

London Platelet Action Group



LoPAG Steering Group Minutes

Tuesday 30 January 2024

Via Microsoft Teams

Attendance	Role	Organisation
Ursula Wood (Chair) (UW)	TP	Guy's & St. Thomas' NHS Trust
Rebecca Patel (RP)	TP	Northwick Park Hospital
Kate Maynard (KM)	TP	Croydon NHS Trust
Kelly Nwankiti	Lead Nurse for PBM	Kings
Tim Williams	TP	Kings
Lubna Awas	TP	UCLH
Denroy Lindsey (DL)	Senior BMS	Great Ormond Street NHS Trust
Selma Turkovic (ST)	PBMP	NHSBT
Tracy Johnston (TJ)	PBMP	NHSBT
Sophie Staples (SS)	BSMS Lead Specialist	NHSBT
Christine Gallagher (CG)	BSMS Lead Specialist (secondment from CSM)	NHSBT
Richard Turner (RT)	National Stock & Distribution	NHSBT
Kirk Beard	National Stock & Distribution	NHSBT
Angela Pumfrey (AP)	RTC Administrator	NHSBT
Apologies		
Tracy Hui	Consultant Haematologist	Imperial NHS Trust/NHSBT
Sara Hammond	Lead TP	Barts Health

Item 1 – Welcomes, Introductions and Apologies

Everyone was welcomed to the meeting.
Formal apologies from Tracy Hui and Sara Hammond.

Item 2 - Minutes of Last Steering Group Meeting

The minutes of the last meeting on 3rd July were accepted as a true record.

Actions from last meeting

The actions were discussed and deemed no longer relevant due to the education event has not gone ahead as yet.

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

CG gave the following presentation from the BSMS Team.

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BSMS January 2024
LoPAG meeting.pdf

Item 4 – Terms of Reference

UW discussed the need to review the ToR to make the group more robust, one of the things that we are looking to change is the Deputy from NHSBT to a member of the attending groups of professional registrations then start advertising for a deputy. **UW** asked the group if there were any objections to changing the ToR – none were made.

Action: - UW to make the relevant change to the LoPAG ToR

Action: form for other regions to sign up to join – AP

There was a query raised about what happened with the National PAG **ST** informed the group that there was poor attendance from the regions with only representation from NHSBT members. **UW** asked the group if they would be happy to do a PAG meeting occasionally, the group agreed.

UW asked the group if there was anyone interested in becoming the deputy / co-chair for LoPAG, the role shouldn't take up too much time. Meetings are held 3 – 4 times a year and some input into an education event and educational output.

Item 5 – LoPAG/PAG Meeting – Planning & Setting a Date

UW informed the group that last year we discussed planning a mini one off PAG and invite staff from across the regions in England. Provide data for those regions who responded to the invite, we would provide platelet data that the London group sees on a quarterly basis, invite them to bring forward any innovations that they have had in the last 2 years since the last PAG.

The 23rd of April was agreed as the date to hold the mini one off PAG, this would allow enough time to invite 2 persons per Trust for each region and allow for the BSMS Team to provide the data.

Action: UW to review last year's agenda for PAG

Action: Send Share Point form to each region – 2 per hospital AP

Action: Send invites to join PAG - AP

SS suggested producing data on national versus London trend and look at the different RTC's, maybe some of the other bigger users tying it all together with how that compares with London.

Action: SS/CG to provide data for regions who sign up to join PAG

Item 6 –Education Event – Planning

Tuesday 25 June 2024 was confirmed as the date for the education event.

Action: AP to send out save the dates to the group – completed

Action: contact relevant speakers for the education event listed below

Topics that were discussed: -

- Recruitment of apheresis donors - **RP** to find someone to talk about this
- **ST** offered to ask her aunt to come and discuss being a donor following her daughter being treated for Leukaemia (**ST** cousin presented at the previous LoPAG education event and was a hit)
- Matching donors and patients and importance of increment data – **FC** will ask Colin Brown, Head of H&I at Colindale. If Colin cannot do, we will approach Debbie Sage.
- Talk about how best to utilise platelets in difficult patients (case studies) – **UW** will approach Tracy Hui.

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- Collecting HLA matched platelets – apheresis nurse from NHSBT about how they use their donors
- NHSBT marketing - how they choose their donors and how they approach potential new donors

KN suggested that the case studies were linked to logistics

Item 7 – Newsletter

KM showed the group the newsletter which has a screenshot of OBOS, with explanations of why you would choose each option, **KM** is awaiting some interesting case studies to be sent to her.

SS stated it was really good because this supports some of the ordering practices and demands on high specification that BSMS have been trying to promote as well. They get quite a few requests for HT negative on things that aren't really possible.

Suggestions of case studies included, HLA platelets, complicated Haematology patient, emergency scenario.

TJ suggested turning it into a quiz with the answers at the bottom of the page.

Action: deadline given as end of February for the draft newsletter KM

There was discussion around the next newsletter themes.

KM suggested looking at national platelet demand themes, seen somewhere that you are more likely to have HLA / HT if you live near the coast? Geographical theme.

RT – reduction in HT neg when it's cold. **SS** stated it could be people didn't want to donate if was cold? **SS** stated it would be a good idea to put out those positive news stories – lower wastage / those that are doing quite well with their HT neg proportion.

Action UW to come up with theme for the following newsletter

Item 8 – Any Other Business

There was discussion around units recalled for bacterial contamination, what was common practice amongst TPs. There was also a recall for Malaria that **UW** updated the group on.

RP had an interesting case of an elderly patient with mixed field but had never received transfusion.

KN stated she had an interesting case study at Kings to present at LoPAG. **KN** also said it would be good to look at guidance around patients who receive washed platelets and then receive FFP and red cells not washed? Should they continue to have platelets washed? She is also having problems stopping the use of Hydrocortisone she gave an example of a patient receiving 7 pools of platelets in a week and 7 doses of Hydrocortisone. She had several case studies she could share.

UW suggested putting it on the agenda washed or not.

Item 9 – Date of Next Meeting

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Joint LoPAG/PAG meeting will be on 23 April 1400 - 1630. **AP** will send calendar invites for save the dates

Action List

Item	Actions from this meeting	By Whom	Update
4.	Change the ToR	UW	
5.	Review last year's agenda for PAG and invite to other regions	UW	Completed UW
5.	Create form on share Point and send to other regions to join meeting	AP	Completed FM
5.	Forward invites to regions	AP	Completed FM
5.	Data for regions who sign up to join PAG	SS / CG	Completed SS
6	Send new calendar invite for education event with amended time	AP	completed
6.	Approach a donor carer at Edgware Donor Centre to talk at the education event	RP	completed
6.	Approach Donor to present on donating platelets	ST	completed
6.	Find someone to talk about recruitment of donors at the education event	RP	completed
6.	Ask Head of H&I Colindale to talk at the education event	FC	completed
6.	Ask Tracy Hui to talk at the education event – case studies	UW	
7.	Send case study to KM, UW, or AP	All	Completed
7.	Next newsletter ideas	UW	
9.	Send new calendar invite for joint LoPAG/PAG meeting to group for save the date	AP	Completed