

London Transfusion Practitioner Group Meeting

Tuesday 11th March 2025 – Microsoft Teams

Chairs:

Pascal Winter **(PW)** Barking, Havering & Redbridge
James Davies **(JD)** King's College

Attendance:

Kristine Coretico (KC) Guy's & St. Thomas'	Charlene Furtado (CF) Guy's & St. Thomas'
Charlie Little (CL) HCA UK	Avelyn Allata (AA) Imperial
Rebecca Patel (RP) Northwick Park	Rachel Moss (RM) GOSH
Emily Carpenter (EC) King's College	Lawrance Nyoni (LN) HCA Laboratories
Jan Gordon (JG) Chelsea & Westminster	Helen Brown (HB) Imperial
Nathalie Muller (NM) Royal London	Mihaela Gaspar (MG) Royal Brompton
Grace Adetunji (GA) King's College	Tim Williams (TW) King's College
Rechie Banderado (RB) Kingston	Gill Rattenbury (GR) Chelsea & Westminster
Selma Turkovic (ST) PBMP London	Helinor McAleese (HM) Newham
Katie Pritchard (KP) GSTT	Kate Maynard (KM) Croydon
Tracy Omadeli (TO) Barts Health	Deimante Sepeleviciute (DS) Royal Free
Nella Pignatelli (NP) RTC Administrator	Sachin Ramoo (SR) Cleveland
Dharshana Jeyapalan (DJ) Guy's and St Thomas'	Hayley Allen (HA) Princess Royal
Kristy Hancock (KH) Barts Health	Rebecca Kahari (RK) London Northwest
Abiola Adeniyi (AbA) Homerton	Kelly Feane (KF) St George's
Ursula Wood (UW) Guy's and St Thomas'	Manaf Al-Bayati (MA) Barnet and Chase Farm
Anna Li (AL) Royal Free	Sharon Harding (SH) Royal Marsden
Sarah Lennox (SL) Royal National Orthopaedic	Helena Day (HD) Harefield
Andrea Pearce (AP) St Barts	

Guest Speaker: Helen Thom **(HT)** NHSBT

Special mentions: Jo Bark **(JB)**, Anwen Davies **(AD)**, Jen Rock **(JR)**, Jill Cofield **(JC)** and Dipika Solanki **(DS)**

Apologies:

Wendy McSporran **(WM)** Royal Marsden
Pascal Winter **(PW)** Barking, Havering & Redbridge

Minute Secretary: Nella Pignatelli **(NP)** (NHSBT).

Please contact nella.pignatelli@nhsbt.nhs.uk for any amendments.

Slide deck can be viewed [here](#).

Summary of the meeting:

The meeting began with introductions and updates on pending actions. Key updates included the Shared Care Working Group's progress on an editable shared care form, the need for more participation in the WBIT working group and challenges with the QS138 audit tool. The BBTs conference in Harrogate was announced, along with the launch of a TP special interest group award. NHSBT updates highlighted new toolkits, the Fit to Donate campaign, and ongoing audits. The meeting concluded with a discussion on RCI and sample requirements.

-- Meeting starts --

1. Welcome and Introductions

JD welcomed everyone to the meeting. Introductions were made.

2. Minutes of the Last Meeting and Action Log

The minutes from last meeting on the 5th of December 2024 were accepted as a true record.

	Action	Responsibility	Status
1	Organise a meeting to review the data from the WBIT Audit Tool in depth. PW will meet with RP who will do this action going forward.	PW/RP	Pending
2	WBIT and PSIRF video to be shared to NP who will circulate video.	?	Pending
3	To create a TP report to include key issues experienced by TPs	WM	Pending

Action 1: SR, RP and NP met on the 5th of March 2025 to discuss how to restart the WBIT working group as it has had very low participation in recent months. SR and NP agreed to organise quarterly WBIT meetings and spread awareness of the meetings through word of mouth and online. The aim is to have a group where the WBIT Audit Tool data can be analysed in depth but until then, this action is ongoing.

Action 2: ST clarified that JB has the videos and will send them to NP so they can be circulated amongst transfusion practitioners (TPs).

Action 3: Still ongoing.

London TP Updates

3. Shared Care Working Group (SCWG)

Presented by KM

- Shared care had a meeting in February.
- SCWG are looking at signing off the new editable PDF shared care form soon at NBTC
- There has been a lot of work in the transfusion transformation digital stream around shared communication between hospitals which we supported by producing a scoping document on shared care options and overall needs, following a survey which was completed in the autumn.
- There is now a focus on internal shared care within hospitals, e.g. communication between pharmacy and lab, looking for examples of how this can be improved with the idea of creating a toolkit or similar.
- Next meeting will be in May.

4. Wrong Blood In Tube Working Group (WBIT)

Presented by SR

- WBIT Working Group had a meeting on the 5th of March.
- The group agreed that membership expansion was key.
- WBIT Tool Kit media created by NP and sent out to TPs to help them better report WBITS at their hospitals – 20 more WBITS recorded using the tool since.
- SR raised that the WBIT tool data does not necessarily represent hospitals properly as a hospital with low or no WBITS could be seen as not participating in uploading WBITS.
- JD asked the TP group to get in contact with SR if they wanted to join the WBIT Working Group.
- JD suggested potentially investigating WBIT rates before and after the EPR introduction
- Another issue that was raised was that duplication could also occur if different TPs submit the same WBIT due to miscommunication – Nominating 1 person per hospital could mitigate this.

5. London Platelet Action Group (LoPag)

Presented by UW and TW

ACTION: UW will contact NP to organise a LoPAG meeting

- Hoping to put together a toolkit for future platelet shortages by collating some of the actions that different trusts put in place during the platelet shortages of 2024 and seeing what good practice was done.

6. QS138 Quality Insights

Presented by ST and TW

- 20 hospitals in London have registered with the audit tool – which is roughly a third of all hospitals in London. However, only 6 out of 20 hospitals have inputted data and of the 6, only 4 have completed more than one audit cycle.
- The most audited of the four quality statements is Tranexamic Acid (TX), followed by single unit reassessment.
- ST and TW ask the group to take part in the auditing process
- TW is the regional ambassador for the tool and will represent it at the National Transfusion Practitioner Network.
- ST offered the group the opportunity for another whistle stops tour of the auditing tool by her colleague AD.

Comments from the group about the QS138 Tool:

EC mentioned that TPs have different experiences collecting patient data. EC did not encounter as many barriers as her colleague in another hospital did -who had to go through an arduous process to get data approved.

KM shared that her along with her colleagues find the way questions from the audit tool are worded leaves them open to interpretation. She mentioned at times her and her colleague disagreed on what to put down because of this and wonders if other TPs also struggle. KM also added that in her hospital she has to access the physical notes of the patient to see if they were given Tranexamic Acid which can make the process long-winded.

MG responded to KM that in her hospital the Tranexamic Acid data can be easily accessed by using their electronic system. However, MG added that in her hospital there is a struggle to get data on iron supplementation as sometimes patients receive their treatment at local hospitals or at their GP and this data does not always get noted on MG's hospital's system.

KM also added that another issue is that it does not specify what type of iron qualifies as the audit only asks if the patient has had iron supplementation.

JD told the group to complete the audit the best they can with the information that is available and reassured the group that missing information is inevitable. TW agreed, and added that the more data that is added, the more it will aggregate and hopefully result in significant statistics.

ACTION: It was evident that many TPs faced difficulties inputting data into the QS138 Quality Insights tool so TW told the group that he will send out a survey asking the TPs what barriers they face.

KM enquired if the Wrong Blood in Tube Working Tool (another audit tool that is available to TPs) could be linked to the QS138 Quality Insights Tool. KM elaborated that if all the audit tools are in one space it would be easier and more convenient for TPs to submit their data. This data could also be compared across audit tools – KM provides an example of the number of beds a hospital has with the percentage of WBITs per bed use. ST agreed this would work, especially since both the WBIT and QS138 use the Snap Tool to run.

ACTION: JD will raise the idea of a one stop portal that includes all the audit tools for TPs at the next NTPN meeting.

7. BBTS

Summary from WM

- The next BBTS conference will be in Harrogate on the 13th to the 16th of October.
- This year, there is the launch of the BBTS TP Special Interest Group Award to be presented within the TP session during the annual conference.
- This award will be given in recognition of the outstanding contribution made to the transfusion community by a TP or an individual working in an equivalent role.
- The closing date for nomination submission is the end of March 2025.

ACTION: JD/WM will share link to the award nomination form.

- WM has put out a call for speakers for the BBTS TP Special Interest Group and has asked the TP group if anyone would like to present at the BBTS then they should get in touch with WM or PW.
- WM also asked the group to get in touch if they had anything they would like to publish in the BBTS magazine.

8. NHSBT Updates

Presented by ST

- ST informs the group of the restructure to the PBMP team and that they concentrate more on PBM related activities now. Any other updates will be received by the Customer Service Managers and Blood Stock Management Scheme colleagues.
- New toolkits available on the Hospital and Science website.
- Toolkits and patient information are being updated so it is more accessible.
- Updating the pages of the website and creating a more navigable format.
- ST confirmed to the group that patient information leaflets are available in different languages online.

- New video released aiming at informing blood donors if they are fit to donate and is available on blood.co.uk and in donor centres. It will focus on spreading awareness of the importance of iron in diets especially since 14,000 deferrals happen each year due to low haemoglobin.
- Focus on moving towards online patient information leaflets as an aim to go greener and minimise wastage.
- The ongoing baby blood assist project is still being written up and funding is currently being sought out.
- The BTT e-learning is also being updated.
- Major Haemorrhage audit is going live on the 1st of May 2025.
- Anti-D audit is planned for autumn, which will be completed by midwives.

ACTION: ST asked NP to send out a small survey for the use of Tranexamic Acid to the TP group. ST asked the group If they can then share this with any surgical or anaesthetic contacts they have.

9. National TP Update

Presented by JD

- National Transfusion Practitioner Network (NTPN) meeting happened in February and was well attended – minutes will be circulated once confirmed.
- Aimi is leading the relaunch of the NTPN
- The meeting revealed that all the regions were reporting the same sort of problems and issues such as blood stock concerns, amber alert fatigue, issues with the QS138 tool and the low uptake of the tool nationally, issues around staffing and barriers preventing implementation of the SHOT recommendations (which has been raised with the SHOT representative).
- Concerns with Blood Inquiry report as not a lot of concrete actions have come out of it even though there is a lot of work going on in the background for it.
- JR and JC are currently making a new TP starter introduction workbook.
- JD asked the group to share with him any good examples of induction packs or any courses that new TPs might find useful.
- There is a plan to do a regional benchmarking survey about what audits each region do in the hopes of standardising the audits across regions, so the data is comparable nationally.
- Work has started on creating some standards for the electronic patient record and electronic blood management systems. Standards for LIMS already exist but there are no similar standards in place for the big EPRs or blood management systems that are governing the clinical side of transfusion. Once the standards are finalised, they will be given to SHOT and Script to get them ratified.

- There has been a strategy document written by the NHSBT on behalf of Transfusion 2024 (now known as Transfusion Transformation) which has been sent to NHS England for review.
- JR is still working on the TP framework.
- There are NTPN workshops over the next two months to engage TPs and gather more data.
- Appropriate use led by WM is still ongoing.
- The digital capacity and integration work stream with EC and DS is still ongoing.

Comments:

KM suggested that perhaps the Shared Care Working Group (SCWG) could have some input into the Standards Working Group and perhaps JD can attend the next SCWG meeting.

ACTION: JD to get in touch with KM to arrange attending the next SCWG meeting which is in May.

10. ISBT Update

Presented by RM

- Podcast 13 has now been published; *“Talking transfusion in neonates & paediatrics”* - [Transfusion Practitioners across the world Podcast | The International Society of Blood Transfusion \(ISBT\)](#)
- The TP group in conjunction with the ISBT transfusion education group have produced *Essentials in Transfusion* to support colleagues in low to middle income countries that don't have a structured transfusion education programme for doctors & nurses – [Essentials of Blood Transfusion Teaching for Nurses | The International Society of Blood Transfusion \(ISBT\)](#) & [Essentials of Blood Transfusion Teaching for Resident Doctors | The International Society of Blood Transfusion \(ISBT\)](#)
- ISBT (Europe) will be in Milan 31st May – 4th June [ISBT Milan 2025 | The International Society of Blood Transfusion \(ISBT\)](#) The TP session is on Tuesday 3rd with the theme being *“Educating the educators”*.
- The ISBT TP group membership is increasing so anyone who is interested in developing resources that benefit TPs around the world then join ISBT, apply to the Clinical Transfusion Working Party and join the TP sub-group.

11. RCI Referrals

Presented by Guest Speaker HT

Presentation can be viewed [here](#).

Q&A summary:

The Q&A provoked various discussions, including the limitations of automation in blood analysis, particularly in complex techniques like auto absorption. Default tests for antibody investigations include antibody ID and extended RHK, with DAT performed if auto control is positive. Turnaround times are managed by urgency, with difficult patient samples given a week's notice. Electronic referral forms are being developed to streamline processes. Decentralisation of RCI activities is not currently being considered, but RCI assist encourages in-house management. NHS England's cost-saving measures on stat man training were noted, and the role of non-medical prescribers in administering blood components was debated.

12. Actions for next meeting:

Action	By whom	Status
ST to ask JB to send PSIRF videos to NP so they can be circulated amongst transfusion practitioners (TPs).	ST/JB/NP	Ongoing
UW will contact NP to organise a LoPAG meeting.	UW	Ongoing
Send out a survey asking the TPs what barriers they face with the QS138 tool.	TW	Completed
Raise the idea of a one stop portal that includes all the audit tools for TPs at the next NTPN meeting.	JD	Ongoing
Share link to the award nomination form.	JD/WM	Completed
ST asked NP to send out a small survey for the use of tranexamic acid to the TP group. ST asked the group If they can then share this with any surgical or anaesthetic contacts they have.	ST/NP/ALL	Completed
JD to get in touch with KM to arrange attending the next SCWG meeting which is in May.	JD	Ongoing

-- Meeting Ended --

Next meeting is a **Face to Face** on the **10th of June 2025**. Venue to be confirmed.