

South West Patient Blood Management Group Minutes
Tuesday 24 September 2024
Oake Manor, Taunton

Present:

Elmarie Cairns, Chair (EC), Oliver Pietroni (OP), Sophie Scutt (SS), Carl Lewis (CL), Lucy Fallon (LF), Alison Robinson (AR), Christina Laxton (CR), Molly Jones (MJ), Sam Timmins (ST), Jackie McMahon (JM)

Declaration of Any Other Business: EC is attending an anaemia event in Copenhagen in October, sponsored by Pharmacosmos.

1. Matters Arising from Previous Meeting, 23.01.24 (EC)

- Cell Salvage Standards & KPIs – JM to recirculate with a short deadline for feedback.
- Please remember to share any helpful documents with the Group – business cases, MSBOS, PILs, etc.
- If anyone else is interested in chairing the group please let EC know or email JM/ST.
- Reminder to share vaginal cell salvage data via the SharePoint database so we can see our use in the SW - how much given back and whether any complications with reinfusion.
- There was a discussion around adapting (cell salvage) obstetric policies for gynaecological procedures.

The slides and meeting minutes are available on the SWPBMG SharePoint site.

2. RTC/RTT Update (ST)

- Regional Transfusion Survey: ST outlined the background to the original survey and the proposals going forward. We now have the QS138 quality improvement tool for submitting data on the four quality standards. The audit requirements for the CAS TACO alert are quite comprehensive so the RTT has agreed to use it as a framework for a regional audit programme which will form a major part of the regional survey plan over the next few years. We will update and continue with the basic database of baseline information, services and activity, so we will have data for comparison and this will evolve over time. If this doesn't meet the requirements of the group, ST is happy to take suggestions or do something more targeted.
- Objectives: Maternal Anaemia – Stuart Cleland, RTC Chair, is meeting with the network for neonatal and maternal quality improvement in December and will be presenting our proposed maternal anaemia guideline, which differs from the national standard (BSH), with the hope of getting it adopted region-wide. Implementation should lead to a decrease in iron deficiency and a reduction in iv iron use. It will require input from ICBs and will be audited.
- Education: The SW RTC is hosting Hazards of Transfusion, as part of the NBTC Education programme. Date to be confirmed.

3. PBM Update (ST)

- New anti-D leaflet.
- CMV-ve resources updated.
- Updated UKCSAG cell salvage fact sheets.
- Quick reference poster with QR codes linking to PBM resources. EC mentioned that she couldn't separate some of the sections on the Infographics and ST will feed this back.
- Transfusion Training Hub website – suitable for all transfusion staff.
- PBM pop-up stands. ST happy to visit and support trusts promote initiatives and provide resources.
- Reviewing blood essentials feedback as it has now been live for six months.
- New work includes a paediatric version of the baby blood assist bedside app. and the development of resources to help reduce iatrogenic anaemia
- Feedback given on genotyping project.

There was a discussion around anti-D traceability requirements and whether we should have a regional guideline – ST to feedback to RTT.

4. Amber Alert Discussion (All)

ST updated that the amber alert is still in place for Group O- rbc and pre-amber for A- platelets and that we probably won't be coming out of the amber alert anytime soon due to a number of factors – O- collections are still not at the level they need to be and some London hospitals are still being supported following the cyber-attack.

GHNHSFT managed to reduce use by 40% during one month of the amber alert and are using the reduction as leverage towards extra PBM staffing. Held weekly emergency blood meeting, cell salvage available for all c-sections, cancelled any anaemic electives that had not had anaemia treated, but this was a small number, along with promoting usual standard PBM practices.

Dorset – off the back of the TACO/CAS alert, planning to implement BMS empowerment to question multi-unit transfusions, enforce single unit policy and stamp out 'just in case' requests. The BMS will complete a short questionnaire and anything flagged will be handed over to the TPs to investigate – predominantly for medical patients. Also, trying to look into better management of complex patients.

ST mentioned a BMS Empowerment course run by one of her colleagues and would be happy to ask her to deliver in this region if there was any interest.

North Devon went down to a threshold of 70 - anything above that needed to go to consultant haematologist – no data yet. Only have an in hours cell salvage service and O- patients were prioritised.

NBT had weekly meetings and looked at every patient scheduled for elective surgery and what their requirements were likely to be. A very time consuming and lengthy process. No extra increase in cell salvage use.

RCHT stopped supporting provision of blood for group O patients at peripheral hospital sites for elective orthopaedics - about 4 patients affected so far. Tried to reduce number of anaemic patients having major surgery, particularly group O. Didn't massively increase cell salvage as it is already used widely. Single unit policy reinforced and lab staff empowered to challenge requests for more than one unit.

ST reiterated that having all the PMB policies in place is what enabled minimal impact on surgery.

5. UKCSAG Update (EC)

- Group still looking for a new chair and deputy chair and new clinical and non-clinical members to increase knowledge and experience within the group – let EC know if interested.
- Discussed sickle cell disease – there is no universal evidence to support cell salvage use – cells are not cleared out by the process so there is a risk when reinfusing. CL would err on not giving it back because of the lack of evidence. There is interest in carrying out a trial but request for funding was denied.
- Use of SW cell salvage data to become national, subject to some tweaks and changes – EC will keep the group updated once approved.
- ToRs and workplan reviewed and some factsheets have been updated with a deadline to complete them all.
- Looking to develop more regional PBM groups.
- Google health pilot animation about cell salvage to go to patients, which will sit on the YouTube health related section. EC is working with Sarah Haynes who is developing something for SHOT.
- Hoping to reinstate manufacturers meetings.
- Use of cell salvage and benefits in other specialisms discussed.
- Newsletter should be out by the end of the year including cell salvage information from SHOT.
- Planning engagement webinar for people to see what the group does.
- Mandatory Use of OPCS codes to simplify information gathering around collection and processing and reinfusion discussed. A lot of trusts don't use them. Could feed into Model Hospital.
- LDF Update – Haemonetics will stop manufacturing completely in May 2027. Only one approved for cell salvage use in the UK. This will impact our usage for specific patient groups. Haemonetics will continue to manufacture in the US but they will not have a CE marked, approved version to use in the UK. Two other filters are used in allogeneic blood but are not approved for cell salvage. UKSAG has written a letter of concern. EC wanted to make the group aware and will keep them updated.

6. IBI Timeline and Recommendations (ST)

ST gave a presentation on the timeline and recommendations and there were discussions around the use of TXA and consent.

7. Educational Presentations:

Rare Blood Group, a Case Study – Olly Pietroni

Routine Use of Cell Salvage During Caesarian Section: A Practice Evaluation – Molly Jones

Molly gave a fantastic practice evaluation presentation on 'Routine use of cell salvage during caesarean section'. She discussed the routine use of cell salvage in this population of patients and their service findings. Great discussion was had following the presentation regarding fetal red cell alloimmunisation. The study at Great Western Hospitals of 79 women with subsequent pregnancies following autologous reinfusion had comparatively lower development of antibody formation compared to donor blood transfusions. The risk of fetal cell alloimmunisation in a future pregnancy following autologous reinfusion of ICS is 0.23%. NBT and had similar findings. RCH shared their protocol for routine antibody screening following ICS reinfusion in obstetric patients. A regional project was discussed.

The RMH Anaemia Service – Chantal Dormido

Chantal gave a very informative presentation on the creation and implementation of the RMH anaemia service.

8. AOB

OP will be stepping down as Clinical Lead for the group in April to take up another regional role. Please contact EC if you are interested in taking the position on.

LF – struggling to get a chair and clinical engagement for PBM group in her trust – EC to send some info.

9. Future Meeting Dates

These will be circulated with the minutes.

Please let EC know if you have any interesting cases or pieces of work you would like to share with the group at the January 2025 meeting.

A copy of the meeting slidedeck has been uploaded to SharePoint

SW PBM Meeting, 23.01.24: Actions		
	Actioner	Comments
Share Business Cases, MSBOS, PILs, etc with the group	All	Send to JM for uploading to SharePoint
Upload vaginal cell salvage data to database on SharePoint	All that use	
Re-circulate cell salvage Standards & KPIs for feedback with short deadline for response	JM	
Contact EC/ST or JM if interested in taking over Chair role from EC and Deputy Chair/Clinical Lead role from OP	All	
Feedback comments from EC around difficulty in copying sections from PBM infographics	ST	
Feedback to RTT suggestion for regional anti-D guideline	ST	
Let EC know if interested in joining UKCSAG	All	
Send info on setting up a PBM group to LF	EC	
Contact EC if interested in presenting at the Teams meeting in January 2025	All	