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## CHIEF MEDICAL OFFICERS' NATIONAL BLOOD TRANSFUSION COMMITTEE

**Minutes of the Second Meeting of the CMO's National Blood Transfusion Committee held at the Royal College of Pathologists, London on 11<sup>th</sup> March 2002.**

Present:	Professor E C Gordon-Smith	(Chairman)
	Dr M Murphy	(Secretary)
	Dr J Duguid	(Royal College of Pathologists)
	Dr C Morgan	(Royal College of Anaesthetists)
	Professor J Lumley	(Royal College of Surgeons)
	Dr H Cohen	(British Society for Haematology)
	Mr G Webb	(British Blood Transfusion Society)
	Ms C Atterbury	(Royal College of Nursing)
	Dr A Robinson	(National Blood Service)
	Mrs L Reynolds	(National Blood Service)
	Professor M Contreras	(National Blood Service)
	Mr S Penny	(National Blood Service)
	Dr A Rushdy	(Department of Health)
	Mr J Revill	(IBMS)
	Dr A Copplestone	(South West Regional Transfusion Committee)
	Mr G Walker	(Oxford Regional Transfusion Committee)
	Dr D Norfolk	(Yorkshire Regional Transfusion Committee)
	Dr C Taylor	(North London Regional Transfusion Committee)
	Dr K Pendry	(Manchester Regional Transfusion Committee)
	Dr J Wallis	(Northern Regional Transfusion Committee)
	Dr K Hampton	(Trent Regional Transfusion Committee)
	Dr E Watts	(Eastern Regional Transfusion Committee)
	Dr M Desmond	(Mersey & N Wales Regional Transfusion Committee)
	Dr S Knowles	(South Thames Regional Transfusion Committee)

**Apologies:**

Dr P Green	(Hampshire and IOW Regional Transfusion)
Dr J Murray	(West Midlands Regional Transfusion Committee)
Professor S Machin	(British Society for Haemostasis & Thrombosis)
Dr E Love	(SHOT)
Mr C Lister	(Department of Health)

**01/02 Minutes of the first meeting held on 3<sup>rd</sup> December 2001**

There were accepted as a correct record of the meeting with a few minor amendments.

**ACTION**

**MM to amend and circulate  
AR to ask the CMO whether the Minutes could be posted on the CMO and BBT2 websites**

## ACTION

### Matters arising

There has been some difficulty in identifying patient representation for Regional Transfusion Committees.

The Chairman pointed out that what is required is a lay representative not necessarily a patient.

#### **02/02 Minutes of the meeting of the Executive Working Group held on 21<sup>st</sup> January 2002**

These were accepted as a correct record of the meeting with a few minor amendments.

**MM to amend and circulate**

### Matters arising

The videoconferencing did not work very well, but it was agreed it was worth trying again to avoid long journeys for some of the Committee.

MSBT – there will be a change in the remit to include a wider role for blood safety. EGS to write to Pat Troop to enquire about progress and asking for representation from NBTC. The next meeting of MSBT is in June 2002.

**EGS** ✓

#### **03/02 Revision to the Terms of Reference of the National Blood Transfusion Committee**

Some revisions to the Terms of Reference were agreed:-

2.1.1 Addition of 'exploring and facilitating the implementation of methods to reduce the need for allogeneic transfusion'

**MM to amend and circulate** ✓

6.1 Outcome measures

Amend from 'fewer reports to SHOT' to 'using data from SHOT'.

There was discussion about whether reporting to SHOT should be mandatory for hospitals. It was agreed that it was not mandatory at present, but should be an essential part of the process of accreditation of blood banks by CPA, and this should also include private hospitals. Requirements for haemovigilance in future EU Directives may result in SHOT becoming mandatory.

**EGS to write to Pat Troop to support participation in SHOT being included in the process of accreditation by CPA** ✓

#### **04/02 Membership of the Committee**

Haemophilia Doctors' Organisation. It was agreed that this organisation should be represented on the NBTC.

**MM** ✓

It was also agreed that the Chairman of the National Transfusion Committees of Wales, Scotland and Northern Ireland should be invited to NBTC meetings, and that an invitation be issued to the Specialist Practitioners of Transfusion group to send a representative.

**MM** ✓

## ACTION

The Royal Colleges of General Practitioners and of Paediatrics and Child Health should be invited to send representatives.

MM

*Representation from SPOT.*

The Secretary was requested to circulate contact details of the NBTC to all members.

MM

### 05/02 Relationship of the NBTC to the Department of Health Committee for the Microbiological Safety of Blood and Tissues (MSBT)

Already covered under 02/02.

### 06/02 Output from the CMOs 'Better Blood Transfusion 2' Seminar in October 2002

Completion of the audit of the implementation of HSC 1998/224. 87 additional hospitals had now responded to the questionnaire, making a total of 220 responses out of a total of around 320 hospitals (including private hospitals in England). It was agreed that a list of hospitals who had responded to the audit should be compiled, and compared to the hospitals in England who participate in SHOT.

An estimate should be made of the proportion of blood transfused by the hospitals who participated in the questionnaire.

An interim analysis of the audit would be published in the Annual SHOT report for 2000-01, and it was agreed that a full report should be published by a writing group including non-NBS representatives of the NBTC.

MM

### Draft action points for the HSC 'Better Blood Transfusion 2'

A number of suggestions were made, including the need for education about transfusion in Induction Training for all staff, and in the nursing curriculum from which it had been dropped. It was agreed that the Chairman would request it be reintroduced into the nursing curriculum.

EGS

It was agreed that training materials be collected, and that the EWG should consider the task of developing national training materials.

EWG

There was considerable discussion about the development of electronic methods for improving the safety of transfusion. It was agreed that a Working Group be established with 2 main objectives:-

MM/DN

- to define a specification for the use of IT in the clinical transfusion process,
- to define a minimum data set for recording a transfusion episode.

EGS to write to  
Professor John  
Pattinson NHS  
R & D and IT

Working Group:-

MM (Chair), DN (Secretary), HC, JR, JW, CM, MD, SP, SK (John Ord to be co-opted)

*David Young  
to join  
main committee / 15 ways off*

## ACTION

It was agreed that members with specific comments and suggestions about the draft HSC or its Appendices on Indications for Transfusion or Alternatives to Donor Blood should write to the Secretary by 5<sup>th</sup> April, 2002.

ALL

### Draft revision of the Patient Information leaflet

Two documents were discussed; a draft revision of the NBS patient information leaflet and the SNBTS document 'Transfusion: Information for Patient and Relatives'. It was agreed that some sections of the SNBTS document should be incorporated into the English version, including the sections 'What can I do to reduce my need for blood', 'What are the alternatives to blood', and 'How will I feel'.

Comments and suggestions should be sent to the Secretary by 5<sup>th</sup> April, 2002, and a further draft will be produced by the Appropriate Use subgroup of the NHS Blood and Tissues Safety Assurance Group.

ALL

### 07/02 National Commissioning Group

AC, as Acting Chairman of the NCG for 2001-02, explained that the price of red cells would increase to £99.99 in 2002-03. This represented a increase of 13% from 2001-02. It was pointed out that a substantial part of this increase was due to a sum being set aside in relation to a dispute over a patent for HCV testing. If this was settled in favour of the NBS, money would be returned to the hospitals in due course. AC also pointed out that the inflation figure for blood prices was higher than applied to elsewhere in the NHS; this figure was agreed after consultation with the NCG, and was partly due to historical reasons.

AC discussed the difficulties in moving towards national pricing for specialist services in view of the varied charging structures around the country. The NBS is attempting to identify the impact of moving towards national pricing for diagnostic services such as red cell serology for each Trust.

The remit and membership of the NCG will be revised before the 2002-03 round. Any comments or suggestions about the NCG should be directed to AC.

ALL

A request was made to provide the Chairman of each RTC with an estimate of the budget available for RTC activities such as organising education events.

MM

### 08/02 Paper 'Update on the availability, risks and benefits of the different types of FFP'

This paper was drafted by Dr L Williamson and MM. It had not yet been reviewed by Professor Machin. The paper was favourably received by the Committee, although it was thought that some more definite conclusions would be helpful.

The likely implementation date for UK-sourced MB FFP for neonates and children born after 1.1.96 was likely to be May 2002, and for US-sourced

**ACTION**

MB FFP for the same group in the early part of 2003.

Any comments should be sent to MM by 5<sup>th</sup> April 2002. It was hoped that the paper would soon be ready to be disseminated to RTCs and might be suitable for publication in a scientific journal.

**ALL**

**09/02 NBS/RCP National Comparative Audit of Blood Transfusion**

MM reported that he had received a request for a Transfusion Nurse to join the Working Group. It was agreed that Jan Gordon, Chelsea and Westminster Hospital would represent the NBTC. MM reported that a pilot audit of the clinical transfusion process was about to begin in about 30 hospitals.

**10/02 Consideration of producing a generic job description for a Transfusion Nurse/Practitioner**

It was agreed that the EWG would look at existing job descriptions, and that the SPOT group be asked to produce a list of specifications to be included in a job description.

**EGS to write to  
SPOT**

**11/02 Review of the performance of the National Blood Service**

A number of graphs indicating performance of the NBS were presented. These included figures for daily stocks of red cells, both overall stocks and for groups O RhD positive and O RhD negative, the average age of red cells when issued, the % red cells issued with less than 12 days shelf-life, the red cell orders not met, the % red cells time expired in the NBS, platelet stocks, the time expiry of platelets, and the % of emergency deliveries delivered with 2 hours.

These were received favourably by the NBTC. It was requested that information be provided about attendance at HTC's, and it was agreed that this would be provided in future.

**SP**

**12/02 EC Directive**

This document had not been circulated to NBTC. There was some discussion about the difficulties of implementing it. This will be discussed at future EWG and NBTC meetings.

**AR**

**13/02 Reports from the Regional Transfusion Committees**

Brief oral reports were received from the Regional Transfusion Committees. All had had at least one meeting, and the general impression was one of enthusiasm and planning of educational events in most regions.

RTC Chairmen should ensure that Minutes of their meetings are provided to the Secretary.

**RTC Chairmen**

## ACTION

### **14/02 CJD Incidents Panel**

The Chairman encouraged members to attend an Open meeting of the Panel on 17<sup>th</sup> April. **ALL**

The NBTC has not yet developed its own views on this important issue, but will be doing so.

### **15/02 Audit of the collection of blood samples for blood transfusion**

MM described the background, and results of this audit which showed some non-compliance with BCSH guidelines for sample labelling mostly in the use of gender as a patient identifier. The results will be made available to BCSH to consider whether the guidelines should be reviewed. **ALL**

#### **Schedule of further meetings**

National Blood Transfusion  
Committee

Royal College of Pathologists

10 am 30<sup>th</sup>  
September

Executive Working Group

Videoconference

10.30 7<sup>th</sup> May