

LoPAG (London Platelet Action Group)

Steering Group Meeting

Tuesday 23 April 2024


Chair:

Ursula Wood (UW)- Transfusion Practitioner (TP), Guys & St Thomas' Hospital

Present:	
Amanda Baxter (AB)	SPOT, Sheffield Children's Hospital
Andrea Pearce (AP)	Specialist TP, St Bartholomew's Hospital
Aneesa Birader (ABi)	Leeds Teaching Hospital
Anna Dobson(AD)	Royal Wolverhampton Hospital
Bushra Amin (BA)	TP, Sheffield Teaching Hospital
Charlotte Newman (CN)	TP, Darent Valley Hospital
Cherry Chang (CC)	Consultant Haematologist, Nottingham University Hospital
Daisy Alty (DA)	TP, Lancashire Teaching Hospital
Danny Bolton (DB)	Customer Services Manager, Tooting
Deimante Sepoeleviciute (DS)	TP, Royal Free Hospital
Denroy Lindsey (DL)	Senior BMS, Great Ormond Street Hospital
Dipika Solanki (DSO)	TP, Imperial College
Emma Small (ES)	Lead TP, Maidstone & Tunbridge Wells NHS Trust
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust / NHSBT
Faye Smith (FS)	TP, Harrogate & District NHS F Trust
Gayle Sugden (GS)	Advanced BMS, Leeds Teaching Hospital
Jay Faulkner (JF)	TP, Leeds Teaching Hospital
Katharine Maynard (KM)	TP, Croydon Health Services
Katherine Roberts (KR)	TP, Lancashire Teaching Hospital
Kay Heron (KH)	TP, Portsmouth Hospital
Kimberley Carter (KC)	Specialist BMS, Royal Marsden
Kirk Beard (KB)	National Stock & Distribution Manager, NHSBT
Kirstee Higbee (KH)	Trainee Clinical Scientist, Queen Alexandra Hospital, Portsmouth
Lisa March (LM)	TP, East Kent NHS Trust
Lisa McCallion (LMc)	TP, Calderdale & Huddersfield NHS FT
Louise Polyzois (LP)	TP, Manchester NHS Foundation Trust
Lubna Awas (LA)	TP, University College London Hospital
Michelle Costa (MC)	Specialist BMS, Basildon Hospital
Michelle Scott (MS)	Blood Bank Service Lead, Sheffield Children's NHS F Trust
Nicola Keepin (NK)	Departmental Manager, South of Tyne & Wear Labs
Nikki Wilson (NW)	BT Practitioner/ODP, Robert Jones & Agnes Hunt Orthopaedic Hospital
Rebecca Patel (RP)	TP, London Northwest University Healthcare Trust
Richard Turner (RT)	Stock & Distribution Specialist, NHSBT
Sam Carrington (SC)	TP, Southampton University Trust
Sam Kershaw (SK)	Transfusion Service Lead, Calderdale & Huddersfield NHS FT
Selma Turkovic (ST)	PBMP London
Sophie Staples (SS)	Lead Specialist, Blood Stocks Management Scheme
Susila Chinnappan (Sch)	Senior BSM, Cleveland Clinic
Tracy Johnston (TJ)	PBMP London
Victoria Waddoups (VW)	TP, The Rotherham NHS FT
Zsofia Takats (ZT)	TP, The Hillingdon Hospital
Frances Moll (FM)	SE RTC Administrator (Minutes)

Apologies	
Amanda Burns	Jill Caulfield
Samah Aliman	Tracy Hui
Zahra Khan	Penny Eyton-Jones

Meeting Summary

	ACTION
<p>Welcome UW welcomed everyone to the London Platelet Action Group (LoPAG). It was agreed at the last meeting, that this event should be extended to all regions to share initiatives. Six regions (including London) were present.</p>	
<p>Minutes of last meeting – 30 January 2024 The draft Minutes had been circulated and were agreed.</p>	
<p>Platelet issue, demand, and wastage – Presentation by Sophie Staples, Lead Specialist, Blood Stocks Management Scheme (BSMS). BSMS collect and analyse data on the blood supply chain, mainly in the form of wastage, data and issue. Data is also used within NHSBT to help with demand planning and the supply chain. SS provided key messages and looked deeper into the data in terms of platelet issues, across all the regions. Across the past six months platelet issues have been stable, but there has been a slight increase in March. With wastage there has been a downward trend, since September, when there was a peak. BSMS rely on the Hospitals to manually input their data. Input is very good, but there is a slight time lag, so be aware that the figures for March are incomplete. The purpose of the presentation is not to make regional comparison, not all regions have the same number of hospitals or issues, it is to look at regional trends – benchmarking with your user groups or clusters.</p> <div style="text-align: center;">  <p>BSMS April 2024 PAG meeting.pdf</p> </div> <p>Blood Stocks monitor issues on a month-by-month basis, and they have alerts when changes are detected. This helps to start a conversation with hospitals, customer services, and supply chain specialists – we can check if anything has changed locally and if the hospital is aware, also providing the evidence if required.</p> <p>If you're not sure about your wastage, the Component Reports, issued every month will provide you with that information – there is a separate page for platelets. There is also a benchmarking feature, looking in a bit more detail, showing what WAPI is for the 12-month period. It also shows your target within your user category and how many other hospitals are within that range. If you would like to receive your component report, please e-mail BSMS.</p> <p>SS noted that there has been an increase in stock platelet time expiry – when reporting data hospitals give the reason why that platelet was wasted. The biggest proportions are usually time expired, and medically ordered but not used. On average, in the past 12 months, the number of platelet wastage nationally because of time expiry is around 450, but in the last six months there were peaks over 500. Has something changed locally –</p>	

<p>something to consider? What might be the cause? (the group discussed possible causes and it was thought to have been as a result of the consultants, doctors and rail strikes).</p> <p>BSMS has best practice recommendations:</p> <ul style="list-style-type: none"> • Caution with stock platelets – used to full potential? Which blood group are the recipients? • A Neg platelets are sometimes viewed as the ‘universal’ donor, however, the best platelet option for patients are ABO matched platelets. • Consider A Pos (HT Negative) platelet unit for stock. • Order ABO matched platelets for named patients where possible. • Do not over-specify orders (eg HT negative, CMV negative) and consider whether this is a patient requirement or for convenience. <p>SS gave an update on stock supply –</p> <ul style="list-style-type: none"> • O and B Neg RBC and A Neg platelets remain in Pre- Amber. • The A Neg platelet supply chain is still vulnerable. • With Bank Holidays in May – please avoid stockpiling and consider decrease in stockholding if routine activity decreases (share stock if possible). <p>SS ended by thanking everyone for supplying data, which should be entered by 10th of each month. Any queries please contact bsms@nhsbt.nhs.uk</p> <p>DS – outlined that Charing Cross, has just started ordering irradiated platelets, so if they don’t get used, they can be transferred for use at either of their other sites - St Mary’s or Hammersmith – both high platelet users</p>	
<p>Regional initiatives</p> <p>UW asked for any information on platelet sharing between sites, initiatives on stock holding, or initiatives on platelet allocation and not wastage.</p> <p>RP outlined the practice within her hospitals – with one high user, one very low and a medium. One platelet is stocked at the medium, and when it gets to 48-hours prior to expiry it is moved to the high usage site. We do avoid high titre. As a district general, we have quite big surgeries, but they don’t require specialist platelets.</p> <p>In Gateshead they share platelets, they have a high user site, and then two other sites, that are asked to utilise stock platelets before ordering.</p> <p>At Leeds General and Saint James, they share platelets, but they have totally different patient groups at each site, they may try ordering irradiated platelet to enable sharing.</p> <p>The LGI wastage is mainly due to cardiac preorders to cover theatre. This has been audited and they are trying to reduce the levels ordered.</p> <p>Royal Marsden has a habit of ordering HT Neg as standard, they will try to address this.</p> <p>KM - Croydon looked into sharing with the network, not the Trust. Transport links were an issue, and finances were also discussed, so the decision was taken not to share.</p> <p>FC outlined a pilot that was set up to help Northwick Park, not part of their network, and a pathway with an SLA for RO sharing was very successful. Communication lines must be open, to know what sites will accept, and what they won’t! Helped in NHSBT National Stock & Distribution Manger by KB.</p> <p>AB - At Sheffield there is an issue of platelets being ordered but not used before midnight – we try and share with our trauma sites. We haven’t looked at sharing across the network that is something we could look at.</p> <p>AB wanted to ask about making irradiated platelets a blanket request, since they could be more flexible when sharing between sites and potentially reduce wastage – it was agreed</p>	

<p>this was a good plan.</p>	
<p>Education event planning This is planned for 25 June 2024. ST – has found a donor (from Luton donor centre) who has recently had 1,000 donations of platelets, she will contact him to see if he is willing to share his story. ACTION Plus ST is hoping to invite a manager from a donor centre, she has a contact from RP. However, the Manger from the Luton Centre, might be willing and this would link the two stories. FC to contact Colin Brown, Head of H&I at Colindale again. ACTION UW asked what the group would like to see at a Platelet Education event? The events usually include 3 / 4 speakers and are held via Teams. We are always looking for something topical. It is important for people to understand where platelets come from, plus the advanced planning required, some of the supply struggles etc. TJ – any interesting case studies etc.? KC suggested learning more about the donor sourcing and what goes on behind the scenes for supplying HLA Matched platelets etc. KB said there were matched units from all over England – platelets can travel from Newcastle to Plymouth via two jumps! RP gave an example of a woman in Newcastle receiving platelets from Colindale – everything had to be timed to perfection – this was 20 years ago! Donors feel very special when they know they are supplying platelets for one individual. It’s important for the donor to know.</p> <p>Please e-mail any case studies/ personal stories etc. to londonpbmp@nhsbt.nhs.uk ACTION</p>	<p>ST</p> <p>FC</p> <p>All</p>
<p>TEG Guidelines Guidelines are being collected to be reviewed for alignments, differences etc. Do they fit in with national guidelines? Any TEG /ROTEM guidelines that you are happy to share, please let us know, and share. ACTION send to londonpbmp@nhsbt.nhs.uk Manchester University Hospital is using TEG in trauma, cardiac predominantly. Obstetric and Trauma. TEG in Leeds OBS/Trauma FC – Guidelines are the same. The protocol is used for all patients that come into theatre at St Mary’s.</p>	<p>All</p>
<p>Any Other Business:</p> <p>FC – explained that she worked on the Demand Planning for NHSBT, as well as patient facing. Since June 2022 we have been in Pre-Amber for Group A neg platelets. There is always a “dip” in platelets on a Wednesday/Thursday and consideration has been given how to address this. A snap audit was carried out – getting information from 10 MTCs for the 10 last traumas they have had, the sex, and blood group of the patient – providing 100 cases. Leeds provided data in a different format so not included in the charts on the attached presentation.</p> <div data-bbox="252 1787 316 1854" data-label="Image"> </div> <p>MTC Audit data PAG 23 April.pdf</p> <p>FC referenced the charts – out of the 100 patients, four were female RhD Neg. However, many hospitals stock Group A neg platelets, used for patients of unknown blood groups.</p>	

<p>Our blood stocks remain in pre-amber for O neg, B neg red cells and Group A neg platelets, so based on this data we are recommending that you stop Group A pos for the unknown patients. If you have a female who is Rh negative who turns out to be an Rh neg, cover this with anti-D – giving a dose 250 international units will cover five adult therapeutic doses – and we ask that only A neg platelets are requested for named patients.</p> <p>The group discussed the implications of making this change.</p> <p>KM - Croydon stock A Neg, as a small hospital, they don't use a huge number of platelets. They are unlikely to swap, since A Neg is their emergency stock, and if not used for emergencies, it can be used for other patients.</p> <p>KH – Portsmouth stock A Pos and O Pos platelets (one of each) and have recently used Anti-D on an RhD neg lady.</p> <p>SK – as a moderate user Calderdale & Huddersfield stopped stocking platelets and order on a blue light delivery in an emergency without any issues. Does depend on how far you are from NHSBT!</p> <p>UW reminded everyone that there is a newsletter and any stories etc. are very welcome.</p> <p>ACTION</p>	<p>All</p>
<p>Date of next meeting: TBC Education meeting: 25 June 2024</p>	