

JENNY

Minutes of the Blood Transfusion Meeting
17th July 1998

Present:

Dr Paula Bolton-Maggs (Chair)
Dr Francis Rush (Liaison Consultant from BTS)
Dr Jane Ratcliffe (Intensive Care Unit)
Dr Mark Caswell (Consultant Haematologist)
Jenny Minards (Chief MLSO in Transfusion)
Mr Tony Nunn (Director of Pharmacy Services)
Mr Matthew Jones (Department of Surgery)

Apologies:

Mr Roger Franks (Cardiac Surgeon)
Dr Barry Pizer (Oncologist)

1 Minutes of the previous meeting

Minutes of the previous meeting were accepted as a true record.

2 Matters arising from the minutes

a Sterilised FFP

The National Blood Authority decided not to move towards the use of pooled solvent detergent heated plasma using the Octaplas process but are developing methylene blue sterilisation of single units. Because of anxiety about the possible transmission of new variant CJD the Blood Transfusion Service has been preoccupied looking at the possibility of implementing leuco-depletion nationally and therefore the production of methylene blue units has been put on hold. The most recent information is that this product is likely to become available, but it is difficult to say when, probably not until next year. The main reason for switching to this product is that the NBA were very unhappy to use pooled plasma, particularly in light of anxiety about new variant CJD.

The developments group within the Trust have looked at the implications of switching to S/D FFP (Octaplas) product and were essentially in agreement for children, but some doubt was expressed about the need for this in cardiac surgery and it was suggested that the use of FFP in cardiac surgery should be reviewed. It was acknowledged by the group that this made it difficult to produce guidelines within the Trust because at present we do not have data about who else uses FFP and for what. An audit is currently underway which will help to clarify. Dr Jane Ratcliffe did feel that at times staff were inclined to defrost more than one unit at once with the potential for wasting units that were then not required. This

was noted, and it was felt that it would be helpful to include the cost of individual products in all aspects of transfusion training so that staff were of this. It was agreed that Dr Bolton-Maggs would try to produce a more clear guideline but this may have to wait until the audit is complete. In the meantime, the meeting was informed that there is a supply of the Octaplas SD treated product in the hospital but requests for its use must go through one or other consultant haematologist.

b Leucodepletion

Leuco-depletion is currently being requested for infants up to a month of age. We have noted in the past that there is a guideline produced by the British Committee for Standards in Haematology (Subgroup of the BSH) who have published in January or February of this year recommendations which include lecuodepletion for children up to a year of age. In addition, Dr Davidson had sought confirmation from the Department of Health if these guidelines were DH endorsed and he has recently received a letter from the Department of Health confirming this. While it was acknowledged that the setting of one year of age was somewhat arbitrary it is acknowledged that blood ideally should not be contaminated with white cells. In addition, within the 24 hours preceding the meeting, news was heard that SEAC were reporting to the Department of Health that there was a risk of possible transmission of new variant CJD by blood. It does seem likely therefore that the Department of Health may recommend lecuodepletion for all blood but this is not clear as of this date. (Now confirmed since the meeting).

In the light of these developments the Consultant Haematologists feel that we should now move to comply with the national guidelines. Dr Bolton-Maggs had spoken to Dr Davidson who had consulted with Mr Sharples and it was agreed that this recommendation would be presented to the Executive Board next Thursday, July 23rd 1998, with the expectation that we would be able to action it from Monday, July 27th 1998.

Dr Bolton-Maggs has made contact with Barry Tatton at the Blood Transfusion Service to warn him of this development as it may be that the Transfusion Service will not be able to produce enough products immediately to satisfy our demands, particularly in relation to cardiac surgery. It was noted therefore that for these individuals the units would be issued with a recommendation to leucodeplete at the bed side with suitable leucocyte depletion filters. Dr Bolton-Maggs had already recommended to Intensive Care that they buy in a supply.

Dr Rush circulated copies of the SACTTI update newsletter from November 1997 which gives a background to the CJD issues.

c Albumin Working Group

There was little to report since the last meeting. A number of pathways have been completed and Dr Bolton-Maggs is holding the documents. She is awaiting further input from the Plastic Surgery Department. It was agreed that this was an important subject to proceed with. Mr Matthew Jones noted that the surgeons had decided to use much less albumin in theatre and Mr Nunn concurred that he had noted a decrease in usage from the Pharmacy figures.

It was agreed that Dr Bolton-Maggs would collate the information that she had and circulate it for discussion and arrange a further meeting so that this project could be taken forward. It was agreed that it would be sensible to have one of the Neonatologists present since they have stopped using albumin altogether for neonates.

d The information leaflet

Dr Bolton-Maggs had received a draft from the nursing staff on C3. She has made comments on this and returned it to them. Sister Caroline Critchley was not present at the meeting to report any update on this.

e Audit projects

Three audit projects are underway with enthusiasm, on the use of platelets, FFP and blood.

4 NEQAS Reports - Jenny Minards

Our performance in the standard serology testing continues to be good with no errors reported. An interesting survey was done recently looking at the Kleihauer test. This had demonstrated wide variation in the results obtained. This was largely anticipated and is part of a drive towards improving the technique and probably moving it from a slide technique to a FACS analyzer technique.

5 Operational difficulties with the BTS

a The Mersey Blood User Group

Dr Bolton-Maggs had supplied Professor Alistair Bellingham with an itemised list of difficulties that we have experienced in the last six months with the Transfusion Service. Some of these are due to dysfunctional communication, eg. sending out the wrong group of platelets or blood. Others are due to our need for specialised products of rare groups which are difficult to overcome. One particular anxiety

provoking difficulty was that it appears that urgent or emergency products can not be sent out on a 'blue light' between 6 and 7 am because there is no driver available. The consultants at the Transfusion Centre were totally unaware of this potential gap and are looking in to it with some urgency. The Blood User Group has been asked to report to Professor Alistair Breckenridge and, its Chairman Dr Ian Gilmore, is preparing a report for this meeting next week.

b Within the hospital

Since the last meeting discussions have been held between the service manager for surgery and Dr Bolton-Maggs concerning late arrival of samples for crossmatching for elective surgery. This difficulty now seems largely to have been solved at least for the general surgeons. In other departments of the hospital intermittent transgressions occur which are followed up by Dr Bolton-Maggs. It was noted that recently the number of unnecessary and irrelevant telephone calls to the transfusion extensions had increased again and members are asked to note this and pass this on to their relevant staff.

6 Any other business

No other business was brought up.

Date of next meeting: ***Friday, 23rd October 1998 - 12.30 pm - Boardroom - Alder Hey***