



National Shared Care Working Group Meeting:

Chair: Kate Maynard **Date:** 23rd September 2024 **Time:** 12:30 – 14:30

Place: Virtual – Teams

Attendance	Role	Organisation
Kate Maynard (KM) (Co-chair)	Senior Transfusion Practitioner	Croydon Health Services NHS Trust
Katherine Philpott (KP) (Co-chair)	Blood Transfusion Laboratory Manager	Cambridge University Hospitals NHS Foundation Trust
Julie Jackson (JJ)	Transfusion Practitioner	James Paget University Hospital
Jay Faulkner (JF)	Transfusion Practitioner	Leeds Teaching Hospitals NHS Trust
Helinor McAleese (HM)	Specialist transfusion practitioner	Barts Health NHS Trust
Sibel Bafekr (SB)	Senior BMS	East Sussex Healthcare NHS Trust
Emily Carpenter (EC)	Lead blood transfusion practitioner	King's College Hospital NHS Foundation Trust
Peter Baker (PB)	Transfusion Service manager	Liverpool University Hospitals NHS Trust
Luke Dowey (LD)	Transfusion Practitioner	The Clatterbridge Cancer Centre NHS Foundation Trust
Selma Turkovic (ST)	Patient Blood Management Practitioner	NHS Blood and Transplant
Mihaela Gaspar (MG)	Clinical Nurse Specialist in Blood Transfusion	Royal Brompton Hospital
Stephanie Cairns (SC)	Clinical Systems Developer	NHS Blood and Transplant
Katarina Kacinova (KK)	Transfusion Laboratory Manager	University Hospitals of Derby and Buxton NHS Trust
Stephen White (SW)	Transfusion Laboratory Manager	University Hospitals Bristol and Weston
Victoria Waddoups (VW)	Transfusion Practitioner	Sheffield Teaching Hospitals NHS Foundation Trust
Nicola Swarbrick (NS)	Lab incident specialist	Serious Hazards of Transfusion
Nella Pignatelli (NP)	Regional Transfusion Committee Administrator	NHS Blood and Transplant
Yasin Fozdar (YF)	Senior Biomedical Scientist	University Hospitals Leicester

Apologies:

Sam Aliman

Helen Slade

Julie Staves

Victoria Tuckley



1. Welcome and Introductions

KM welcomed all attendees to the group. Introductions made.

2. Minutes from previous meeting

Minutes and actions from previous meeting reviewed and agreed.

KP gave update on meeting with UK Forum for Transfusion which she attended in order to ask other nations if they would be interested in joining the group. All nations confirmed they would be keen and will decide members prior to next meeting in February. KP shared that these nations shared similar concerns, but some worries about information governance were raised regarding data sharing across borders. Noted that it may be helpful for an IG specialist to be part of this group. ST will see if the NHSBT specialist or member of NBTC may be able to advise.

No update on patient representative or clinical nurse specialist. ST will share details and KM will contact.

3. Results from Shared Care Digital Solutions survey

KM shared the results of the Shared Care Digital Solutions survey which was sent out following the last meeting. 65 responses were received, and full results sent out alongside these minutes.

Key points as follows:

- Significant issues identified with internal shared care: communications between clinical areas and laboratory.
- Issues with all aspects of shared care but particularly problems with anti-D and irradiated blood
- Most respondents would be keen for a centralised shared care record.
- Majority think that patients should have some access to their transfusion record.

JF noted that this was reflective of their experiences in Leeds and that now paper notes were no longer utilised, the 'front page' key information is now missing.

4. Scoping document- comments and discussion

KM presented the scoping document sent out with these minutes, which was requested by the Transfusion Transformation digital arm and asked for any comments.

SW noted that NHSBT have now informed all trusts that they will no longer be providing antibody cards, and they will need to be printed out at trusts with paper provided by NHSBT. Anticipate that there may be issues secondary to this and less cards may therefore be issued.

NS noted an issue that is raised from SHOT that a lot of trusts have specific special requirements that are not nationally agreed (e.g. irradiated for a broader subsection of patients) and that this may cause potential issues.

SC clarified that SP-ICE and LIMs are not interfaced; ccfDNA results are interfaced via Labgnostic - KM will amend this.

KP added that an important point was the internal problems within shared care, and that was reflected in the experience at her trust. A vital element of improving shared care is to support hospitals with internal communication within shared care, and that this was a particular problem in non-haematology specialities.

KM confirmed that she would send round for comments with a deadline of comments of early next week.



5. Editable shared care form

HM shared the form and highlighted changes that had been made in view of previous meeting including:

- Addition of section C which gives information for the receiving hospital.
- Information about what can be added to boxes when mouse hovers over it (may not be available on all versions of Adobe).
- Change labelling to ensure clarity on which sections need to be completed by which hospitals.
- Some logic added in, e.g. based on transplant type which units can be issued.
- Platelets- HLA and HPA separated out.
- Tick box for additional monoclonal antibody therapy and free text for any other therapies not listed.
- Special requirements logic if transplant.
- Can add multiple antibodies.
- Addition of anti-D box.

Discussed now taking to lab managers meeting, KP and SW happy to take to next meeting in November 2024. KP suggested that HM attend to demonstrate to attendees. Following this suggested presenting at NBTC to formally sign off and ask for badging.

JJ suggested that it may be useful to ask clinical colleagues for feedback. HM confirmed this had been completed locally but happy to be shared wider.

HM noted that it is currently in use at Barts and asked if group thought this was appropriate, with some discussion about versions controls etc. KP suggested a draft watermark which HM will look at. JJ noted that it still said ratified by East of England RTC which is not the case and suggested making amendment to ensure that it was clear that it was not yet ratified.

JP asked where the form would be accessed from, and HM suggested on specific trust intranets or on the NBTC website if ratified.

PB noted that using the form would be a complete change of process which will be driven by clinical teams in some cases, which could be problematic due to poor engagement. PB asked how this had previously been managed in the East of England where the form had originated from. KP and JJ stated that this had been driven by TPs in most clinical areas and had become an established way of working.

VW noted that it may be possible for some EPRs to embed the forms. KM asked if forms would be auto updated if forms were amended. NS noted that this would be difficult as usually it links to the document not the webpage.

Group noted risk of locally amending the forms and HM reassured the group that PDFs are difficult to edit without specific software therefore this was unlikely to be a risk.

6. NHSBT Q and A

KM shared the Q and A which was completed by NHSBT lab teams last year. Questions were gathered from a survey completed by the London Shared Care Group. Group agreed that with editing it would be a useful document for all. NS suggested that a top 10 would be useful. KM suggested that it would be better to come via NHSBT and group agreed - KM will contact NHSBT to suggest this.

7. Terms of reference

KM shared the terms of reference developed by the chairs. Noted that it will be changed to UK and Ireland wide. Some discussion over the type of specialist nurse needed, agreed that the ToR would be quite broad to encompass any possible changes. Agreed that quoracy would include chair and representation from 4 regions as well as the chair.

KM will send round for any further comments.

Agreed that next meeting will be set for the 4th Feb 2025.



Actions

No	Actions: Commencing 05/11/2024	Owner	Date
2	Establish if an information governance specialist can join the group - Suggested that NHSBT rep would be helpful as knowledgeable about national processes.	ST	30/01/2024
4	Suggested changes made to scoping document and to send round for comments.	KM	08/11/2024
5	To present Shared Care form at lab managers group	HM, KP and SW	30/11/2024
5	To share form with clinical colleagues to ascertain usability	ALL	30/12/2024
6	Contact NHSBT Q and A authors to suggest that this may be better hosted via H and S website.	KM	30/11/2024
7	Share terms of reference for comments, all to feed back.	KM	30/11/2024

No	Actions: Commencing 23/09/2024	Owner	Update
1	Reshare minutes from meeting in September 2023	KM	COMPLETE
1	Share details from representatives from devolved nations and contact	VT and KM	COMPLETE
1	Resend previous FAQs to NHSBT labs for comment	ST	COMPLETE
4	Scope for patient representative for group	ALL	ONGOING – team to continue to ask around
4	Scope for clinical nurse specialist representative for group	ALL	ONGOING – team to continue to ask around
4	Share short survey on digital Shared Care solutions with regional groups.	KM/ ALL	COMPLETE
5	Make suggested changes to Shared Care form.	HM	COMPLETE
6	Write and share terms of reference.	KM	COMPLETE