

**South West Patient Blood Management Group Minutes**  
**Tuesday 17 January 2023**  
**Via Microsoft Teams**

**Present:**

Elmarie Cairns, Chair (EC), Oliver Pietroni (OP), Donna Davis (DD), Karen Mead (KM), Sophie Scutt (SS), Annette Bayon (AB), Michelle Davey (MD), Mark Pope (MP), Alison Robinson (AR), Carol McGovern (CM), Issie Gardner (IG), Steph Jones (SJ), Faye Jordan (FJ), Tracy Clarke (TC), Joanne Starkes (JS), Lorraine Mounsey (LM), Lisa Martin (LMa), Clare Cooke (CC) Jackie McMahon (JM)

**1. Welcome**

EC opened the meeting and facilitated introductions.

**2. Declaration of Any Other Business**

EC was sponsored by Pharmacosmos to attend an anaemia event in Copenhagen.

**3. Summary of Previous Meeting, 04.10.22 (EC)**

- No comments received on the minutes so these were accepted as a true record.
- Only NBT's vaginal cell salvage policy has been uploaded to SharePoint. EC requested that any other Trusts with policies upload them and confirm if they are happy for them to be shared with UKCSAG. If not, please still upload them for regional sharing only.
- Thank you to everyone who uploaded their 2020/2021 cell salvage data to SharePoint.
- EC has created a folder on SharePoint for Fibrinogen Concentrate Protocols which IG and SS agreed to share at October's meeting.
- Uploading of vaginal cell salvage data – EC has uploaded an Excel spreadsheet to SharePoint for everyone to input their data. There are four cases on there at the moment and it would be really useful to get as much regional data as possible to start an evidence base for its use.
- Positive feedback was received from October's meeting with plenty of suggestions for future meeting content, which are incorporated into this meeting and future meeting plans. The benchmarking summaries will be updated with the results of the regional transfusion survey.

**4. RTC & PBM Update (OP & CC)**

**RTC (OP):**

- Last RTC Meeting in November was F2F and the Amber Alert was the theme of a lot of the topics.
- NHSBT gave an outline of the steps being taken to alleviate pressures on blood stocks.
- An update was given on the national education programme and steps to improve some of the issues with hosting large events virtually and the programme in general.

- The O+ objective is being wound down but will still be tracked as regional activity. The maternal anaemia objective is being progressed with a survey that will be circulated to the regional obstetric anaesthesia groups in the new year. TXA is likely to be the next regional focus.
- A roundtable discussion took place on incidents/learning outcomes and responses to the Amber Alert.
- OP gave a presentation which highlighted the comparatively low usage of blood in Category 3 surgeries, which are the surgeries targeted in EBMPs.
- A copy of the minutes and presentations is available on the RTC Business page of the SW RTC website:

<https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/south-west>

**PBM (CC):** CC updated on current stock levels and actions being put in place for the upcoming nurses strikes and re-emphasised the ask from NHSBT for trusts to ensure all of their PBM strategies are in place.

Education/e-learning – the next virtual national education event ‘Mums Babies & Blood’ is taking place on the 8<sup>th</sup> Feb, the BMSEDG programme continues, new anaemia resources have been produced and all LBT modules are now available on ESR. The PBM education team are keen to hear what education topics people would like - please feedback any suggestions to CC/JM.

#### **5. Regional Transfusion Survey (JM):**

The survey is now live and the link has been sent to all SW NHS Trusts and private hospitals. The new format enables sections to be sent independently to the relevant departments/individuals to complete. The closing date is the end of January and so far, 7 trusts have submitted complete responses, 5 partial and 5 trusts yet to start. OP commented that he had found the new format easy to complete.

#### **6. UKCSAG Update (EC)**

No recent meetings but can confirm that the long-awaited Cell Salvage Usage Report is now at the approval stage. The group now has its own SharePoint and EC will share any useful information from there via the SW SharePoint. JPAC factsheets are being updated and all references to post-operative cell salvage removed. Meetings dates have been agreed for the coming year.

#### **7. Regional Cell Salvage Data Update (OP)**

Due to the large amount of data, OP chose to concentrate on a smaller amount in more detail, focusing primarily on the data relating to obstetric cell salvage. Hopefully, continuing analysis may lead to a better understanding of the cost effectiveness and benefits of cell salvage and OP now has an idea of potential KPIs. Prior to presenting the data, OP highlighted the headings he had used, and outlined for clarity how the data should be entered.

- During the three-year period under review, details of nearly 20,000 cases have been entered and the total volume of blood salvaged equates to nearly 10,000 units.

- Apart from maternity services, there was a drop in cases during the pandemic, with most hospitals returning to pre-pandemic levels and three increasing use.
- Obstetrics, orthopaedics and vascular are the biggest users of the service, with obstetrics making up 50% of the workload in most hospitals.
- In obstetrics, processing rates varied between 20-50% and the processing rate across all specialties is around 40%.
- A high obstetric processing rate doesn't always equate to a high reinfusion rate.
- A comparison of c.12,000 obstetric cases showed that the median EBL for both elective and emergency surgery is around 500 mls.
- Of the 4105 (35%) cases processed, 3842 were reinfused, giving a median reinfusion volume of 222 mls.
- From another perspective, 65% of cases got no benefit from cell salvage so it can be quite challenging to justify as a cost-effective intervention.
- The median pre-op Hb for all the obstetric cases was <120 g/L and for everyone, 75-80% were anaemic as judged by a Hb of 130 g/L - it will be interesting to track this over time in line with the maternal anaemia work being carried out in the region.
- It is feasible to have a regional cell salvage database and trusts should think about how to record salvaged blood that is not reinfused to patients.
- There is a lot more data to present and OP is happy to do this via a dedicated cell salvage database meeting – a provisional date has been set for March. This will also be an opportunity to discuss future direction of the database, which could include use of the data to record the rate of incidents both with patients and the machinery.

There was discussion around processing/re-infusion rates and cost effectiveness and some of the reasons for low processing rates. During the Amber Alert, NBT saw its processing rate in obstetrics rise to 45% by automatically putting a processing kit in once 500 mls was reached. It was also pointed out that the amber alert highlighted how invaluable cell salvage is in a situation where blood is in short supply.

DD was really interested in the use of KPIs in cell salvage to help change practice and improve outcomes. EC suggested forming a working group to look at processing rates against median reinfusion volumes from the data/specialties we have to form a KPI with a regional and trust average.

SS raised the variation in the way that trusts calculate EBL and there was a discussion around target Hb thresholds in obstetrics.

EC thanked OP for a fantastic presentation and summarised the actions going forward:

- Cell salvage database meeting/presentation to look at all the data in more detail and discuss future direction.
- Set up a working group for formulate some regional KPIs – interested parties to contact EC/OP.
- Continue submitting data and raise awareness by presenting to other interested groups.

- NATA poster potential – need an output from the data before we can present anything.
- Contact EC with any offers of help, support, ideas for OP, or any issues with the data being shared outside of the RTC groups.

## 8. **Blood Budgets/Cross Charging for Services (EC)**

Following a brief discussion at a previous meeting, a short pre-meeting survey was circulated to gauge how this is undertaken in individual trusts.

Unfortunately, due to the timescale only 5 responses were received:

- 1/5 trusts charges directorates for blood use – and the lab. manager in this trust was unaware - so it would be useful to have these conversations with the labs/depts and re-visit at another meeting.
- Responsibility for the PBM budget lies with Transfusion in 1/4 trusts Surgical Specialties in 1/4 and Other in 2/4 trusts.
- The funding streams for the BCC role varied - Transfusion (1/4), Theatres (2/4), Surgical Specialties (1/4) - reflecting that PBM is a multi-specialty undertaking.
- Only 1/4 had allocated, paid sessions as part of their work plan for their consultant PBM clinical lead. SS is about to be allocated some time and will feedback on how this was achieved. IG has about an hour and has been approached for some information for a potential PBM co-ordinator in Women's and Children's Health – a job description and information on grading and hours would be really helpful.

It was agreed to re-circulate the survey as it will be useful to have a bigger regional picture.

## 9. **Poster Presentation: Evaluation of ROTEM-Guided Therapy in the Management of Major Haemorrhage at GHNHSFT (SJ)**

SJ presented a poster that was produced following a project to compare blood component usage and disposal and patient outcomes pre- and post-introduction of ROTEM at GHNHSFT. The purpose for bringing the ROTEM in was to provide evidence-based, targeted treatment to patients with major haemorrhage rather than the standardised treatment of using shock packs and standard lab. test directed treatment.

The main challenge to introducing ROTEM had been the major change in practice required.

SS, GHNHSFT, commented that from a personal aesthetics perspective, and the feeling from colleagues in theatres, there had been a learning curve but they have now embraced ROTEM and rely on it to confidently know which products to request and the introduction of fibrinogen concentrate has also been a game changer.

Challenges going forward are sorting out funding so it would be interesting to know how other trusts fund their POC testing, and to have protocols for other uses, not just MH.

## 10. **Planning Discussion for Future Meetings**

14<sup>th</sup> March - to look in more depth at the cell salvage data and discuss future direction.

13<sup>th</sup> June – carry on with the informal catch-up/networking format.

26<sup>th</sup> September – date for the next formal meeting which will be F2F. Sue Scott has agreed to present on RUH's pre-op anaemia management combining the use of EPO and iv iron and if there is any interest, we can invite GHNHSFT to present on EPO in Oncology. Hoping we will have some NATA posters to share so please let EC know if you are planning to submit one and are happy to share. We have also been approached by a couple of manufacturers and there was agreement to them having a short presentation slot/display stand. IG is happy to present on the use of NAs to run a cell salvage service.

## 11. AOB

- OP to send IG blank copy of cell salvage data collection sheet with headings.
- There was a discussion about HCAs/NAs running a cell salvage service:
  - UHBW's Obs & Gynae service is run by NAs – they don't make the decisions, just responsible for the running.
  - GHNHSFT use HCAs to collect and process, overseen by the anaesthetist who approves processing and reinfusion. Their HCA superusers are integral to the running of the service.
- Farewell to Carol McGovern on her impending retirement. Carol was thanked for her invaluable contribution to the group/region.

## 12. Future Meeting Dates

14.03.23 – Cell Salvage Database (virtual)

13.06.23 – Informal catch-up (virtual)

26.09.23 – Formal (F2F)

**\*A copy of the meeting slidedeck has been uploaded to SharePoint\***

<b>SW PBM Meeting, 17.01.23 : Actions</b>		
	<b>Actioner</b>	<b>Comments</b>
<b>Actions carried forward from 04.10.22</b>		
Let EC know if happy to share vaginal cell salvage policy via UKCSAG	All	
Share fibrinogen concentrate protocols	IG, SS/DD	IG to include Obs Cymru and Liverpool Women's
Upload vaginal cell salvage data to SharePoint	All that use	
<b>Actions from 17.01.23</b>		
Submit any suggestions for PBM education topics to CC/JM	All	
Contact EC/OP if interested in joining working group to formulate some cell salvage KPIs	All	
Continue submitting cell salvage data	All	

Raise cell salvage awareness by presenting data to other regional groups	OP	
Contact EC with any offers of help, support, or ideas for OP with the cell salvage data	All	
Let EC know if not happy to have the data presented outside of the PBMG	All	
Let IG have copies of any job descriptions for a PBM co-ordinator with job grades and hours worked	All	
Re-circulate blood budgets survey	JM	
Let SS have information on how POC testing is funded within individual trusts	All	
Let EC know if anyone will have a NATA poster they would like to present at the Sept PBMG F2F meeting	All	
Send blank cell salvage data collection sheet with headings to IG	OP	
<b>Rolling Actions</b>		
Submit any suggestions for future meeting topics/highlight any interesting pieces of work	All	
Complete meeting feedback form	All	