



**Blood and Transplant**

# **NHSBT Customer Service Update:**

**RTC – Nov 2022**

**Rhian Edwards**

**Customer Service Manager**

## Contents:

- Stock Levels
- Pre/Amber Alert
- The Update
- Satisfaction Survey
- BBTS
- Other

# Stock Levels



Blood and Transplant

## Blood stock levels

at 8am on Tuesday 22 November 2022



We aim to maintain **6 days of stock** for red blood cells.

- Substitution of A+ RBC with A- to continue for the moment.


## Platelets stock levels

at 8am on Tuesday 22 November 2022




We aim to maintain a minimum of **1 day of stock** for platelets (except AB-)

## Pre/Amber Alert

- Since declaring an Amber alert for red cells on 12 October, our stock levels have improved, and we returned to Pre-Amber on 8 November.
  - This has been possible thanks to the response from hospitals which has seen orders drop by 20 per cent.
  - The amazing response from donors has seen appointments being filled to an average of 99% each week during the course of the alert compared to 94% pre alert, meaning an average of 5,200 extra booked appointments each week.
  - Will remain in Pre-Amber status at least the end of the year. This remains subject to stocks remaining strong and is dependent on continued good practice and application of clinical guidance, along with success in recruitment to our donor collection teams.
  - You are no longer required to postpone any elective surgery, but we request that you continue to transfuse patients appropriately using patient blood management guidance.
- 

## Pre/Amber Alert

- Please consider if you need to increase your stock holding back to recommended Blood Stocks Management Scheme levels, if so, please do this gradually. This will help us manage changes in demand.
  - The 25% discount to ad-hoc deliveries extended approx. 6<sup>th</sup> Dec
  - Please continue actions to conserve red cell stocks in-line with NHSBT Guidance for a Pre-Amber shortage
  - Please continue to review stock holding and submit blood stock levels and wastage data on VANESA.
  - Amber Alert Actions Survey – closes 23/11/2022
- 

## Pre/Amber Alert - Donor activity

- Donors with this blood type A+ are being asked to book an appointment
  - Donors are urged to book appointments leading up to Christmas and into 2023 to stabilise and grow stocks further. There is capacity in the weeks ahead – appointments need to be close to 100 per cent full to build blood stocks:
  - Week commencing 28 November – appointments are 76% full
  - Week commencing 5 December – appointments are 66% full
  - Week commencing 12 December – appointments are 59% full
  - Week commencing 19 December – appointments are 53% full
  - Week commencing 26 December – appointments are 38% full
  - Week commencing 2 January – appointments are 59% full
  - Week commencing 9 January – appointments are 57% full
  - Week commencing 16 January – appointments are 50% full
- 

# Pre/Amber Alert



Blood and Transplant

➤ Too early for lessons learnt however ...

## NHSBT Update:

**Current situation** - In the last 18 months we have been constantly challenged by supply and demand issues with stocks tracking at generally at 3–4-day levels. In September we fell below two days due a slower month on collection.


**Workforce challenges** - In June we began work to understand more about the issues affecting staffing on our sessions. Since July we have recruited 163 donor carers. We have a further 95 people joining soon and are recruiting 118 additional people.

**Training** - Our blood collection training programme has been reviewed and is now being run differently so that training now takes four weeks rather than six weeks. We are making allowances for how much blood can be collected with new staff joining as we know it can take time for new staff to settle into their roles.

**Team numbers** – We have agreed to increase the size of some of our collection teams with 60 new staff set to join.

**Recruitment** - We are looking at how we are recruiting staff, so we are clearer about the expectations of roles in collection teams. This work is designed to reduce the amount of people leaving. Work is ongoing to understand what the issues are within blood collection to improve staff retention.

## Pre/Amber Alert

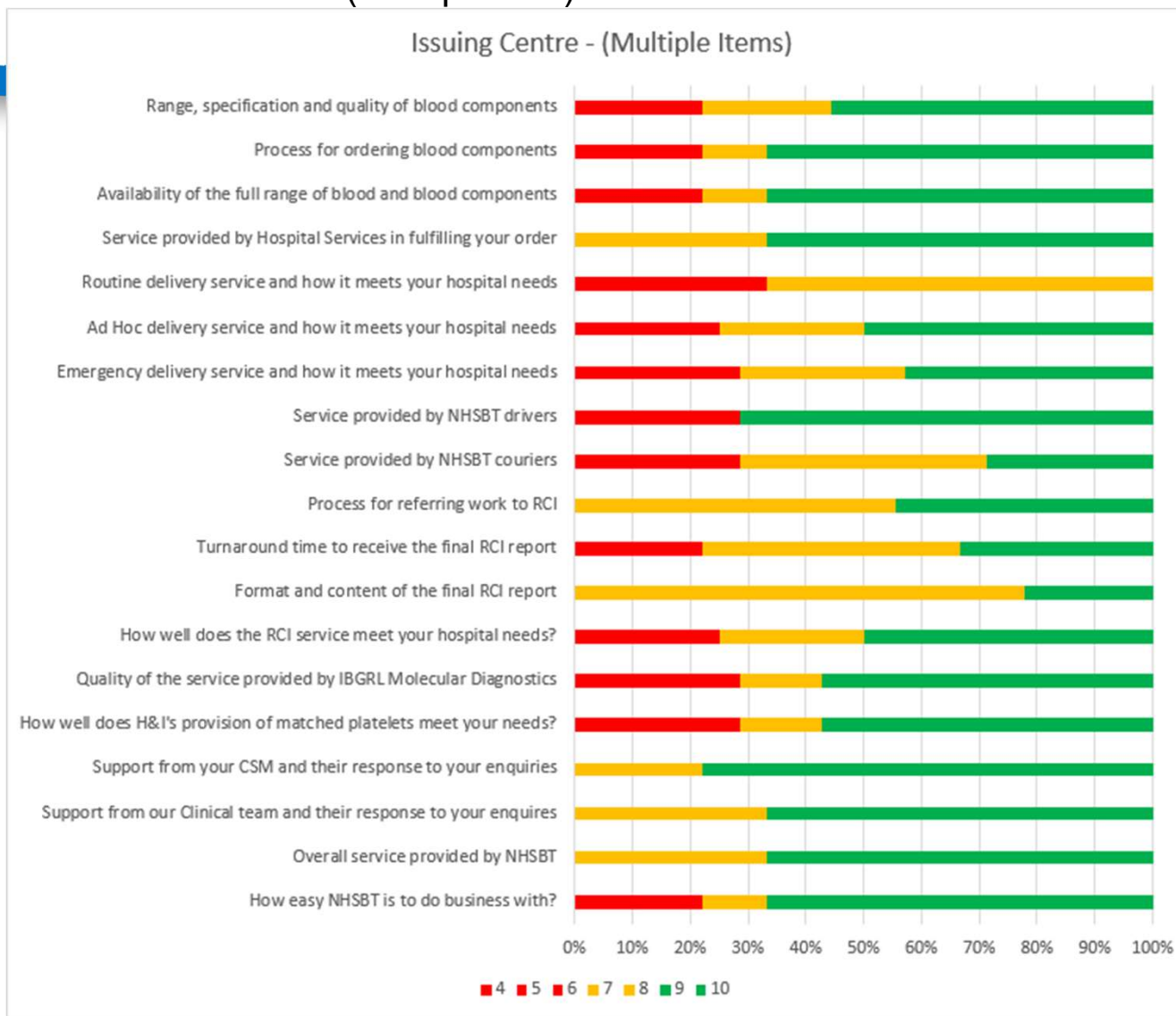
- **Hospitals** - We have shared a number of different messages with hospitals to manage demand for blood during the Amber Alert, including advising where possible to switch to operations that use less blood. Our Amber Alert has not affected any urgent, emergency or trauma surgery, cancer surgery, transplant surgery and blood transfusions to treat people with long term conditions. We are working with NHS England to receive more comprehensive data that provides a better picture on future demand.
  - **Job grading** - This is on the Executive Team agenda and Donor Carers along with some other jobs will be reviewed over the coming months.
  - **New donors** – We have had a great response from donors and are working to manage expectations around appointment availability and prioritise blood groups. We are being careful to manage the impact of new donors on session as well as looking to retain these new donors.
- 



# Update – the Highlights 😊

- ❖ Transfusion Science + Transfusion medicine courses now available to book
- ❖ EDTA tubes for Fetal RhD screening – minimum of 6ml tube
- ❖ No labels to be placed on PCMs please
- ❖ Preparation time for washed platelets has been extended to 8.5hrs
- ❖ New NBTC plasma shortage plans available
- ❖ OBOS version 8.5.5 out now
  - changes include: You can now place orders for every 3 weeks or every 4 weeks (in addition to every week, and every alternative week)
  - The pop-up notification for emergency orders now clarifies the process for placing an order
  - The screen no longer freezes when orders are sent
  - The error message no longer displays when you confirm a delivery

Thank you for your responses. Will review the latest scores and comments. Will be in touch. (9 responses)





# A new step on the road to a red blood cell factory

Dr Guillaume Rousseau – Eryphar France

- From a single haematopoietic stem cell = **100 units RBC**
- Cultured RBC live longer than donated RBC
- 22 days to culture
- **1 unit RBC = 350,000 Euros!!!!**
- 95% cost proteins – recycle the proteins  
= **1500 Euros/unit**

Not too worried about being out of a job just yet! 😊

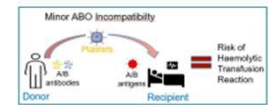
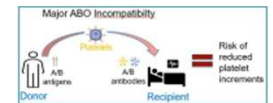
## Current practice for ABO matching of platelet transfusions in three hospitals in England

R. Edwards<sup>1</sup>, M. Robinson<sup>1</sup>, R. Cardigan<sup>1</sup>, J. Stevens<sup>1</sup> and H. New<sup>2</sup>  
<sup>1</sup>Customer Services, NHS Blood and Transplant, Plots 1-3 Computer Development Laboratory, NHS Blood and Transplant, Cambridge Transfusion Laboratory Manager, The John Radcliffe Hospital, Oxford<sup>2</sup> Haematology Consultant, NHS Blood and Transplant, London



### Introduction

Platelet transfusions can result in both major (where the recipient has antibodies against the ABO group of the transfused platelets e.g. group A to a group B recipient) and minor (where the recipient red cells are incompatible with the transfused platelet plasma e.g. group O to a group A recipient) ABO incompatibility. Transfusion of ABO major incompatible platelets can lead to lower platelet count increments following transfusion whereas transfusion of ABO minor incompatible platelets has been associated with increased risk of haemolytic transfusion reactions.<sup>1,2</sup> Ideally transfusions should be ABO identical for platelets<sup>3</sup>, but this is not always possible, particularly in an emergency. Currently, the proportion of platelet transfusions that are ABO identical is unknown and was addressed in this study.



Diagrammatic representation of major and minor ABO incompatibility

### Method

Platelet transfusion data from three trauma hospitals in England was retrospectively collected. The data focused on both apheresis and pooled platelet transfusions from April 2021 to February 2022, with hospitals providing from 6 weeks to 10 months data. The focal information gathered was the blood group of the donated platelet compared to the blood group of the recipient.

References  
<sup>1</sup> J. Stevens et al. *Blood* (2015) 126, 1883-1893  
<sup>2</sup> Cardigan R. et al. *BMJ* (2017) 354, g1111  
<sup>3</sup> Edwards R. et al. *BMJ* (2017) 354, g1111  
 © 2022 British Society for Haematology. Published for the British Society for Haematology by John Wiley & Sons Ltd

### Results

- > 68% (1298) of the transfusions were ABO identical whilst 32% (610) were ABO non-identical (RHD not included).
- > Of the 32% ABO non-identical transfusions, 29% (1936) were classified as Major ABO incompatible whilst 11% (202) were Minor ABO incompatible, some were both.
- > For ABO minor incompatible transfusions, 8% of the platelet transfusions were group A donor to non-A recipients whilst 2% were group O donor to non-O recipients.

Donor Group	Recipient Blood Group								Total
	A NEG	A POS	AB NEG	AB POS	B NEG	B POS	O NEG	O POS	
A NEG	75	36	1	1	16	67	43	228	
A POS	33	649	3	31	6	93	42	224	980
AB NEG	2	11	3	3	3	1	1	21	
AB POS	11	11	11	11	1	1	4	26	
B NEG	1	1	1	1	1	8	2	10	
B POS	13	1	1	42	2	11	69		
O NEG	4	7	1	4	124	62	192		
O POS	14	1	1	7	18	347	383		
<b>Total</b>	<b>112</b>	<b>632</b>	<b>15</b>	<b>48</b>	<b>7</b>	<b>165</b>	<b>684</b>	<b>1908</b>	

Information regarding 1909 platelet transfusions was obtained. The grey boxes highlight both ABO and RHD identical platelet transfusions (1160/1909 or 61% of all transfusions).

- There were some limitations to the data collected.
1. It would have been useful to know whether the platelet units transfused during minor ABO incompatible cases had screened negative for high titre (HT) anti-A and anti-B.
  2. We did not have information on any adverse outcomes to the recipient of the ABO incompatible platelet transfusions such as lower platelet increments or haemolytic transfusion reactions.

### Conclusion

This was a pilot study assessing current practice for ABO matching platelet transfusions within a small number of hospitals. Most platelet transfusions are ABO identical, those that are not are mainly major incompatible with minor incompatibility being less common. Further studies are needed to understand ABO matching nationally and to better understand the risk of clinically significant adverse outcomes for recipients of ABO incompatible platelet transfusions.

# Other



Blood and Transplant

Bank Holiday Provision: Provision will always be adhoc or emergency delivery for 1 day BH. For two days communication will be provided.

Fax Removal: Please email either myself or [NHSBTCustomerService@NHSBT.NHS.UK](mailto:NHSBTCustomerService@NHSBT.NHS.UK)

Trust Visits: Looking to start back up again either F2F via teams.

**Thank you for your support!!**

A thick, blue, wavy line graphic that spans the width of the page at the bottom, starting from the left edge and ending at the right edge, with a slight curve in the middle.

A thick, solid blue wavy line that spans the width of the page, starting from the left edge and ending at the right edge, with a slight dip in the middle.

**AOB?**



**Blood and Transplant**

# **PBM Update**

Rhian Edwards, on behalf of PBM Team

**Caring Expert Quality**

# Update



National education programme- on going development and support



BBTS fellowship award for the BMSEdG



NHSBT chief nurse award for blood assist app (due for review next year)



New resources- Anaemia e-learning modules, Component Use in Major Haemorrhage



LBT progress- 7 modules now available, final 2 available end Nov/early Dec



Transfusion 2024 developments



New PBM in post from 2<sup>nd</sup> January for 7 months secondment - Clare Cook, currently a session sister with donation in the SW