

MEETING OF THE EXECUTIVE WORKING GROUP

Draft Minutes of the meeting of the Executive Working Group held on Thursday, 22nd January 2015, 1.00pm – 4.30pm at the Association of Anaesthetists, London.

Present:

Dr Jonathan Wallis
 Professor Mike Murphy
 Mr Stephen Bassey
 Dr Mike Desmond
 Dr Kate Pendry
 Dr Gavin Cho
 Dr Paula Bolton-Maggs
 Louise Sherliker (for Rebecca Gerrard)
 Celina Bernstrom

Apologies:

Ms Rebecca Gerrard
 Mr Kenneth Halligan
 Mrs Teresa Allen
 Professor Jo Martin

01/15	Welcome and Apologies
	JW introduced himself as the new Chair of the NBTC Executive Working Group.
02/15	Executive Working Group meeting held on 18 June 2014
	The minutes of the NBTC Executive Working Group meeting held on 18 June 2014 were agreed as a correct record with a spelling amendment to be made to 14/14 – “There was brief discussion over <u>countries</u> not using the term Patient Blood Management (PBM)...”.
	Action: CB
03/15	Matters Arising
	Discussion took place on which hospitals took two blood samples. It was highlighted that the guidance is well intentioned but not all are implementing it. JW asked PB-M to find out what percentage of hospitals are managing to achieve two samples. JW asked that this be further discussed at the NBTC meeting in March. CB to add to agenda.
	Action: PB-M/CB

13/14	<u>Extending the shelf-life for thawed Fresh Frozen Plasma (FFP)</u>
	A survey was conducted on extending the shelf-life of FFP but it was noted that fresh liquid plasma with an extended shelf-life may become available.
14/14	<u>Website</u>
	MM expressed concerns that there was a lack of posting of material on the website from the RTCs.
	JW will contact Sheila MacLennan (Chair of JPAC). It was suggested that MD to Chair a teleconference with LS and RG to discuss website.
	Action: JW/MD/CB
04/15	Review Terms of Reference and NBTC Committee Membership
	<u>ToRs</u>
	<i>5.5 Working Arrangements</i>
	JW asked for the word “elect” to be changed to “appoint”.
	<i>6. Outcome Measures</i>
	JW asked whether Reporting on patients’ experiences about the provision of transfusion services was an outcome measure? It was agreed by the group and this should be an action. JW to write to GD as this needs to be properly addressed and actioned.
	Action: JW
	<u>NBTC Membership</u>
	CB to add Kate Pendry and to delete repeat entry for SB.
	There was discussion on the possibility of reducing the number of members and it was decided that all members made a valuable contribution and therefore there is no scope to reduce the size of the committee. MM highlighted the challenge we have is getting the representatives to communicate with their constituencies and report their comments and concerns.
	JW asked what the status was regarding representation from NHS England. MM confirmed that we need to work harder to engage NHS England in the work of the NBTC.
	Action: JW
	<u>SHOT & NCABT Steering Group membership</u>
	The NCABT has 1 Steering Group meeting a year and MM suggested that we could combine this with a SHOT Steering Group meeting. MM/PB-M to join meetings in September.
	There was discussion on whether TPs met regularly and LS confirmed that they do through BBTS only. JW highlighted the need to strengthen links with TPs.

	MM added that we have asked BBTS to supply one Biomedical Scientist and a Nurse. JW to ask BBTS to send a representative for a Biomedical Scientist and a Transfusion Practitioner.
	Action: JW
05/15	NBTC Working Groups update
	<u>Royal Colleges and Specialist Societies</u>
	MM had concerns that messages from the NBTC are not reaching the membership of the Royal Colleges and Specialist Societies and added that their representatives need reminding of what their involvement is and to request their more active engagement.
	<u>TLM Working Group</u>
	SB confirmed that the O neg survey is complete. JW asked about the Transfusion Lab Collective update and SB confirmed that this would be available after the next TLM teleconference and face to face meeting.
	MD/PB-M to share information on UK SHOT/IBMS Transfusion collaborative. Item at the next NBTC – Agenda item. SB to update at NBTC meeting. SB – if you are not fulfilling criteria – why? Take recommendations into account when the MHRA is inspecting the laboratories. SB confirmed that Mike Dawe is attending the F2F meeting on Tuesday, 3 rd March 2015
	<u>NPSA SPN 14 Review Group</u>
	The recommendations were discussed and it was noted that TPs have received these recommendations but have found their own way of working.
	JW confirmed the original plan to move from annual competencies to being trained once with subsequent regular “top ups”. MHRA stipulate it is EU legislation to have TPs competency assessed every two years. JW suggested writing a list of agreed standards similar to Skills for Health but simpler. GC added that the London package refers to transfusion updates not Competency Assessments.
	There was discussion on that this group has made little progress owing to the long periods between meetings and SB suggested that the Working Group should involve Mike Dawe.
	JW added that the standards against which training will be judged and the frequency of training are two separate issues.
	JW to speak to the Chair of this group, Dr. Craig Taylor and Mike Dawe and CB will send contact details of both to JW.
	Action: CB/JW
	<u>Education Working Group</u>
	KP gave an overview. SA to present feedback at the NBTC in March.

	CB to ask SA to provide Paper for the NBTC meeting in March.
	Action: CB
	<u>Patient Involvement Working Group</u>
	JW to ask GD what we should be doing with Patient Outcomes.
	JW to ask GD and Charlie Baker, Chair of PIWG if they would comment on how to involve patients in PBM strategy.
	Action: JW
06/15	Patient Blood Management
	The NBTC PBM recommendations were published in July 2014. Since then, the PBM teams in NHSBT and the NBTC PBM working group have been working to support the implementation of PBM into hospitals.
	NHSBT are developing a PBM strategy in collaboration with NBTC and other key stakeholders to define and resource the work plan.
	KP gave an overview and MD supported the plans and suggested they need to be progressed.
07/15	NHSBT PBM Strategy
	This is a 3 year strategic plan. KP gave an overview and asked for feedback within two weeks before presentation to the NBTC in March.
	Action: All
	GC asked how success was monitored and there was discussion on KPIs on appropriate blood use.
	JW added that we need to get the enthusiasm of the RTCs. KP confirmed positive meetings on RTC PBM education days. MD/GC to feed back to KP.
	Action: MD/GC
08/15	JPAC Website – NBTC Section
	LS provided an update and indicated there was much work to do to provide a website with real value to hospitals.
09/15	Prices for Blood Components and Specialist Services for 2015/2016 from NHS Blood and Transplant
	MM highlighted that a small increase in blood component price would provide significant funding and resource to support the implementation of PBM.
	KP added that by 2020 we would see a 30% reduction in demand for blood.

	There was discussion on so much unexplainable variance in usage and it was hard to identify contributory factors. MM suggested that NHSBT could help with recycling blood and KP said that a feasibility study is being conducted on this.
	JW asked that Prices for Blood Components and Specialist Services should be added to the agenda for the next NBTC, specifically the suggestion of an increased price for O RhD negative blood.
	Action: CB
10/15	NBTC Work Plan 2015/16
	JW to ask SA to present the results of audit and consent and Peter Larcombe to present the South East Coast trial ICAG at the NBTC meeting in March.
	JW to invite Laura Green who is a member of SACBC to present the merits fresh plasma instead of FFP to NBTC at the meeting in March. KP/JW to continue to work on the NBTC Work Plan using last years as a template.
	Action: JW
11/15	For Information
	RTC Chairs minutes from the 29 th September meeting.
12/15	AOB
	MD will retire as Chair of RTC Chairs after the Autumn meeting. MM asked MD to ask the RTC Chairs about their interest in the position. MM confirmed that the preferred successful candidate would be a clinician.
	Action: MD
	MM has established an initiative through the James Lind Alliance to identify patients' and donors' priorities for research in transfusion medicine.
	The members of the group will be half patients and half clinicians. MM would like NBTC to nominate Ken Halligan and this was agreed.
	Action: MM

**NBTC – Executive working group
SUMMARY OF AGREED ACTIONS – Meeting held on 22 January 2015**

Minute Ref	Agreed Action	Responsibility	Completion /Review
02/15	Executive Working Group meeting held on 18 June 2014		
	Amend wording to read, "There was brief discussion over <u>countries</u> not using the term Patient Blood Management (PBM)"	CB	Complete.
03/15	Matters Arising		
	PB-M to find out what percentage of hospitals re managing to achieve two samples.	PB-M	
	CB to ensure that two blood samples discussion is added to the NBTC agenda for the meeting on 16 March.	CB	Complete.
13/14	<u>Extending the shelf-life for thawed Fresh Frozen Plasma (FFP)</u>		
	CB to add to the Agenda for the NBTC in March.	CB	Complete.
14/14	<u>Website</u>		
	JW to contact Sheila MacLennan (Chair of JPAC).	JW	
	MD to Chair teleconference with LS and RG to discuss website and to feed back to CB.	MD	
	CB to add to NBTC agenda for the meeting on 16 March.	CB	Complete.
04/15	Review TORs and NBTC Committee Membership		
	<u>TORs</u>		
	<i>5.5 Working Arrangements</i>		
	JW asked for the word "elect" to be changed to "appoint".	CB	
	<i>6. Outcome Measures</i>		
	JW to write to GD on implementing the reporting on patients' experiences about the provision of transfusion services to be properly actioned as an outcome measure.	JW	
	<u>NBTC Membership</u>		
	CB to add KP and to delete repeat entry for SB.	CB	Complete
	JW to speak to Professor Adrian Newland regarding ongoing relationship with NHS England and then schedule a meeting with Bruce Keogh.	JW	
	<u>NBTC, SHOT & NCABT Steering Group Membership</u>		

	JW to ask BBTS to send a representative for a Biomedical Scientist and a transfusion Practitioner with a nursing background	JW	
05/15	NBTC Working Groups update		
	<u>NPSA SPN 14 Review Group</u>		
	JW to speak to the Chair Dr. Craig Taylor and Mike Dawe and CB will send contact details of both to JW.	JW	
	CB to send contact details of Dr. Craig Taylor and Mike Dawe to JW.	CB	
	<u>Education Working Group</u>		
	CB to ask SA to provide update paper for the NBTC meeting in March.	CB	
	<u>Patient Involvement Working Group</u>		
	JW to ask GD what we should be doing with Patient Outcomes.	JW	
	JW to ask the Chair, Charlie Baker and GD if they would comment on how to involve patients in PBM Strategy.	JW	
07/15	NHSBT PBM Strategy		
	Any comments or suggestions to be presented to KP.	All	
	KP confirmed positive meetings on RTC PBM education days. MD/GC to feed back to KP.	MD/GC	
09/15	Prices for Blood Components and Specialist Services for 2015/2016 from NHS Blood and Transplant		
	CB to add Prices for Blood Components and Specialist Services, specifically the suggestion of an increased price for O RhD negative blood to be added to the Agenda for the NBTC meeting in March.	CB	
10/15	NBTC Work Plan 2015/16		
	JW to ask SA to present the results of audit and consent and Peter Larcombe to present the South East Coast trial ICAG at the NBTC meeting in March.	JW	
	JW to invite Laura Green to attend SACBC meetings and present the merits fresh plasma instead of FFP to NBTC at the meeting in March. KP/JW to continue to work on the NBTC Work Plan using last years as a template.	JW	Complete.
	CB to send last years work plan to JW to use as template.	CB	Complete.
12/15	AOB		
	MD to ask the RTC Chairs about their interest in the position.	MD	Complete.
	MM has established an initiative through the James Lind Alliance to identify patients' and donors' priorities for research in transfusion medicine.	MM	

	The members of the group will be half patients and half clinicians. MM would like NBTC to nominate Ken Halligan and this was agreed.	MM	