

THE NATIONAL BLOOD TRANSFUSION COMMITTEE

TERMS OF REFERENCE

1. BACKGROUND

1.1 The National Blood Transfusion Committee (NBTC) was set up in 2001, with the primary purpose of promoting safe and effective transfusion practice in hospitals.

1.2 The NBTC is accountable to the NHS England Medical Director who will also appoint the Chairman with the agreement of the Chief Medical Officer of the Department of Health (CMO).

1.3 A two-way flow of information between Hospital Transfusion Committees, Regional Transfusion Committees and the NBTC should encourage good local blood transfusion practice and the implementation of national transfusion guidelines.

1.4 In addition, the identification of problems in any aspect of blood transfusion including the delivery of services by NHS Blood and Transplant remains within the remit of the NBTC and Regional Transfusion Committees.

2. REMIT

2.1 The NBTC's overall objective is to promote good transfusion practice by providing a framework to:

2.1.1 Channel information and advice to hospitals and NHS Blood and Transplant on best practice and performance monitoring with the aims of: -

- Improving the safety of blood transfusion practice
- Improving the appropriateness of clinical blood transfusion
- Exploring and facilitating the implementation of methods to reduce the need for allogeneic blood transfusion
- Listening to and informing patient concerns about blood transfusion
- Promoting the highest quality and consistency in transfusion practice;

2.1.2 Consult with national groups developing guidelines in transfusion medicine in order to determine best practice;

2.1.3 Review the performance of the services provided by NHS Blood and Transplant.

2.1.4 Identify service development needs, and provide assistance, as required, with the work of the National Commissioning Group for Blood and the Blood Stocks Management Scheme.

2.1.5 Identify and respond to patients' perceptions about the provision of transfusion services;

2.1.6 Provide advice on all aspects of transfusion practice to the NHS England Medical Director, and also to the CMO or other DH officials.

2.1.7 Provide information on appropriate education and training of blood transfusion.

3. SCOPE

3.1 The Committee will cover the area served by NHS Blood and Transplant, i.e. currently England & North Wales.

3.2 The Committee should ensure there is close collaboration with similar initiatives in the rest of the United Kingdom and in other countries in the EU.

3.3 The scope of the NBTC includes the safe and effective use of blood components, blood products and their alternatives, except for specialist areas such as the treatment of inherited disorders such as haemophilia and immunodeficiencies.

4. MEMBERSHIP

4.1 Representatives to include: -

- *Royal Colleges*

Pathologists, Physicians, Surgeons, Anaesthetists, Obstetricians, Paediatrics & Child Health, General Practitioners, Emergency Medicine, Nursing.

- *Specialist Societies*

British Society for Haematology, British Blood Transfusion Society, British Society of Haemostasis and Thrombosis, UK Intensive Care Society.

- *Other professional organisations*

Serious Hazards of Transfusion (SHOT) Scheme, Institute of Biomedical Sciences, Medicines and Healthcare products Regulatory Agency (MHRA).

- *NHS Blood and Transplant*

Medical and Research Director, Director of Diagnostic and Therapeutic Services, Clinical Director- Patient Blood Management, Assistant Director of Customer Service, Chief Nurse Patient Services, Head of Patient Blood Management.

- *NHS England*
- *Patient representative from the Royal College of Pathologists Patients' Liaison Group*
- *One other patient representative*
- *Chairmen (or alternates) of the Regional Transfusion Committees*

5. WORKING ARRANGEMENTS

5.1 The Committee will be accountable to the NHS England Medical Director. Any significant changes to the Committee's remit and Terms of Reference will be agreed with the CMO.

5.2 The Chairman will be appointed by the NHS England Medical Director, with the agreement of the CMO.

5.3 The term of members will be reviewed every two years and renewable for up to 5 years.

5.4 There will be 1-2 meetings of the Committee each year.

5.5 The Committee will appoint an Executive Working Group comprising: -

- The Chairman of the Committee
- 5 members of the Committee
- 2 NHS Blood and Transplant representatives
- 2 Patient representatives
- 1 NHS England Representative

Further members may be co-opted as required.

5.6 The Executive Working Group will ensure that the momentum of the Committees' activities is maintained between full Committee meetings, and it will meet up to four times each year.

5.7 The secretariat for the Committee and Executive Working Group will be provided by NHS Blood and Transplant.

5.8 The Committee may establish working groups for a specific period or project as required. The working groups will report to the NBTC on a six-monthly basis.

5.9 Royal Colleges, Specialist Societies and other professional organisations should pay the travelling expenses of their representatives in attending main Committee meetings. NHS Blood and Transplant will reimburse travelling expenses, according to an agreed formula, of members attending meetings of the Executive Working Group, and Chairs of RTCs attending National Transfusion Committee meetings. Expenses will be paid for all individuals attending meetings of NBTC working groups except for specific representatives of other organisations.

5.10 Royal Colleges and Specialist Societies should provide annual reports one month in advance of the autumn NBTC meeting.

5.11 The Committee will prepare annual reports on progress in achieving its objectives.

6. OUTCOME MEASURES

6.1 Demonstrating better performance of the clinical transfusion process e.g. using data from SHOT, reduced morbidity and mortality associated with blood transfusion.

6.2 Demonstrating more appropriate use of blood components and blood products i.e. compliance with guidelines for clinical transfusion practice and less variation in the use of blood between clinical teams, Trusts and Regions.

6.3 Reporting on performance monitoring of the services provided by NHS Blood and Transplant.

6.4 Reporting on patients' experiences about the provision of transfusion services.

THE REGIONAL TRANSFUSION COMMITTEES

7. REMIT

7.1 The overall objective of the Regional Transfusion Committees (RTCs) is to support the activities of Hospital Transfusion Committees, thus enabling the National Transfusion Blood Committee to achieve its aims.

7.2 Specific objectives include: -

- To provide timely communication from the National Blood Transfusion Committee (NBTC) to local Trusts
- To create a programme of activities in line with the objectives agreed by the NBTC. The activities are likely to include:
 - Workshops on specific topics to identify examples of good practice within local Trusts
 - Creation of project groups to aid implementation of identified good practice in participating neighbouring Trusts
 - Audit
- To undertake similar activities to meet locally agreed agendas
- To organise educational meetings on at least an annual basis
- To identify outlying Trust performance in external quality assessment and benchmarking schemes and those with difficulties meeting accreditation requirements
- To act as a resource for Hospital Transfusion Teams in Trusts with outlying performance in transfusion practice
- To report regularly on the output of the RTC to the NBTC
- To raise documented specific NHSBT performance issues at a national level.

8. SCOPE

8.1 The RTCs should be aligned to the boundaries of the ten original Strategic Health Authorities (SHAs) - East Midlands, East of England, London, North East, North West, South Central, South East Coast, South West, West Midlands and Yorkshire and The Humber

9. MEMBERSHIP

9.1 Each RTC will comprise: -

Representatives from all Hospital Transfusion Committees (including private hospitals) in the relevant area

3 NHSBT representatives
1 Patient representative

10. WORKING ARRANGEMENTS

- 10.1 The RTCs will be accountable to the NBTC.
- 10.2 The Chair of the RTC will be elected by the current members of each RTC. Nominations for RTC Chairs must be approved by the NBTC Executive Working Group prior to election. The chair will generally be a medically qualified member of the RTC but may be a person who is not currently an RTC member. They must be a clinical user of blood with prescribing rights for blood components. He/She will serve a term of 2 years renewable for a further 2 years and will represent the RTC on the NBTC. The RTC Chair may appoint a deputy from the RTC membership and who may be someone without prescribing rights for blood.
- 10.3 There will be at least 2 meetings of each RTC each year.
- 10.4 The RTCs should maintain good lines of communication with Chairs of Hospital Transfusion Committees.
- 10.5 The RTCs should establish a Regional Transfusion Team to ensure that the momentum of the Committees' activities is maintained between full Committee meetings. The term of hospital members will be 2 years renewable for another 2 years with the option of an additional 2 years for the Chair.
- 10.6 The Regional Transfusion Team should organise educational meetings for representatives of Hospital Transfusion Committees once or twice a year.
- 10.7 Each Regional Transfusion Team should decide on attendance and tenure of membership of the RTC and Working Groups.
- 10.8 The secretariat for the Committees and Regional Transfusion Teams will be provided by NHSBT.
- 10.9 NHSBT will reimburse travelling expenses, according to an agreed formula, of members attending meetings of the Regional Transfusion Team.
- 10.10 The RTCs will provide minutes of their meetings to the NBTC and a written structured report one month in advance of each meeting.

- 10.11 The RTC Chairs will elect a Chair for their meetings. The term of the Chair will end after 3 years or when he/she completes their term as RTC Chair, whichever is the earlier.
- 10.12 The Chair of the RTC Chairs will attend the NBTC Executive Working Group meetings.

11. OUTCOME MEASURES

- 11.1 Providing data on the transfusion practice of Trusts in the Region.
- 11.2 Monitoring and recording transfusion audit on a regional basis.
- 11.3 Demonstrating regional education in good transfusion practice.
- 11.4 Reporting on performance monitoring of the transfusion-related services provided by NHSBT.
- 11.5 Providing information on patients' experiences about the provision of transfusion services.