

Confirmed notes of the tenth meeting of the NBTC representatives of the Royal Colleges and Specialist Societies, held on Monday 26th March 2012 at the Royal College of Pathologists, London.

Present:	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
	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
	Dr Jonathan Wallis	JW	British Society for Haematology

Apologies:

Colonel Andrew Cope	AC	Royal College of Emergency Medicine
Mr Graham Donald	GD	NBTC Lay member
Ms Rose Gallagher	RG	Royal College of Nursing
Mr John Thompson	JT	Royal College of Surgeons
Dr David Whitaker	DW	Royal College of Anaesthetists

Two new members were welcomed to the meeting: Ms Lynne Mannion, Transfusion Practitioner at the Royal Blackburn Hospital, representing the British Blood Transfusion Society and Mr John Thompson (in absentia), Consultant Vascular Surgeon at the Royal Devon and Exeter Hospital, representing the Royal College of Surgeons.

01/12 Minutes from the last meeting held on 3rd October 2012

The Minutes were accepted as a correct record with the exception of the mis-spelling of Dr Bolton-Maggs' name.

02/12 Matters Arising from the Minutes

02.1/12 Epidurals and thrombocytopenia

Dr Whittaker had circulated to members (Paper B) the guidance document concerning epidurals and spinal anaesthesia in patients with

abnormalities in coagulation produced by the multi-disciplinary group involving the Association of Anaesthetists of Great Britain and Ireland, the Obstetric Anaesthetists Association, the Royal College of Anaesthetists, and the Thrombosis and Haemostasis Task Force of the British Committee for Standards in Haematology. This is open for comments, including any from the BCSH. The linked patient information leaflet is still awaited. Comments made by the group were that levels of supporting evidence need to be added to the guidance, and the effect of altered renal clearance of medications should be added to the table of “special circumstances”.

02.2/12 Medical training regarding blood transfusion

SA reported on the findings so far of the Education Working Group (summarised in Paper C). Their first task was to review what currently exists by way of training curricula for health care professionals. The GMC now has an over-arching role in supervising training and assessment requirements in both undergraduate and postgraduate medical education. The Working Group looked at knowledge, skills and competency assessment specifications listed on the different Royal Medical Colleges’ websites, using standard search criteria. The Working Group is now considering what recommendations need to be made. Examination questions, which inevitably stimulate learning and awareness, for different Colleges, may give a different emphasis on blood transfusion matters than appears in their curricula, for example, in relation to the haemoglobinopathies. SA also raised the question of how much standardisation there should be across the curricula of the different Colleges. The Working Group intends to assess which areas of knowledge concerning the use of blood and blood products could be generic for the training requirements of all the specialities. The Working Group will be producing a template for the College representatives and their Training Committee chairmen to feed back with comments on this proposal

03/12 **Request from the NBTC Executive Working Group**

ST reported that the Executive Working Group had asked that sub-committee members should describe how information from NBTC discussions is fed back by them to the Royal Colleges and Societies, and how the various Colleges and Societies provide training and assess competencies in transfusion matters. She commented that the former responsibility is reported annually to the NBTC’s autumn meeting. The second issue is discussed frequently by this sub-committee, and is also the specific purpose of the recently established Education Working Group of NBTC reported in **02.2/12** above.

The members 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.

04/12 Reducing the inappropriate use and wastage of platelets

Members were informed that there has recently been a 10% increase in the use of platelets, which cannot be sustained by the supplies obtained by the National Blood Service. NBTC has produced a Platelet Transfusion Fact Sheet and a bookmark (Papers D and E) to assist clinicians with best practice guidance, available on the NBTC website www.transfusionguidelines.org. Members commented that the recommendations in the Fact Sheet are not consistent with other guidelines in existence, that the source of the evidence for the recommendations is not graded, that cardiac surgery is not mentioned, and that relevant doses of medications such as tranexamic acid and vitamin K are not mentioned. MB commented that there is an increase in the use of platelets for patients with liver disease, which is partly due to variations in practice, and also to the differing needs of patients with different forms of liver disease. The members suggested that the Fact Sheet would benefit from a sentence explaining its source, who produced it, and what methodology was used to put it together. It could helpfully begin with a statement that platelet transfusions are over-used, (specifying in which particular areas of clinical practice this occurs), and that they carry risks.

05/12 Proposal for a review and update of the Blood Conservation Strategy

There is a proposal for the NHSBT Appropriate Use of Blood Group to up-date the 2004 Blood Conservation Strategy document. The intention is that a document is developed for circulation to the Royal Colleges and Specialist Societies representatives to ascertain how the up-date could most usefully be structured, and explaining what it is intended to achieve. This is to be discussed further at a meeting to be held on 18th June at the Royal College of Pathologists entitled "Patient Blood Management – the future of blood transfusion" organised jointly by DH, NHSBT and the NBTC.

06/12 Any other business

06.1/12 Pre-operative anaemia

DW drew members attention to a paper in the Lancet (2011; 378: 1396-1407) entitled "Preoperative anaemia and postoperative outcomes in non-cardiac surgery" which provides the first clear evidence in a study of 227,425 surgical patients other than those having cardiac surgery (of whom 30% had preoperative anaemia), that having a haemoglobin concentration below 13 g/dl in men and below 12 g/dl in women is an independent risk factor for morbidity (odds ratio 1.35) and mortality (odds ratio 1.42) in the 30 days following surgery. DW commented that pre-operative assessment clinics should emphasise the need to correct anaemia before surgery, and he asked that NBTC and patient groups should support this.

07/12 **Date of next meeting**

Monday 24th September 2012 at 11.30 am, at the Royal College of Pathologists.