There are still the normal winter pressures on donors such as deferrals and sickness. In BSMS January newsletter regarding the use of vulnerable components, the main message is: O Neg red cells - consider O Pos for emergency stock and the Kell negative may be sufficient specification, but platelets in particular A neg platelets, request that ABO matched platelets ordered for specified patients, high titre negative platelets for stock. Use HT neg group A plasma for unknown patients.	

There is a link within the presentation to the new guidance, issued on November 1st about removing the max life requirement for patients over one year. CG thanked everyone for providing the data for benchmarking and demand planning and added a reminder for wastage data to be entered by the 10th of the month, if anyone has any questions, problems please contact the BSMS team.	
Trials Update – **JS** gave a quick update on the SWIFT Trials at Oxford – There were initial struggles at the beginning, but they are now going well. There is a site visit due at the beginning of March.	
Education event – **FC** encouraged everyone to promote the next Education Event taking place on February 7, 2024. The presenters are scheduled to meet next week, to confirm technical arrangements. **TJ** is waiting for biographies and copyright permissions from some of the presenters.	
PBM update – There was no update on this occasion.	
AOB **TT (Coventry)** asked for advice – one of their hospitals (not a trauma centre) has asked to stock Fibrinogen Concentrate for maternity cases for Jehovah Witness patients. **FC** felt it was an individual choice – make it clear it has plasma, Jehovah's Witness patients are unlikely to accept red cells, or platelets, but when it comes to FFP or cryo it is an individual choice. **JS** suggested stock sharing between sites, have it available when you know the patient is ready for delivery. **DJ** added some products are room temperature storage now and make stock sharing and storge in clinical areas easier.	
FC thanked everyone for their contribution and closed the meeting. **Date of Next meeting**: 24th April 2024, 10:30	