National Blood Transfusion Committee

Draft Notes of the fifteenth meeting of the NBTC representatives of the Royal Colleges and Specialist Societies, held on Monday 29th September 2014 at the Royal College of Obstetricians and Gynaecologists, London

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Present:

Miss Susan Tuck, Chair	ST	Royal College of Obstetricians & Gynaecologists
Dr Shubha Allard	SA	Royal College of Pathologists
Dr Paula Bolton-Maggs	PB-M	Serious Hazards of Transfusion
Mr Andrew Cope	AC	Royal College of Emergency Medicine
Mr Graham Donald	GD	NBTC Lay member
Dr Sarah Morley	SM	Royal College of Paediatrics and Child Health
Dr Jonathan Wallis	JW	British Society for Haematology
Mr David Whitaker	DW	Royal College of Anaesthetists

Apologies:

Ms Rose Gallagher	RG	Royal College of Nursing
Ms Lynne Mannion	LM	British Blood Transfusion Society
Mr Daniel Palmer	DP	British Blood Transfusion Society

07/14	**Minutes from the last meeting held on 17th March 2014**
	The Minutes were accepted as a correct record of the meeting, except for a correction to item **02.3/14**, under the heading **Education Working Group**. DW clarified that Operating Department Practitioners (ODPs) do in fact have qualifications registered with the Health and Care Professions Council. There are training courses for the use of cell salvage available e.g. those run in Manchester by "Haemoclaim Cell Salvage".
	The group were disappointed to learn that Dr Miles Allison had felt obliged to resign from the NBTC as the representative of the Royal College of Physicians, because the RCP had repeatedly failed to reimburse his travelling expenses. The group were particularly concerned about the apparent lack of participation by the RCP, especially in view of the fact that physicians are the greatest users of blood and blood products. It was later clarified that the NBTC Chairman has had discussions with relevant officers of the RCP, and it is anticipated that participation is now to be facilitated.
08/14	**Matters arising from the Minutes**

08.1/14	Education Working Group (Dr Shubha Allard)
	SA reported that the Royal College of Pathologists has established the core competencies required for doctors in Foundation Training to insure that transfusion issues are part of this. More research is needed on methods of training which are effective in optimising staff knowledge and behaviour "at the bedside", and Foundation trainees are an important target group for this. A national audit has established that 80% of prescriptions for blood and blood products are written by trainee doctors, including Foundation trainees. A minority of prescriptions were supported by documented patient consent and only 20% of the patients had been given written information regarding blood transfusion.
	A "smart phone" application covering blood transfusion practice is currently being considered by the Department of Health digital technology team.
	DW commented that the Royal College of Surgeons needs to add the treatment of pre-operative anaemia to their training curriculum, and a similar addition should be made by the Royal College of Physicians for their Cardiology syllabus.
	PB-M was concerned that Postgraduate Deaneries have recently reduced their contribution to transfusion training for Haematology Registrars, claiming that this should be delivered by their local hospital laboratories. However this has become more difficult to achieve because of recent reductions in laboratory staff and the merger of transfusion laboratories. SA indicated that she will correspond with individual representatives on a targeted basis regarding progress in making relevant improvements to the postgraduate training curricula for the different specialties.
08.2/14	New product recommendation from Behring on the administration of Rhophylac (anti-D) to obese RhD negative pregnant women.
	ST summarised concerns discussed at the last meeting about an alteration to the summary of product characteristics issued by Behring on 20th January concerning their anti-D immunoglobulin product Rhophylac, stating that a lack of efficacy had been reported in a small group of obese pregnant women (BMI ≥30 kg/m²) and that the company therefore now recommends intravenous administration of Rhophylac to such women.
	There was disquiet about the way the announcement was made by Behring, without consultation with relevant bodies, and without publishing information on the cases concerned. It was understood that the German regulatory authority had authorised the change to the product characteristics. The main anxiety was that the net effect of making the administration of anti-D prophylaxis more difficult could be an increase in the overall rate of failures.

	PB-M suggested that the situation may have partly arisen from a mistranslation of the German statement, intended to advise that consideration should be given to intravenous administration in obese patients, rather than making this an obligation. GD asked what had transpired from the earlier suggestion that the MHRA was aiming to ask their German counterpart authority for clarification. There was continuing disquiet that Behring was not publishing the clinical data which had led to their statement.
	ST received further communication on this issue after the meeting from Mike Dawe, Principal Haemovigilance Specialist at the MHRA. The information he received was to the effect that the German Competent Authority would have authorised any changes to the product marketing authorisation, and that this would then automatically apply in all EU Member States. The marketing authorisation holder in this instance is Behring. The information in the marketing authorisation submission is commercially sensitive, and therefore the German authority cannot provide the evidence base for this to any external enquirer (including the UK Competent Authority). The response concluded that if the Summary of Product Characteristics was updated by the German authorities, there would have been data to support this, but its interpretation would have been a matter for their own assessment and determination. Since the issue was discussed at the March NBTC meeting, BPL, manufacturers of D-Gam, issued a statement indicating that the available evidence did not support a firm recommendation regarding a higher dose or I.V. route of administration in women with a high BMI. Their statement included advice on the importance of insuring that D-Gam is injected into a muscle (e.g. the deltoid) and not into adipose tissue.
	In August 2014 the BCSH issued an amendment to their Anti-D Guidelines which essentially repeats the same comments and advice (as described above). They also strongly recommend further research in this area. This was also the view of the sub-committee. JW suggested research looking at post-immunisation anti-D titres in women of differing BMI. PB-M reported that SHOT is currently undertaking a research study on sensitised women, to try and explore whether the problem is one of altered pharmacokinetics or of inadequate dose in women of high BMI.
08.3/14	<u>BCSH guideline requiring two separate blood samples for compatibility testing</u>
	There was again discussion of clinical situations where this requirement has caused significant practical problems in the care of bleeding patients requiring emergency treatment and surgery. PB-M reported that the Scottish National Transfusion Committee had written to SHOT objecting to this requirement for the same reasons, to which a robust response was made. SA and others commented that the recommendation is undeniably correct, although there may be occasions when its practicalities are not sensibly implemented by more junior laboratory staff e.g. in accepting that

	two samples have indeed been taken and identified separately. JW advocated that O Rhesus D negative blood should be used in an emergency (or indeed O Rhesus D positive blood in male patients) until the second cross-matching sample has been taken, rather than compromising on the safety aspects encompassed in the guideline.
09/14	**Launch of new Patient Blood Management newsletter**
	The sub-committee noted the first two (July and September 2014) Newsletters of the NHSBT Patient Blood Management Team, formerly known as the Better Blood Transfusion Team. They described their purpose as providing information and updates about topical transfusion-related issues and key areas of interest to those involved in the safe and appropriate use of blood and its alternatives.
	DW and others questioned who the newsletter is circulated to and to whom it is addressed. GD commented that the font is too small for easy reading. AC commented that the newsletters use abbreviations that are not explained, and that they are generally written in technical language.
10/14	**Annual reports from Royal Colleges & Specialist Societies**
	Annual reports had been prepared and were noted from the Royal College of Nursing, the Royal College of Anaesthetists and the Royal College of Obstetricians and Gynaecologists. There was a request that Ms Celina Bernstrom, the Executive Assistant to the NBTC, be asked if she would kindly send a follow-up reminder to sub-committee members in future, to help them to fulfil this aspect of their responsibilities, if they had not done so initially.
11/14	**Date of Next Meeting**
	Monday, 16th March 2015 at 11.30am – 12.30pm at the Royal College of Obstetricians and Gynaecologists.