



NBTC meeting update

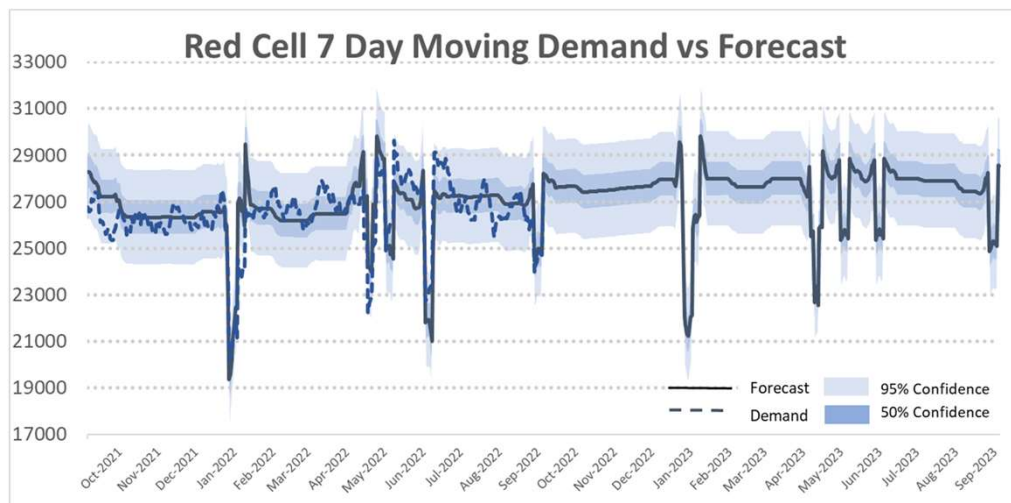
SOUTH-WEST REGIONAL TRANSFUSION COMMITTEE

23RD NOVEMBER 2022

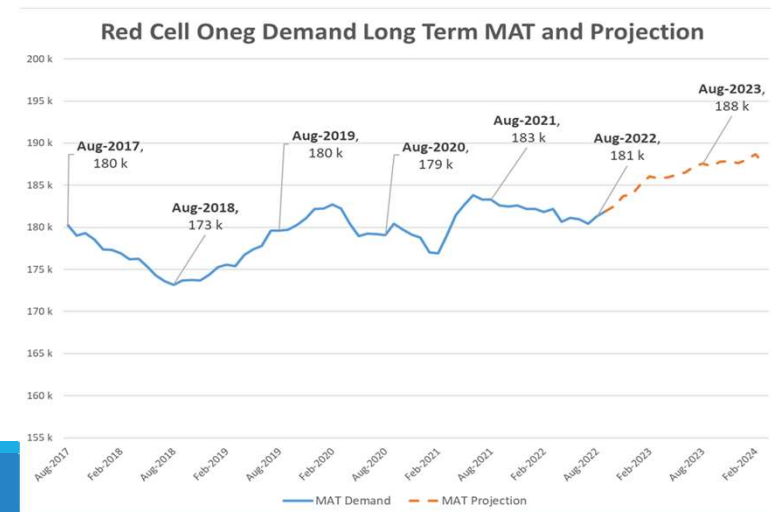
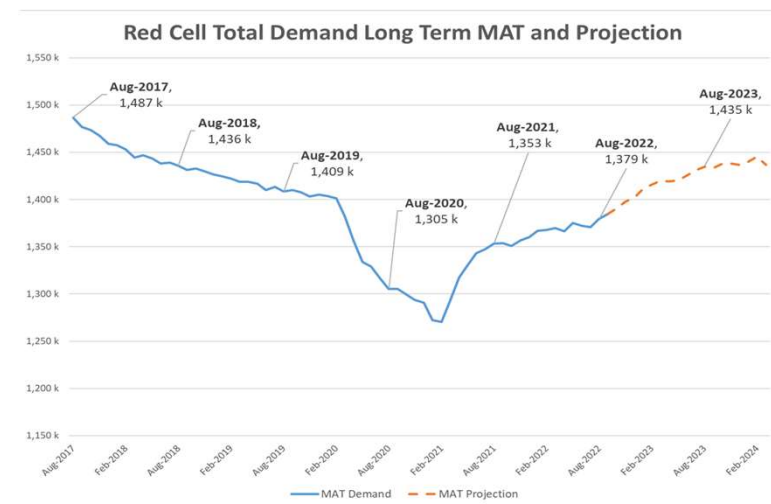
STUART CLELAND

Supply and Demand

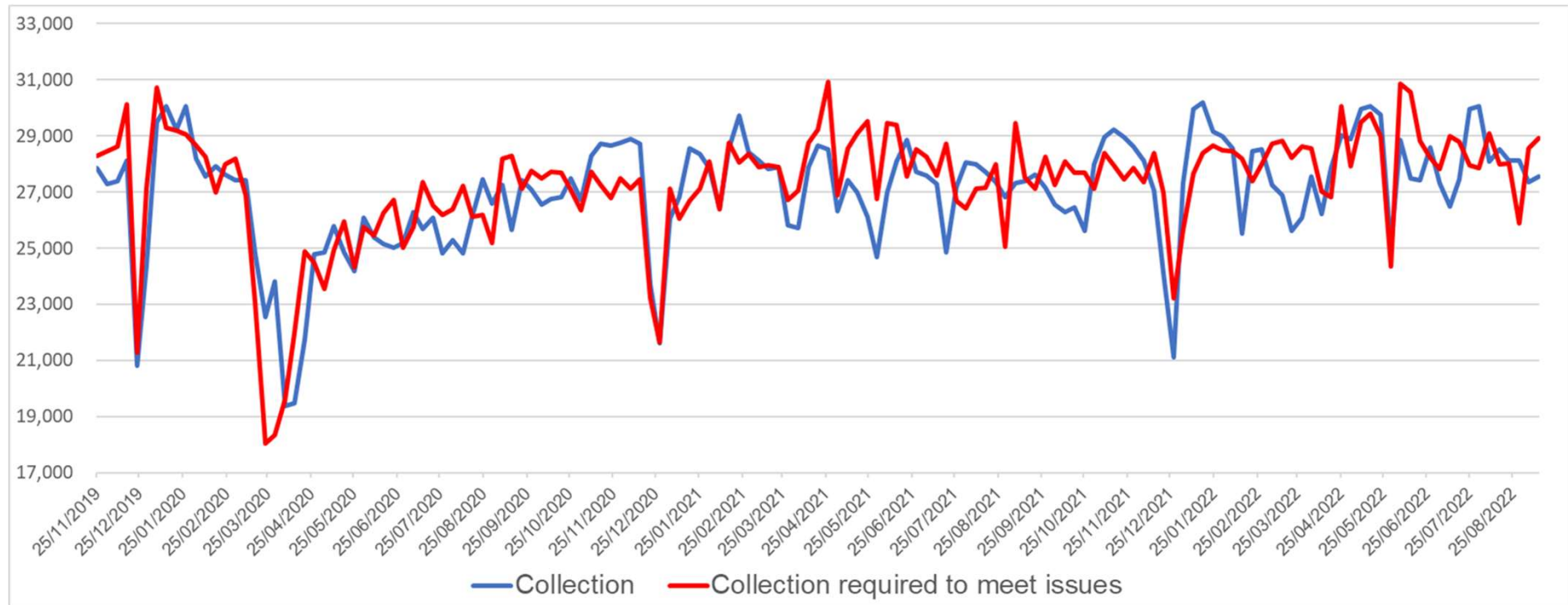
Demand forecast accuracy remains high, within our defined tolerance of 3%



- At overall level, our demand forecast accuracy remains high which is a reflection of the close working relationship with our NBTC colleagues and the quality of information shared.
- We anticipate demand to return to pre-pandemic levels and have reflected this upside in the forecast.
- Challenge remains around O neg where demand is forecast to exceed pre-pandemic levels and a donor base that is not growing at the same rate.



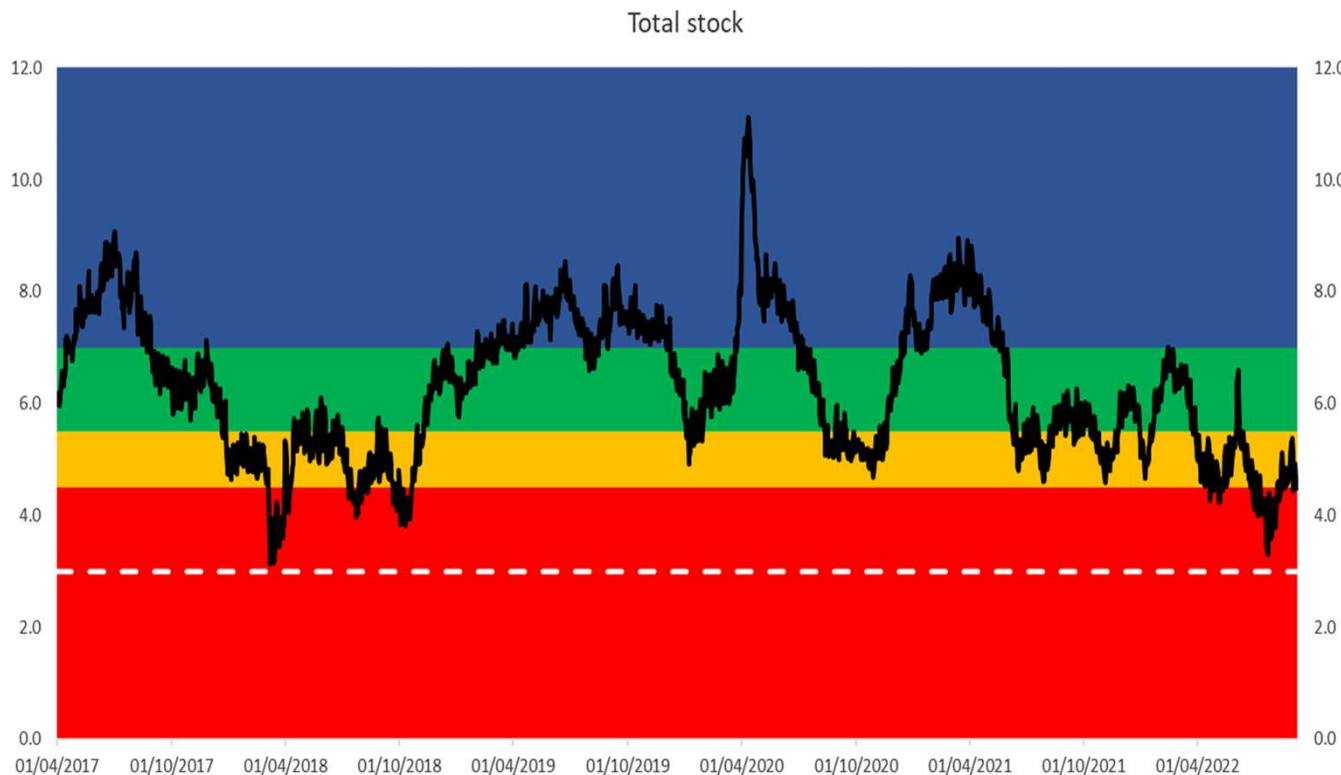
Achieving collection volumes remains a challenge



Increasing our supply in line with demand continues to be a challenge largely due to high workforce absence, under-establishment of frontline teams and increasing donor non-attendance on sessions. However, we have identified some key actions which will support improved collections in the medium to long term.

NHSBT Red Cell stocks have remained below target in the last quarter

Total Days of Stock (DOS) – Red Cells. Target range = 5.5 to 7 DOS

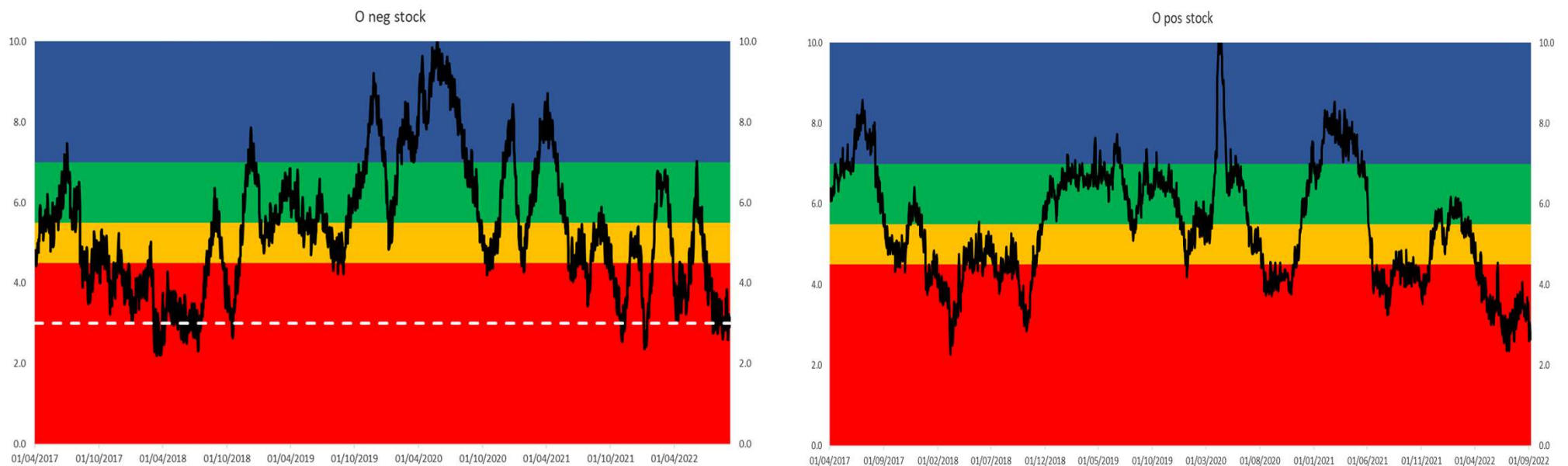


There have been severe challenges in recovering stocks with as low as 3.3 days of stock at our lowest point in this period.

We have identified some initiatives around workforce planning, donor management and Blood donation process improvements which will put us back on a path of stock growth and rebuild resilience in the supply chain.

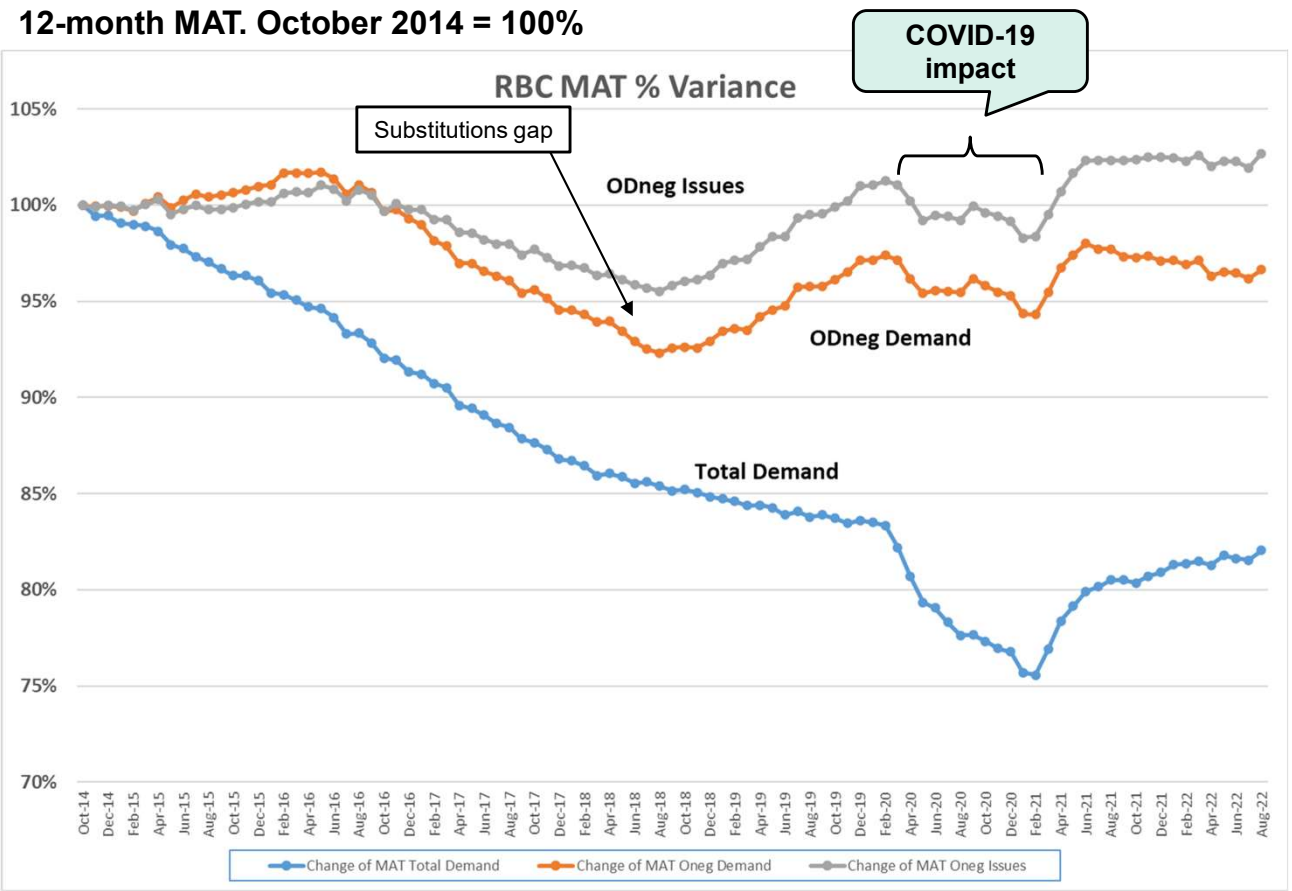
In the short term before the impact of these initiatives materialise, stocks are forecast to decline. We will utilise a combination of end to end stock visibility and best in class stock management practises to ensure no impact to supply while we execute our action plans.

The O groups have been particularly challenging



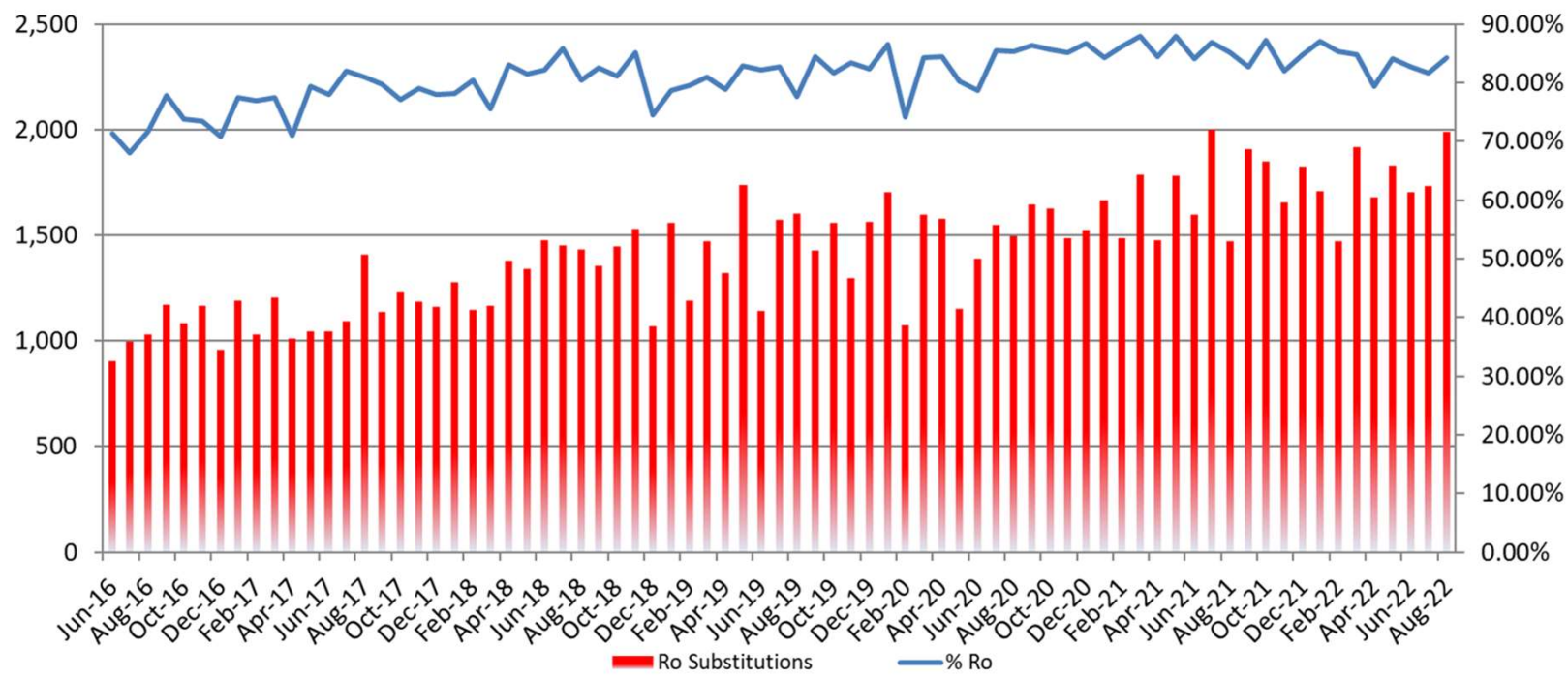
Interventions in the short term are focussed on the O groups due to their lower resilience and we will be focusing on the end to end supply chain as we look to rebuild stocks.

O D negative issues is 2.4% higher than demand despite a decline both in O D negative demand and overall red cell demand

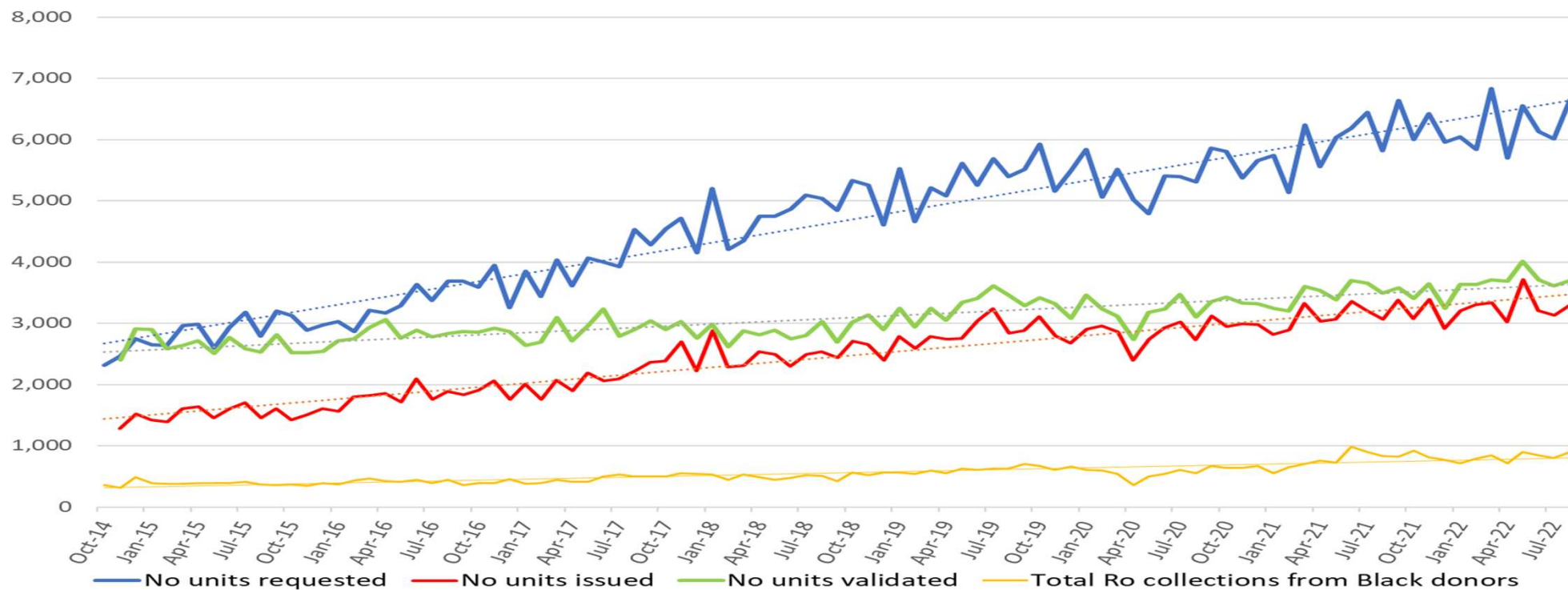


Most of the O neg we issue as a substitute product is for unmet Ro Kell neg demand

O neg red cells issued as a substitute product for unmet Ro Kell neg demand

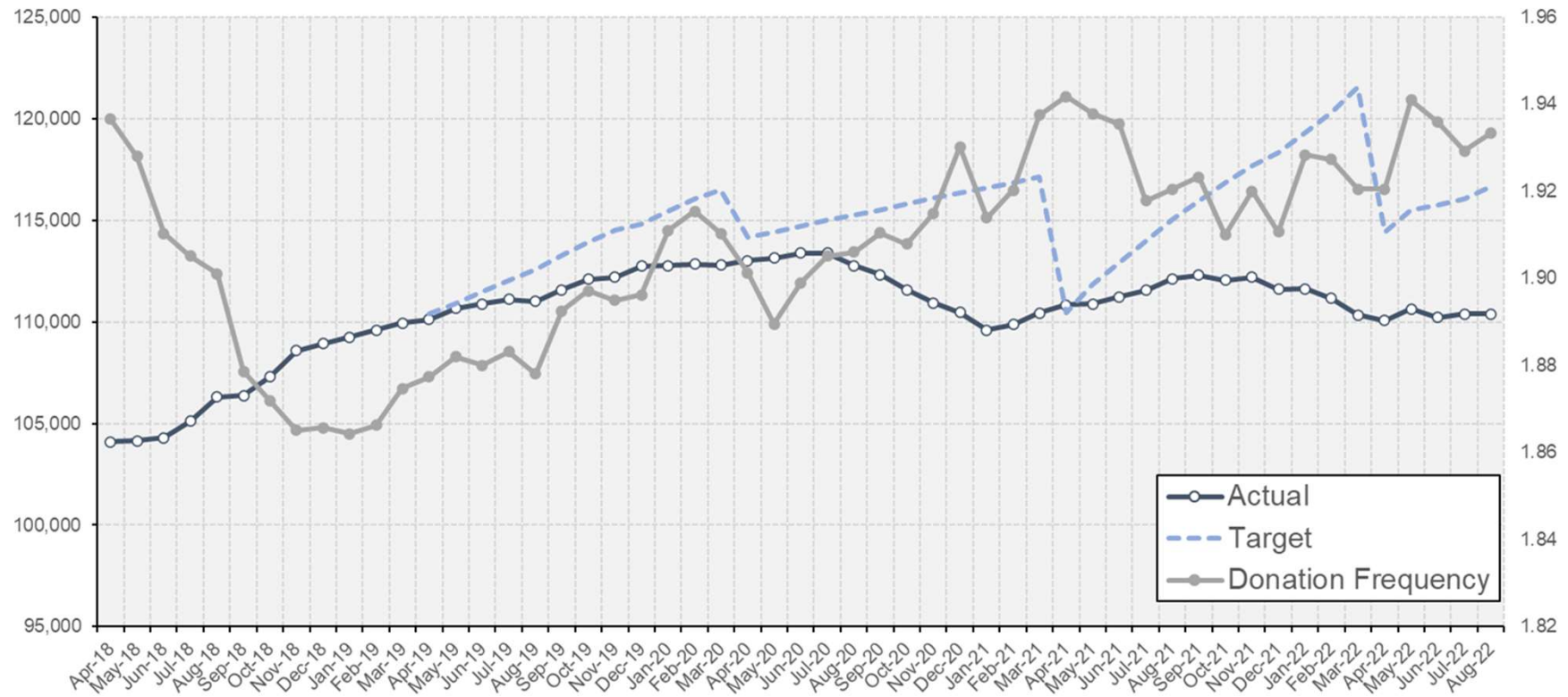


As Ro demand increases, the percentage of O neg red cells used for Ro substitution has also increased.



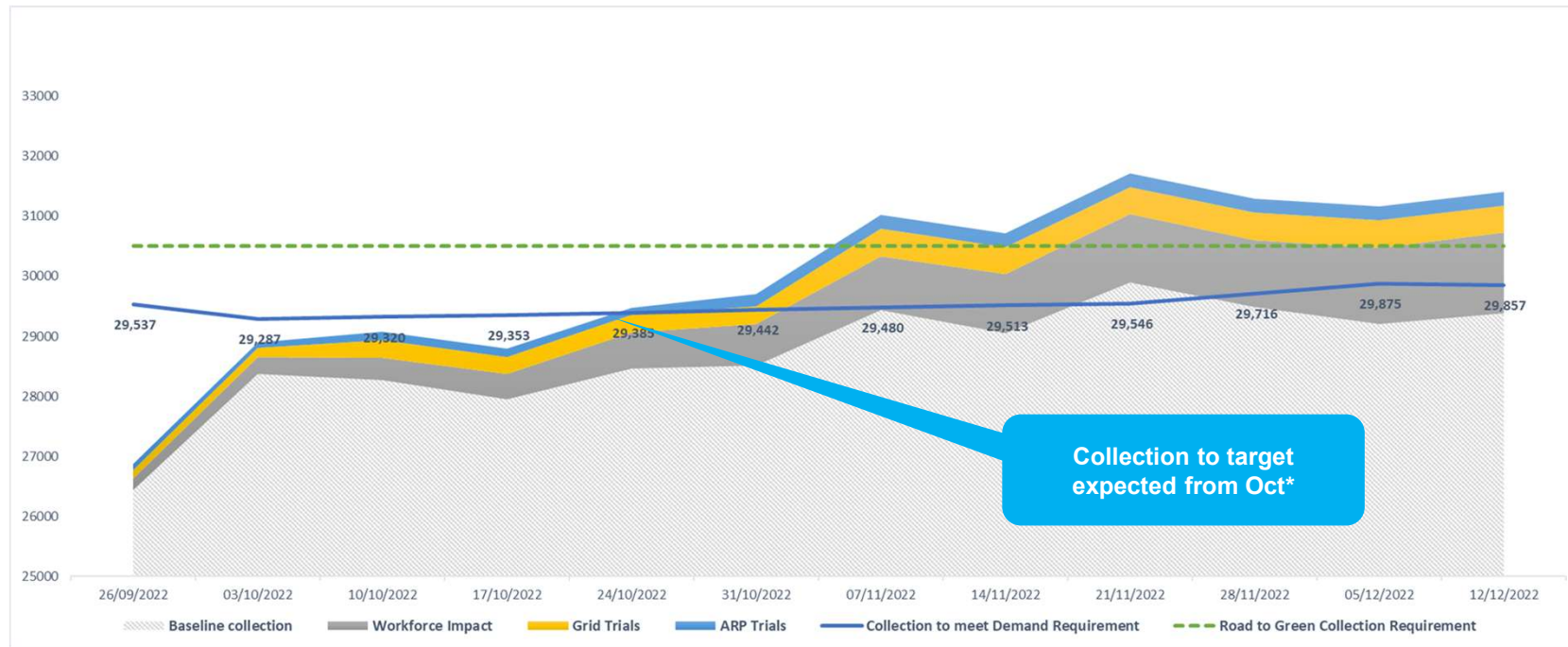
- Ro collection volumes have remained below the new target since the start of this financial year, with the exception of May which was on target. This meant only c56% of demand was collected against an increased target.
- Targets are set to increase from Oct and it is expected activities around Sickle Cell month and some marketing partnerships will drive black donor registration and conversion.

O neg donor base



The O neg donor base declined in the last quarter with new donor caps left at a low level nationally due to the stock challenges. With clear plans in place to rebuild stocks, the Donor Experience teams are overlaying these plans with marketing activities to improve the donor base.

Stock Recovery Glidepath



These plans indicate that from October, we will start to meet our collection requirement and following that be in a position to rebuild stocks. The team is focussed on further enhancing these initiatives to allow us bring forward that timeline to hit our collection targets and so rebuild stocks in a shorter time frame.

Transfusion 2024

T2024: NHSBT Scope

The T2024 report was shared with the NHSBT Board in September 2020, outlining the deliverables within NHSBT's scope (blue text)



Stronger Patient Blood Management Collaboration

A1 Develop a tool for PBM self-assessment by hospitals

A2 **Resources to support clinical transfusion practice; NHSBT PBM team, NCA, and BSMS**

Develop and implement a national competency framework for Transfusion Practitioners

A3 Inclusion of transfusion in national patient quality and safety initiatives



Increased Transfusion Laboratory Safety

B1 **Scientific and technical education and training including development of the consultant clinical scientist role**

B2 Laboratory staffing: capacity planning

B3 **Integrated services: RCI remote interpretation pilot**

B4 Pathology networks: defined standards for laboratory transfusion practice

B5 Regulatory/compliance alignment: a unified standard by MHRA/UKAS

B6 Adverse event reporting: Collaboration between SHOT and MHRA to improve reporting



Enhanced Information Technology

C1 **Transfusion IT**

a. defined standards for hospital transfusion IT within Pathology networks

b. pilot electronic requests for NHSBT reference laboratory tests

c. design a blueprint for managing inventory and define an approach for roll out to hospitals

d. develop standards for routine collection of data on blood utilisation

C2 Vein to vein electronic tracking



Further Research and Innovation

D1 **Data driven transfusion practice**

D2 **Component development: agree pathway for development (complete)**

D3 **Donor and patient typing define and develop a pilot of genotypically matched blood for multi transfused patients**

D4 **Transfusion Research: perform an options appraisal on the benefits of establishing a clinical trials network**

T2024 Project Updates

RAG Delivery Confidence Key:



Project	RAG status	Trend	Progress
A2a Education to support clinical transfusion practice	Green	→	<ul style="list-style-type: none"> Scoping workshops held with problem statement and project deliverables agreed Appointed Development Lead (6-month secondment) post to support this project (and B1) Stakeholder engagement events being planned for October
B1 Scientific/ technical education/ training	Green	→	<ul style="list-style-type: none"> As above- For the present this work will be a collaborative approach with A2a
B3 RCI remote interpretation	Green	↑	<ul style="list-style-type: none"> Continued to engage with potential partner trusts to undertake pilot Development post to support the pilot has been advertised Work continues with IT suppliers to ensure data links
C1b Interface with NHR	Green	→	<ul style="list-style-type: none"> Data definition document prepared and passed to supplier Data sharing document prepared and awaiting information governance review meeting Preparing for Phase 1 go- live
C1b Fetal RhD requesting and reporting	Green	↑	<ul style="list-style-type: none"> Established the number of hospital trusts who have Clinysis WinPath Enterprise, we are keen to progress implementation with these hospitals. Further future roll out to other LIMS suppliers post pilot Additional capacity deployed for engagement with hospitals
C1c Design a blueprint for managing inventory	Green	→	<ul style="list-style-type: none"> SME post to support this project has been advertised 'Discovery' work commenced: User Researcher, Service Designer and Business Analyst have been secured to start work on this project for 12 weeks commencing 5 September 2022
D4 Options appraisal clinical trials network	Green	→	<ul style="list-style-type: none"> Initial scoping meeting held on 8 August 2022 Development Lead post to support this project (and A2a and D4)

How can you help?

- **A2a Education to support clinical transfusion practice**
- **B1 Scientific/ technical education/ training**



Get involved in forthcoming focus groups

- **B3 RCI remote interpretation**



Let us know if you would like to be involved in a pilot

- **C1b Fetal RhD requesting and reporting**



We would like to roll this out as quickly as possible
Initially we are looking for hospitals who have Clinysis
WinPath Enterprise v 7 and v 5, but it will be extended
to other LIMS users in the future

- **C1c Design a blueprint for managing inventory**



Our discovery work will include stakeholder
engagement

- **RTC communication**



How can you help spread the word?

Further information: T2024 Programme Manager Mawa.Sall@nhsbt.nhs.uk

NBTC T2024 Deliverables: Outputs September 2022

A1 PBM self-assessment

- NCA audit of NICE Quality Standards (QS)
- PBM survey

A2 Resources to support clinical transfusion practice

- National TP competency framework

A3 Inclusion of transfusion in national patient quality and safety initiatives

- CAS ALERT re transfusion delays issued-
- BTRU Data driven transfusion practice established

C1 Transfusion IT

a. defined standards for hospital transfusion IT within Pathology networks

- BSH IT guidelines and UKTLC standards

C2 Vein to vein electronic tracking

- SCRIPT survey completed. Survey reported only 30% of respondents have v2v systems
- SCRIPT have agreed to pull together resources to support hospitals
- BTRU workstreams includes health economic assessment of v2v systems

A.
PBM

B.
Lab safety

C.
Information
Technology

B2 Laboratory staffing: Laboratories to have robust capacity planning to ensure adequate staffing and skill mix

- UKTLC standards in final draft, approved by IBMS and awaiting endorsement by RCPATH

B4 Pathology networks; Development of defined standards for laboratory transfusion practice

- Guidance drafted and to be linked to UKTLC standards (B2)

B5 Regulatory/compliance alignment

A unified standard by MHRA/UKAS to support collaborative working

- Ongoing dialogue with those involved

B6 Adverse event reporting

Collaboration between SHOT and MHRA to improve reporting

- Close collaboration continues with full online with ongoing discussions to improve this further, a joint reporting guide is available which is updated regularly

Tranexamic acid

Tranexamic acid for safer surgery: the time is now

The UK Royal Colleges Tranexamic Acid in Surgery Implementation Group,
Michael P. W. Grocott^{1,2}, Mike Murphy³, Ian Roberts^{4,*}, Rob Sayers^{5,6} and Cheng-Hock Toh^{7,8}

doi: [10.1016/j.bja.2022.06.024](https://doi.org/10.1016/j.bja.2022.06.024)

Advance Access Publication Date: xxx

Editorial

- TXA is inexpensive and it's use cost-effective
- Reduction in surgical bleeding has implications for transfusion-transmitted infections
- Compliance with TXA NICE QS could per year : -
 - Prevent > 15'000 major surgical bleeds
 - Save > 30'000 units of blood
- Plans:
 - Disseminate evidence about TXA in journals, websites, UK Federation of Surgical Specialty Associations
 - Asked for TXA to be included on WHO Safe Surgery Checklist
 - Care incentivised by per-patient payments (CRASH-2)

NHSBT amber alert and
use of tranexamic acid in
surgery

“We recommend that use of tranexamic acid is considered in all adult surgical groups and administered if >500mls blood loss likely”

“We recommend adding this prompt to the perioperative care theatre checklist”

Are you having major surgery?

NHS

Blood and Transplant



Ask your doctor if you will be receiving tranexamic acid prior to your surgery to reduce blood loss and the need for transfusion.

- Tranexamic acid reduces major surgical bleeding by 25%
- Tranexamic acid reduces the need for blood transfusion by 25%
- Tranexamic acid can be given as tablets or as an injection



Is your patient having major surgery?

Have you considered tranexamic acid prior to surgery
to reduce blood loss and the need for transfusion?



Tranexamic acid
reduces major surgical
bleeding by 25%



Data from more than
100,000 patients shows that
the risk of blood clots is NOT
increased by this drug



Tranexamic acid
reduces the need
for blood transfusion
by 25%



Patient Blood Management

Tranexamic acid can be given
as tablets or injection

Education

Ambition for coordinated national virtual transfusion education programme delivered by RTCs

Issues: -

1. Currently no coordination amongst RTC – overlap/repetition
2. CPD point recognition
3. IT (Support/Webinar hosting system)

September 22, SWRTC hosted webinar “Maternity & Obstetrics – What’s Blood Got To Do With It?”

- 700+ registrations, 400+ delegates on the day.



Proposal for future meeting

1. Each RTC to plan and deliver: -
 - One national and one regional educational event per year
2. Aim to draw up plan/rota amongst RTC's on topics to be covered to prevent overlap
3. Enquires about alternative hosting platforms to MS teams / potential to pool part of RTC budgets to fund.
4. Aim to have agreed system for CPD points recognition for series of meetings.

Education Working Group


Contract with Learn Pro for Learn Blood Transfusion modules will stop

- Replacement work ongoing, new modules go live later this year

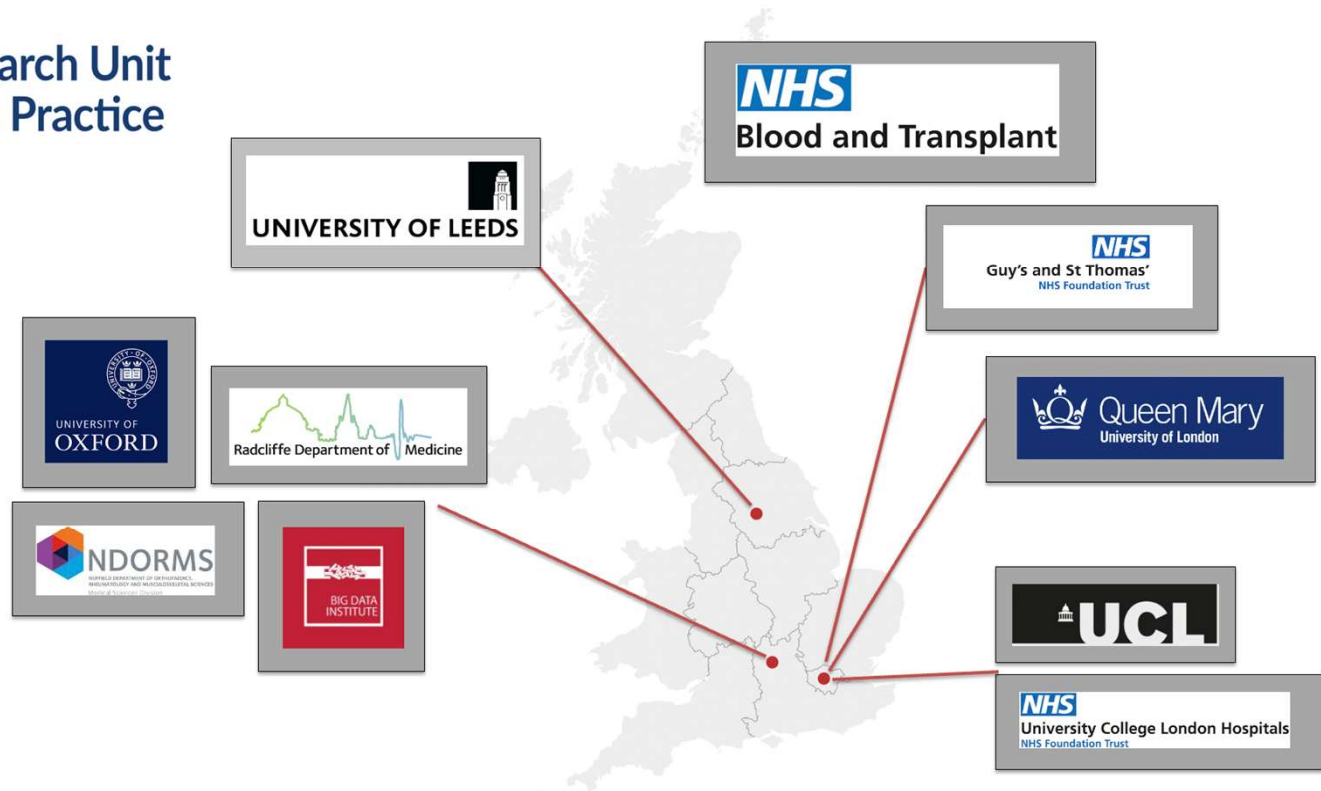
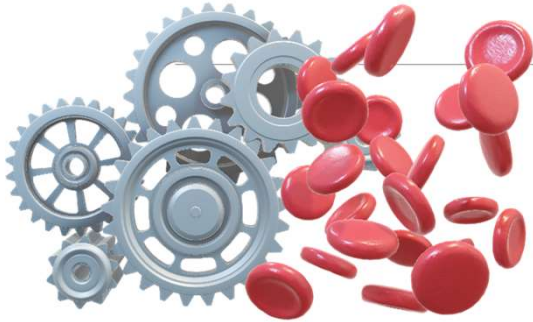
Completed: -

- Transfusion Training Curriculum Guidance
- Blood component use in trauma e-learning package
- Anaemia 2 e-learning package

In Development: -

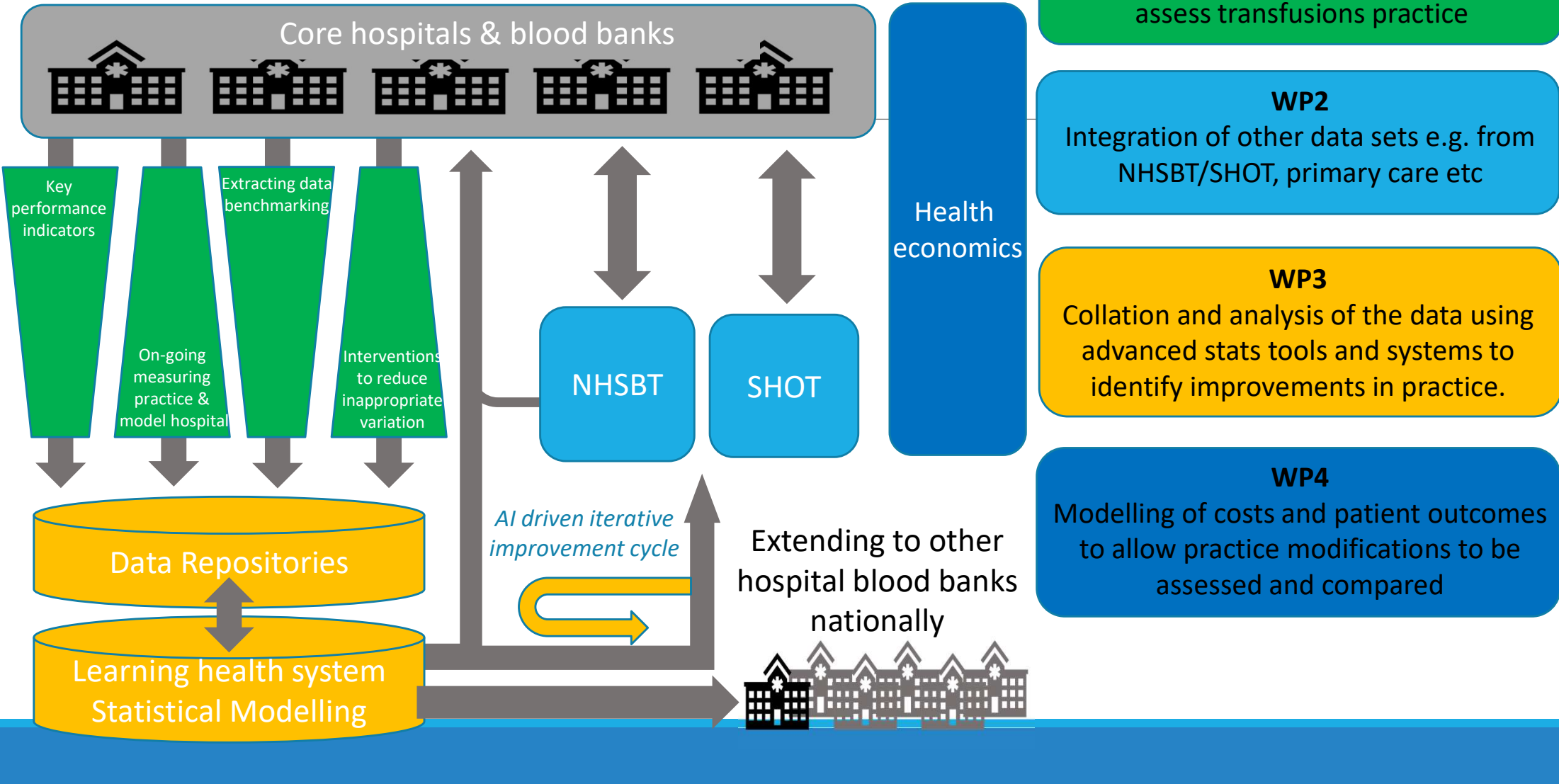
- Educational online training for anaesthetists – 3 modules (PBM/Coagulation/Hazards of transfusion)
 - UK Clinical Transfusing Standards
- 

NIHR | Blood and Transplant Research Unit in Data Driven Transfusion Practice



The Data BTRU aims to accelerate the development of data-driven methods to optimise blood use and integrate them within routine practice to improve patient outcomes.

Overview of the Data BTRU work packages:



Initial work

The Data BTRU was launched in April 2022 and runs until 2027

Hospital Data

Our initial focus has included setting up protocols, governance and permissions to allow us to access the hospital patient data required for our analysis.

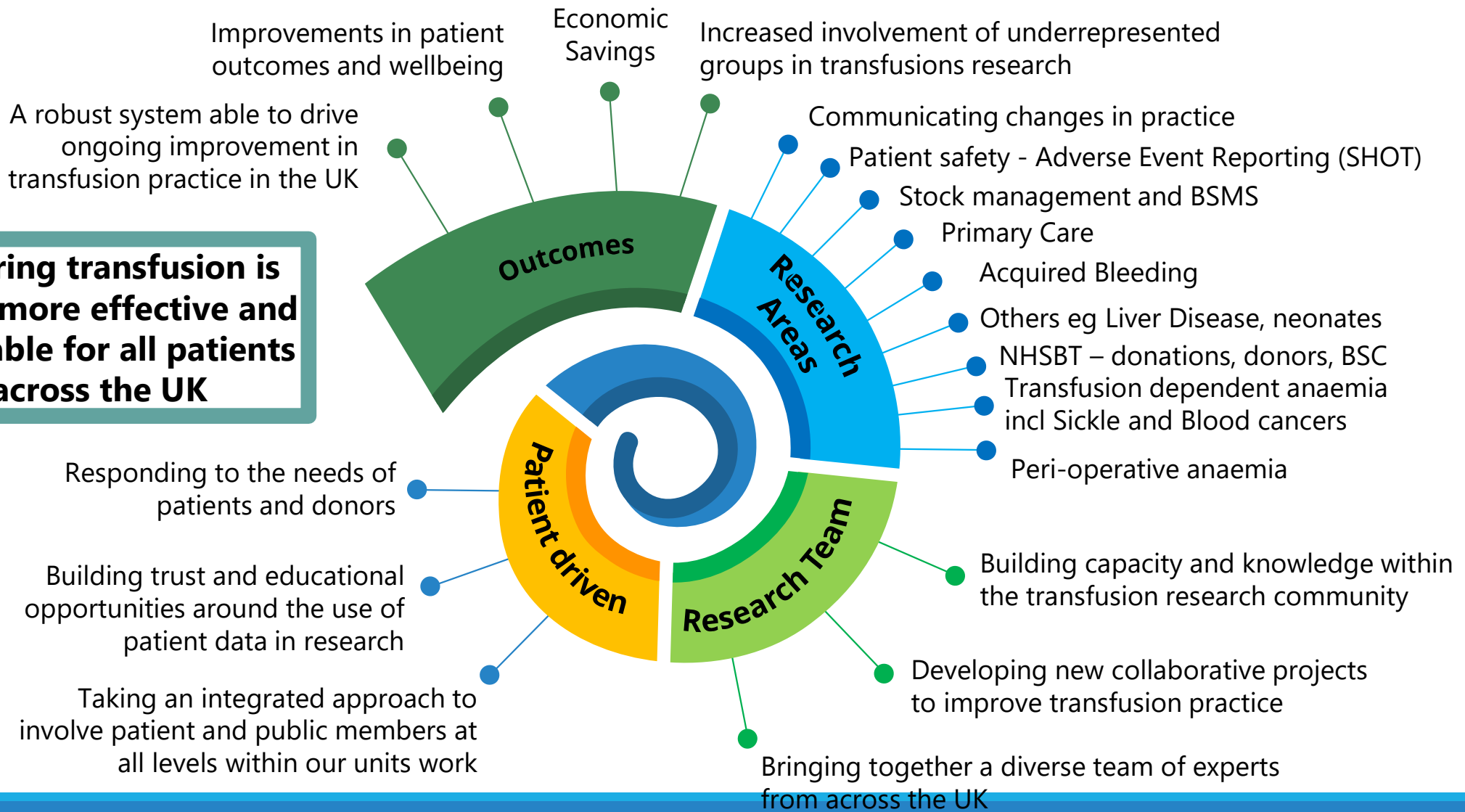
- This is being done through both the established HIC and data safehaven routes as well as the new Trusted Research Environments to ensure we are at the forefront of good data management.

Public and Patient Involvement and Engagement (PPIE)

We have set up our Public and Patient Involvement and Engagement program to ensure those experiencing transfusion medicine in the UK are able to contribute and influence our work directly.

- We have established a Public & Patient Panel Group including many people from typically underrepresented communities in medical research.
- We have appointed two very experienced charity leaders to our steering committee to ensure good monitoring of our practice.
- We have written a full PPIE strategic report in collaboration with our PPI panel members to direct our PPI work throughout this research program.

Ensuring transfusion is safer, more effective and equitable for all patients across the UK



Biomedical Scientist

Empowerment, Education and Discussion Group
Meeting 25



#BMSEDG

NHS

Blood and Transplant



Using clinical simulation to improve major haemorrhage training

This month we are joined by **Aarondeep Singh Gill** (Senior Biomedical Scientist) and **Gabrielle Simpson** (Simulation Educator)



Register to the group:
[https://forms.office.com/r/
EVJrhCTQPW](https://forms.office.com/r/EVJrhCTQPW)

(If you have previously registered to the group you do not need to register again)



Wednesday 30th November 2022 at 14:00-15:00 (UK time)
by Microsoft Teams

Enquiries: BMSEDG@nhsbt.nhs.uk

Audits - Completed

NCA Blood Transfusion (NICE QS 138) – published and disseminated

- Model Hospital

Survey of Patient Blood Management

Audits

National Comparative Audit on Upper GI bleed – repeat of 2017 audit

- 5000 patient data entries – now closed
- 78% trusts contributed
- Results due out early 2023

Audit on management of anaemia in children undergoing elective surgery

Audit on blood sampling, collection and labelling.