

The Chief Medical Officer's  
National Blood Transfusion Committee

**Confirmed minutes of the eleventh meeting of the NBTC representatives of the Royal Colleges and Specialist Societies, held on Monday 24<sup>th</sup> September 2012 at the Royal College of Pathologists, London.**

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| <b>Present:</b>   | Miss Susan Tuck, Chair | ST  | Royal College of Obstetricians & Gynaecologists     |
|                   | Dr Shubha Allard       | SA  | Royal College of Pathologists                       |
|                   | Dr Miles Allison       | MA  | Royal College of Physicians                         |
|                   | Prof Mark Bellamy      | MB  | Intensive Care Society                              |
|                   | Dr Paula Bolton-Maggs  | PBM | Serious Hazards of Transfusion                      |
|                   | Mr Andrew Cope         | AC  | Royal College of Emergency Medicine                 |
|                   | Ms Judy Langham        | JL  | Medicines and Healthcare products Regulatory Agency |
|                   | Ms Lynne Mannion       | LM  | British Blood Transfusion Society                   |
|                   | Dr Sarah Morley        | SM  | Royal College of Paediatrics and Child Health       |
|                   | Mr David Whitaker      | DW  | Royal College of Anaesthetists                      |
| <b>Apologies:</b> | Mr Graham Donald       | GD  | NBTC Lay member                                     |
|                   | Ms Rose Gallagher      | RG  | Royal College of Nursing                            |
|                   | Ms Mervi Jokinen       | MJ  | Royal College of Midwives                           |
|                   | Dr Jonathan Wallis     | JW  | British Society for Haematology                     |

**08/12 Minutes from the last meeting held on 26 March 2012**

The Minutes were accepted as a correct record of the meeting.

**09/12 Matters Arising from the Minutes**

09.1/12 Epidurals, thrombocytopenia and coagulation therapy

DW reported that the guidance document concerning epidurals and spinal anaesthesia in patients with abnormalities in coagulation produced by the multi-disciplinary group coordinated by the Association of Anaesthetists of Great Britain and Ireland has formally been sent for comment to the Thrombosis and Haemostasis Task Force of the British Committee for Standards in Haematology. Many different views have been expressed on this issue, and it is unlikely that there will be a consensus between the Anaesthetic Associations and the BCSH. It was felt that the patient information leaflet produced by the Obstetric Anaesthetists Association entitled "Pain Relief in Labour" (a 16 page booklet reprinted in January 2012) is a good example of relevant information concerning the processes, benefits and complications of epidurals. It does not give specific details about the interaction with coagulation disorders, but includes "problems with blood clotting" in the

section headed “Certain medical problems may mean that it is not suitable for you”. This booklet is available on the OAA website [www.oaaformothers.info](http://www.oaaformothers.info).

09.2/12 Medical, nursing and midwifery training regarding blood transfusion

SA reported on the information gathered by the Education Working Group from Medical Schools and Foundation Training Schools. There had been a 77% response rate from the Medical Schools. The standards sought were derived from the GMC document “Tomorrow’s Doctors”, from the BSH curriculum and from American medical training curricula. All the responding Medical Schools covered transfusion medicine in their curricula, and 75% had a specific module for this. The up-take of e-learning modules for this, however, was disappointing, with only one third of Medical Schools using this. Half the responding Medical Schools undertook formal assessment of knowledge in transfusion medicine. The picture from the Foundation Schools was similar, although less than a half of them had responded to the request for information. AC commented that the specialist Royal Colleges are not involved in Medical School and Foundation School curricula and competency requirements. SA posed the question of how NBTC could influence them, to which MB raised the suggestion that this sub-group of the NBTC might benefit from including a representative from a Foundation School. PBM reported that the GMC is certainly attentive to the concerns highlighted in the SHOT Reports, in which 50% of transfusion incidents involve prescription errors and the incorrect identification of patients. PBM is meeting with key staff at the GMC to discuss this further.

DW commented that a Foundation Year 1 doctor who had been signed off as demonstrating transfusion competency in her first hospital post, had to repeat this as part of her Induction at her next hospital. LM explained that this is a risk management issue for employers. It would be helpful to know which hospitals include blood transfusion principles in their Induction programmes, although, even then, they do vary in how effective this is.

SA has detailed the inclusion of blood transfusion matters in the various postgraduate training curricula in Paper D2 of the Agenda for this meeting. The main gaps are with regard to promoting the correction of pre-operative anaemia, and the use of cell salvage with relevant surgery. PMB commented that, with regard to nurse training, the Nursing and Midwifery Council leaves the details of what is required to the training schools to decide at a local level. She noted the disappointing 7% response rate from nurse training schools. There is a lot of work to do to improve this picture, since the content of nursing and midwifery curricula pertaining to blood transfusion is very low, and the interest from the relevant tutors appears equally so. RG reported, after the meeting, that a revised version of the document “Right patient, right blood” will be completed in December, and will be freely available as an electronic publication on the website of the Royal College of Nursing.

SA said that the Education Working Group has established the status quo with regard to training, and the next phase of the task is to work on how to change and improve things. The Working Group may need some different members for this second phase. The key topics which need to be targeted are summarised in the Working Group's report, including additional issues for the postgraduate curricula of different clinical specialties.

There is particular concern about how to engage the Royal College of Nursing and the Royal College of Midwives in this. It is unclear which body is in charge of stipulating training and competency requirements for these professions. The Nursing and Midwifery Council only approves institutions for training, not the detail of training content. It is very difficult to find which body is responsible for the details of training requirements

09.3/12 Communication of NBTC matters to the Royal Colleges and Specialist Societies

In response to a previous request from the Executive Working Group for sub-committee members to insure that information from NBTC discussions is fed back by them to the Royal Colleges and Societies, the members had suggested that it would be helpful if the NBTC could highlight which particular items of discussion they specifically wish to be fed-back to Royal Colleges and Societies.

09.4/12 Pre-operative anaemia

SA reported that the BCSH transfusion workforce is drawing up a new guideline concerning pre-operative anaemia. DW commented that pre-admission clinics for surgical patients are usually nurse-led, with standard protocols. Blood samples are taken to check the full blood count, but there is often no reliable mechanism for the results to be checked before the patient is duly admitted. LM advocated a coordinated campaign on this issue. Practical tools are needed for effective pre-operative assessment, such as those used in the Midlands and North West Regions. Existing BCSH guidelines should be disseminated to the relevant Royal Colleges. PBM indicated that the National Institute of Clinical Excellence have agreed to look at this issue, but their action on this is still in its very early stages. It is hoped that NICE will produce a national guideline on the identification and correction of pre-operative anaemia.

**10/12 Annual Reports to the NBTC from each Royal College and Specialist Society**

These are as included with the Agenda papers for the main NBTC meeting following this, and each representative elaborated on their report, as relevant.

**11/12 The 2011 SHOT report**

This was to be presented and discussed in detail at the main NBTC meeting following this.

**12/12 The importance of correct patient identification, the campaign “Do you know who I am?” posters produced for different clinical settings**

These posters, being produced by the NHSBT “Better Blood Transfusion” group, are not yet launched, but NBTC members will be informed when they become available, and there will be information on the relevant website link, so that they can be disseminated to the clinical Royal Colleges.

**13/12 The practicalities of implementing the SaBTO patient consent to blood transfusion recommendations**

MB asked which patients this should be discussed with, and what is meant by “consent” in realistic clinical situations. DW thought that the time when a blood sample is taken for grouping would be the appropriate time to raise the topic of blood transfusion with the patient, and to give them relevant written information.

The group members continue to have concerns about the practical implementation of the SaBTO recommendations, and would prefer guidance relevant to the different specialities on what would be regarded as valid consent. Members also questioned which groups of patients are felt by SaBTO to be receiving blood transfusions without appropriate discussion.

**14/12 Promoting the use of information for patients regarding blood transfusion**

This material is produced by NHSBT. SA commented that we need to consider which are the most effective ways of giving information to patients. She suggested that information concerning possible blood transfusion should be included in leaflets about specific procedures rather than being presented as a separate leaflet.

**15/12 Date of next meeting**

Monday 22<sup>nd</sup> April 2013 at 11.30am at the Royal College of Obstetricians and Gynaecologists.