South West Regional Transfusion Committee

# SW RTC Meeting

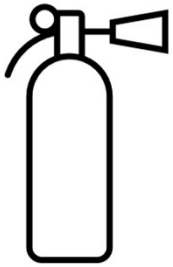
24 MAY 2023

OAKE MANOR, TAUNTON


Chair- Dr Stuart Cleland

Apologies for Absence

# House keeping



Fire drills and fire escapes –
no fire alarm tests/drills planned

# SW Regional Transfusion Committee Business & EducationMeeting

# 24 May 2023

NHS

South West Regional Transfusion Committee

**REGIONAL TRANSFUSION COMMITTEE MEETING**
**24 May 2023 – 10.30 to 15.30, Oake Manor, Taunton**

## AGENDA

***Coffee from 10.00; Business Session 10.30-13.00; Lunch 13.00-14.00; Education Session 14.00-15.30***

| | | |
|---|---|---|
| 10.30 – 10.35 | Welcome, Apologies and Minutes of Previous Meeting | Stuart Cleland |
| 10.35 – 10.55 | NBTC Update | Stuart Cleland |
| 10.55 – 11.15 | HTC Report Feedback, including any issues to be discussed | Stuart Cleland |
| 11.15 – 11.30 | Customer Services & PBM Update | Rhian Edwards/ Clare Cook |
| 11.30 – 11.50 | Feedback from RTC Groups<br>TLM<br>TP<br>SWPBM | <br>Ian Sullivan<br>Stuart Lord<br>Elmarie Cairns |
| 11.50 – 12.20 | RTC Objectives & Education Update<br>Transfusion Survey Results | Stuart Cleland<br>Clare Cook |
| 12.20 – 12.50 | Roundtable Discussion:<br>Shared Learning | Charlotte Neville-Rutherford<br>Pedro Valle-Vallines |
| 12.50 – 13.00 | Any Other Business | All |
| 13.00 – 14.00 | Lunch | |
| 14.00 – 15.30 | RTC Education: | |
| | NBT/UHBW PCC Audit | Michelle Melly |
| | Military Transfusion Research Update | Tom Scorer |
| | Anaemia CQUIN Compliance | Stuart Cleland |

# Previous Meeting Summary

- Main topics for the NBTC/RTC Chairs' feedback were Supply & Demand, Transfusion 2024, TXA, Education and NIHR work to support data driven transfusion practice.
- The HTC Chairs' reports provided useful feedback on the Amber Alert.  Concern around lab staffing levels was a common theme.
- Trusts were asked to continue with actions to conserve red cell stocks and to update NHSBT with any plans to return to pre-alert stock levels.
- First meeting to include incidents & learning outcomes presentations to facilitate roundtable discussion.
- Presentations were given on the universal plasma/cryoprecipitate project, and an audit of blood usage.
- Amber Alert roundtable discussion.

# Previous Meeting - Matters Arising

**South West Regional Transfusion Committee Meeting – 23.11.22 – Action Log**

| Actions from meeting minutes | | Actioner(s) | Status | Notes |
|---|---|---|---|---|
| Item | | | | |
| 4 | Circulate maternal anaemia survey | SC | Complete | Survey closes 07.07.23 |
| 4 | Let SC have any suggestions for future regional objectives | All | | |
| 5 | Share details of telecon with MHRA | SL | | SL,GHNHSFT, mentioned that following their MHRA inspection and some confusion around deviation management, he has got a call scheduled with Chris Robbie to talk about what they are actually expecting and is happy to share. |
| 5 | IS proposed setting up a joint TLM/TP training day in the New Year on what to expect from a MHRA inspection | IS | | |
| 10 | Feedback to NHSBT SC's comments about the use of haemocues | RE | | RE outlined NHSBT's actions to increase donor activity, which includes the recruitment of new staff and donors and extending donor sessions. SC thought that the use of haemocue to exclude anaemic patients may have the potential to exclude a lot of patients due to the variability in it's accuracy |
| 10 | Feedback to NHSBT suggestion to have a pool of 'standby' staff in hospitals to help at donation sessions | RE | | Contingency plan to have a bank of hospital staff that could support donor sessions, i.e., phlebotomy staff and apheresis nurses |

# NBTC meeting update

SOUTH-WEST REGIONAL TRANSFUSION COMMITTEE

24TH MAY 2023

STUART CLELAND

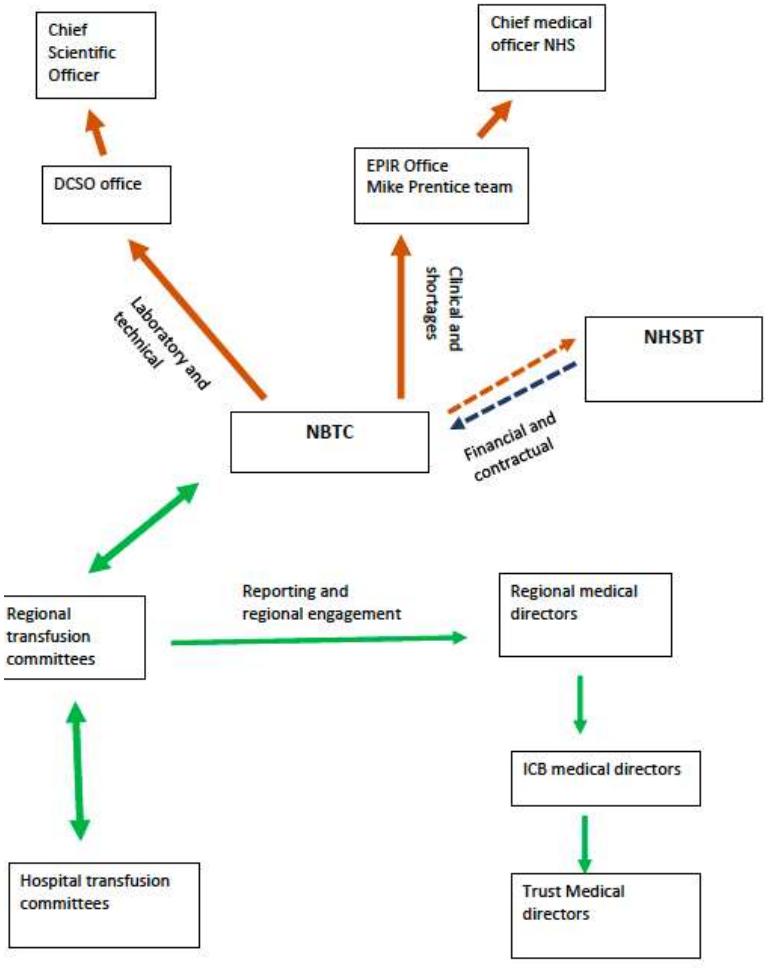
# NBTC/NHSBT Stakeholder Event – Jan 23

- Address ongoing concerns such as recruitment/retention –
  - getting engagement for HTC and RTC positions.
- Integrated Care systems
- Amber alert – provided good linkage
- Working Groups
- RTC Chairs - current and future look of positions

# NBTC/NHSBT Stakeholder Event – Jan 23

- RTC job descriptions need to change.
- Original educational role changed post pandemic. This potentially frees up time for RTC Chairs to engage more politically with regional medical directors on the NHS agenda.
- Seek out resourcing to allow in job planning at NHS Trust level.
- Intention to relook how working groups align with objectives of NBTC.

# NBTC proposed reporting lines




Colour codes

- Financial/contractual
- Reporting
- accountability

# Developments

- Funding approved for RTC chairs – 1 PA (Blood Tariff)
- SWRTC are pilot site for reporting engagement with: -
  - Regional Medical Directors
  - ICB Medical Directors.

Actions

- Bruce Daniel (Head of Pathology, NHSE – South-West)
  - Proposal to join RTC as Pathology representative
  - Ian Sullivan now attends regional pathology network meetings quarterly
  - RTC chair now has rolling invitation to regional pathology network meetings
  - Pathology networks have reporting structure to local/regional ICBs.

# Budgets

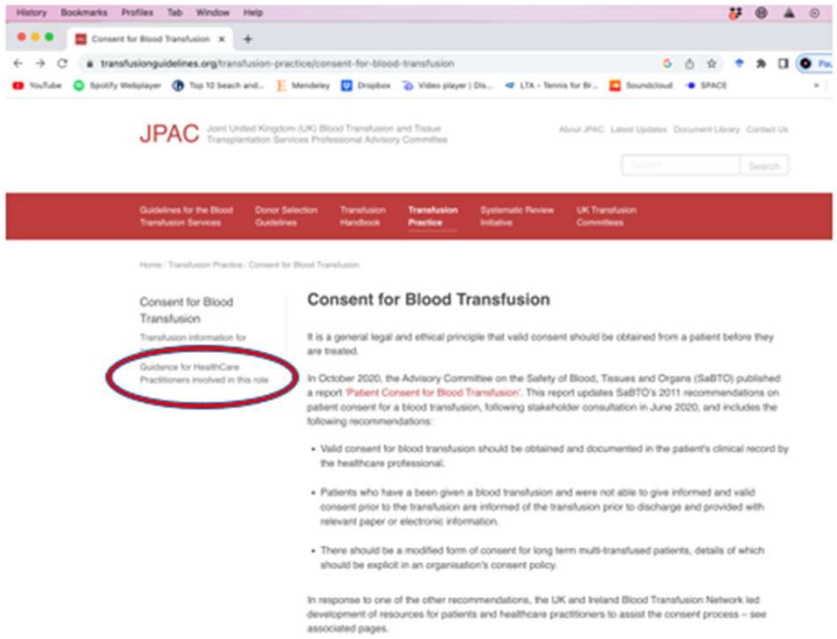
Budget status generated 08/03/23

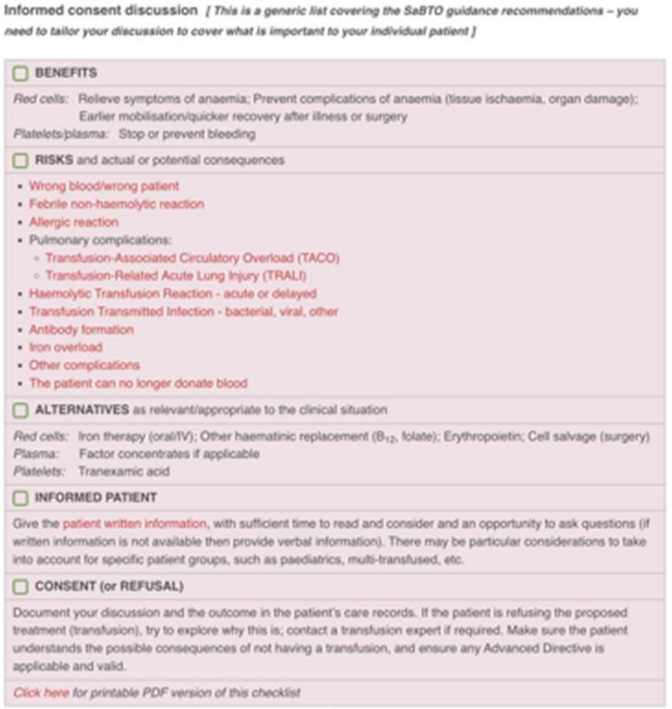
| Name | Cost Centre | Budget | YTD Actual | Variance YTD | Summary | Notes |
|---|---|---|---|---|---|---|
| NBTC | 53114 | Overall | £48,660.00 | £3,335.00 | **Underspend** | |
| | | Income | £0.00 | £0.00 | | |
| | | Non-Pay | £10,939.00 | £3,744.00 | | |
| | | Pay | £37,720.00 | -£408.00 | | |
| Regional RTC | 53115 | Overall | £8,300.00 | £35,007.00 | **Underspend** | |
| | | Income | -£2,058.00 | £2,058.00 | | 53115 & 54801 will be combined for 23/24 |
| | | Non-Pay | £10,358.00 | £32,949.00 | **£6K assigned for addition JPAC website development** | |
| | | Pay | £0.00 | £0.00 | | |
| RTC Admin | 54801 | Overall | £174,848.00 | £6,780.00 | **Underspend** | |
| | | Income | £0.00 | £0.00 | | 53115 & 54801 will be combined for 23/24 |
| | | Non-Pay | £2,014.00 | £2,624.00 | | |
| | | Pay | £172,834.00 | £4,156.00 | | |

Budgets for 2023/24 not received but likely to remain the same.

# Consent

- New JPAC website pages on Consent
- UK&I Blood Transfusion Networks have published more consent information



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

## Revolutionising transfusion medicine with routine data

NIHR | National Institute for Health Research

NHS Blood and Transplant

# About the Data Driven BTRU


Improvement in Patient Outcomes

- One of five BTRU funded by the National Institute for Health and Care Research (NIHR)
- **Infrastructure across different hospitals, universities and other organisations**
- **Patients, public and researchers working together** to answer the most pressing questions.

This Blood and Transplant Research Unit (BTRU) looks at speeding up the **use of large scale health data** to **optimise blood usage** within clinical practice **to improve patient outcomes**

Variation

**Work Package 1**

To understand and reduce inappropriate variations in blood usage

.

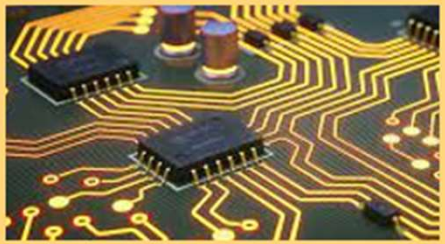
Data Linkage

**Work Package 2**

To create new data linkages for example from NHS-BT to hospitals, to improve the efficiency of the blood supply chain and stock management

## Key Objectives

Big Data & AI



**Work Package 3**

To develop the infrastructure for large scale quality improvement research to create learning systems which can feedback in real time

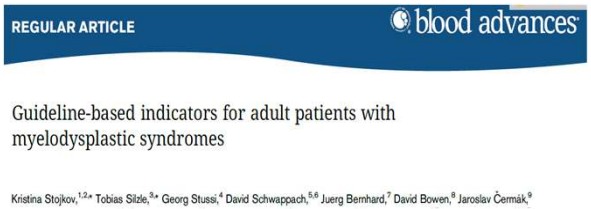
Health Economics

**Work Package 4**

To analyse and understand the cost effectiveness of blood management at all stages.

# Focus on: Blood Management / perioperative Database

**Identify key performance indicators for patients requiring red cell transfusion during the peri-operative period**


REGULAR ARTICLE

blood advances

Guideline-based indicators for adult patients with myelodysplastic syndromes

Kristina Stojkov,[1,2,*] Tobias Silzle,[3,*] Georg Stussi,[4] David Schwappach,[5,6] Juerg Bernhard,[7] David Bowen,[8] Jaroslav Čermák,[9]

**Dr Akshay Shah**

**TXA: Understanding the factors which influence the use of TXA in surgery**

**Dr Louise Strickland**

**Study-Title:**-Understanding-the-factors-which-influence-the-use-of-tranexamic-acid-in-surgery¶

**Internal-Reference-Number-/-Short-title:**-Tranexamic-acid-in-surgery-¶

**Ethics-Ref:**-XX¶

**IRAS-Project-ID:-321633¶**

**Date-and-Version-No:**-21th-October-2022-Version-1.1¶

¶

**Chief-Investigator:¤** **Dr-Louise-H.-Strickland¶**
Clinical-Academic-Nurse-Researcher¶
Oxford-University-Hospitals-NHS-Foundation-Trust¶
Nuffield-Orthopaedic-Centre¶
Windmill-Road,-Oxford,-OX3-7LD¶
louise.strickland@ouh.nhs.uk¶
¶
**Mr-Antony-Palmer¶**
Consultant-Orthopaedic-Surgeon-¶
Oxford-University-Hospitals-NHS-Foundation-Trust¶
Nuffield-Orthopaedic-Centre¶
Windmill-Road,-Oxford,-OX3-7LD¶
Antony.Palmer@ouh.nhs.uk¶

**Dr Samantha Warnakulasuriya**

**TXA: National Survey of IT capability and analysis of a large national PQIP database**

**Over 1000 replies!**

## Peripheral Blood Management Database

1. **Database of harmonised data from multiple sites**
2. **Improve reporting and visualisation of KPI for PBM**
3. **Answer questions like:**
   - **How common is anaemia pre surgery?**
   - **Do levels of anaemia affect the outcome of surgery?**
   - **Can we see which treatments helped manage the anaemia the best?**

**Dr Alwyn Kotze**

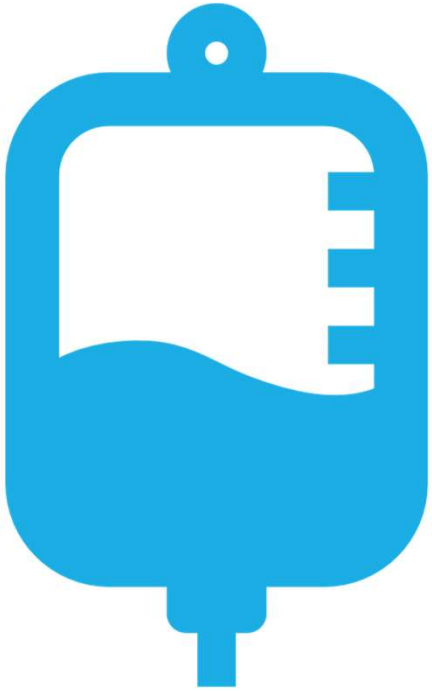
**Mr Antony Palmer**

# UKTLC Standards 2023

- In line with Transfusion 2024, updated standards divided into: -

1. Staffing
2. Qualifications, knowledge and skills
3. Information Technology
4. A just culture.

Abbreviated version



# Transfusion 2024 update

# T2024 deliverables and scope

NHS Blood and Transplant

**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

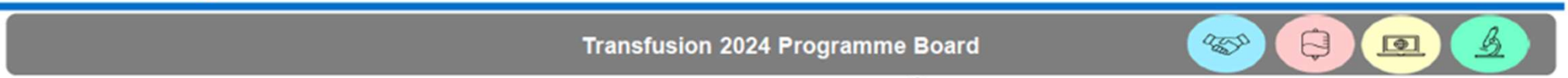
D2 Component development: agree pathway for development (complete)

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

# Delivery Structure

NHS Blood and Transplant




**Transfusion Function**

**A2**
Resources to support clinical transfusion practice including transfusion education

Project Lead
Dr Suzy Morton

**B1**
Transfusion scientific and technical education and training

Project Lead
Vicki Chalker

**C1 c.**
Design a blueprint for managing inventory

Project Lead
Matt Bend

**D4**
Establishing a clinical trials network

Project Lead
Dr Lise Estcourt

**Pathology Services**

**B3**
RCI remote interpretation

Project Lead
Wisdom Musabaike

**C1 b.**
Data integration: Pathology e-requests & e-results
(i) Fetal RhD
(ii) RCI

Project Lead
Wisdom Musabaike

**C1 b.**
Data integration: National Haemo globinopathy Register

Project Lead
Gordon Mellor

**D1**
Collection of data on blood utilisation

D1 within NIHR BTRU governance;
deliverable aligned to T2024 programme;
Data driven practice programme director attends board

**D3**
Donor and patient typing: HaemMatch

HaemMatch project is within the scope and governance of the Genomics Programme; it provides a highlight report into the T2024 Programme

# Projects: Progress to date

NHS Blood and Transplant

| Project | Status | Progress March 2023 | Next steps | Objectives 2023/24 |
|---|---|---|---|---|
| A2a Education to support clinical transfusion practice | | • Initial review of pathways, gaps and priorities<br>• Stakeholder engagement carried out | • Confirm high level objectives<br>• Further engagement | • Strategy and objectives<br>• Implementation, review |
| B1 Scientific/ technical education/ training | | • Initial review of pathways, gaps and priorities<br>• Stakeholder engagement carried out | • Confirm high level objectives<br>• Further engagement | • Strategy and objectives<br>• Implementation, review |
| C1c Design a blueprint for managing inventory | | • Completion of initial discovery work<br>• Paper taken to the National Commissioning Group in February 2023 | • Future options appraisal has commenced prior to development of a business case | • Initial options appraisal<br>• Business case<br>• System specification |
| D4 Options appraisal clinical trials network | | • Options appraisal development underway<br>• Workshop with a range of stakeholders took place in February 2023 to inform the detail of the options appraisal | • Further stakeholder engagement underway to inform the options appraisal | • Strategy<br>• Potential business case |
| B3 RCI remote interpretation | | • Preparing to pilot in two networks, comprising of ten hospitals<br>• Risk assessment and standard operating procedures developed and signed off<br>• Staff awareness completed and training underway | • Both pilots to go-live in April 2023 | • Pilot and roll-out<br>• Health economics assessment |
| C1b Fetal RHD requesting and reporting | | • Testing being carried out with pilot hospitals | • Discussions taking place with further LIMS providers | • Pilot and roll-out<br>• Health economics assessment |
| C1b Interface with National Haemaglobinopathy Register (NHR) | | • Specification, data sharing documents developed and signed off | • Go-live scheduled for March 2023. Gap analysis for potential Phase 2 underway | • Gap analysis/ benefits analysis of bringing data back into NHSBT from NHR |

# Transfusion 2024

- Education Strategy for clinical transfusion practice / scientific education and training should be complete
- Piloting electronic requesting and reporting of fetal RhD results. One pilot is live, 2 further pilot sites to start shortly
- Model business case for vein-to-vein tracking being developed.
- Piloting RCI remote interpretation within next months.
- National Haemoglobinopathy register to start shortly
- Strategic engagement with NHSE national head of pathology transformation (NHSE) and senior teams + LIMS supplier senior teams.

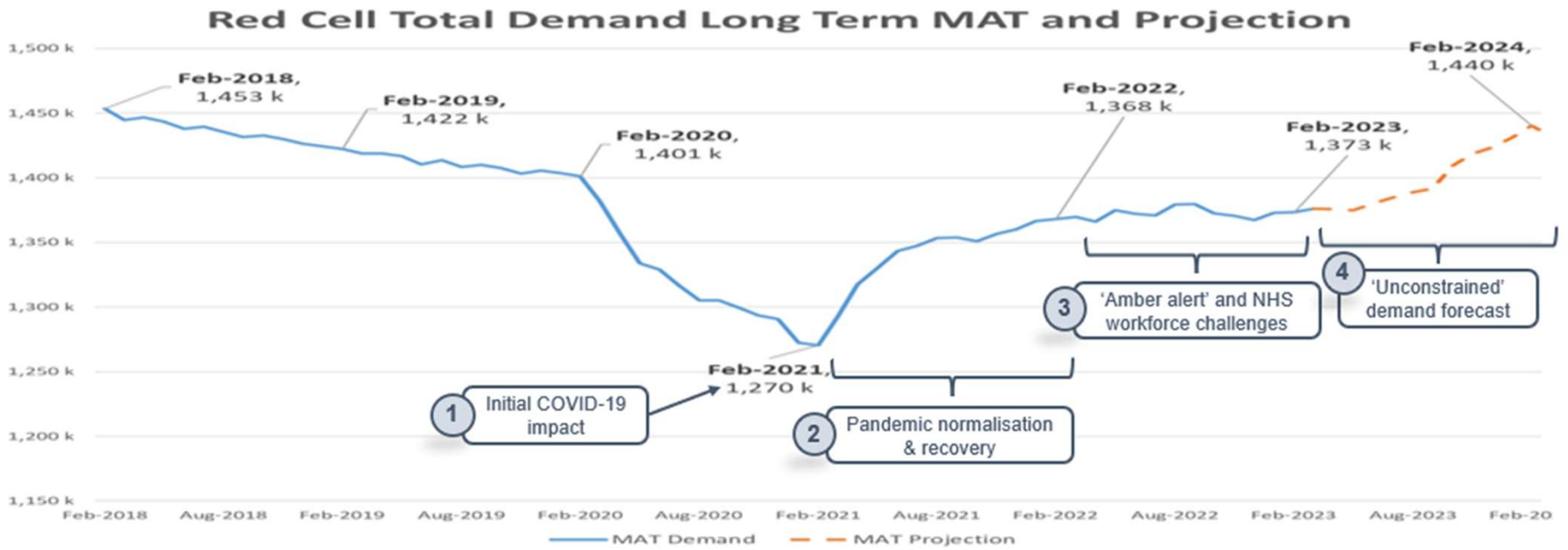
# Transfusion 2024

- Actively seeking hospitals to participate in Fetal RhD requesting and Red Cell Immunohaematology (RCI) remote interpretation pilots.

mawa.sall@nhsbt.nhs.uk

# NHSBT Supply and Demand Challenges

# Overall red cell demand through the COVID-19 pandemic in 4 phases.

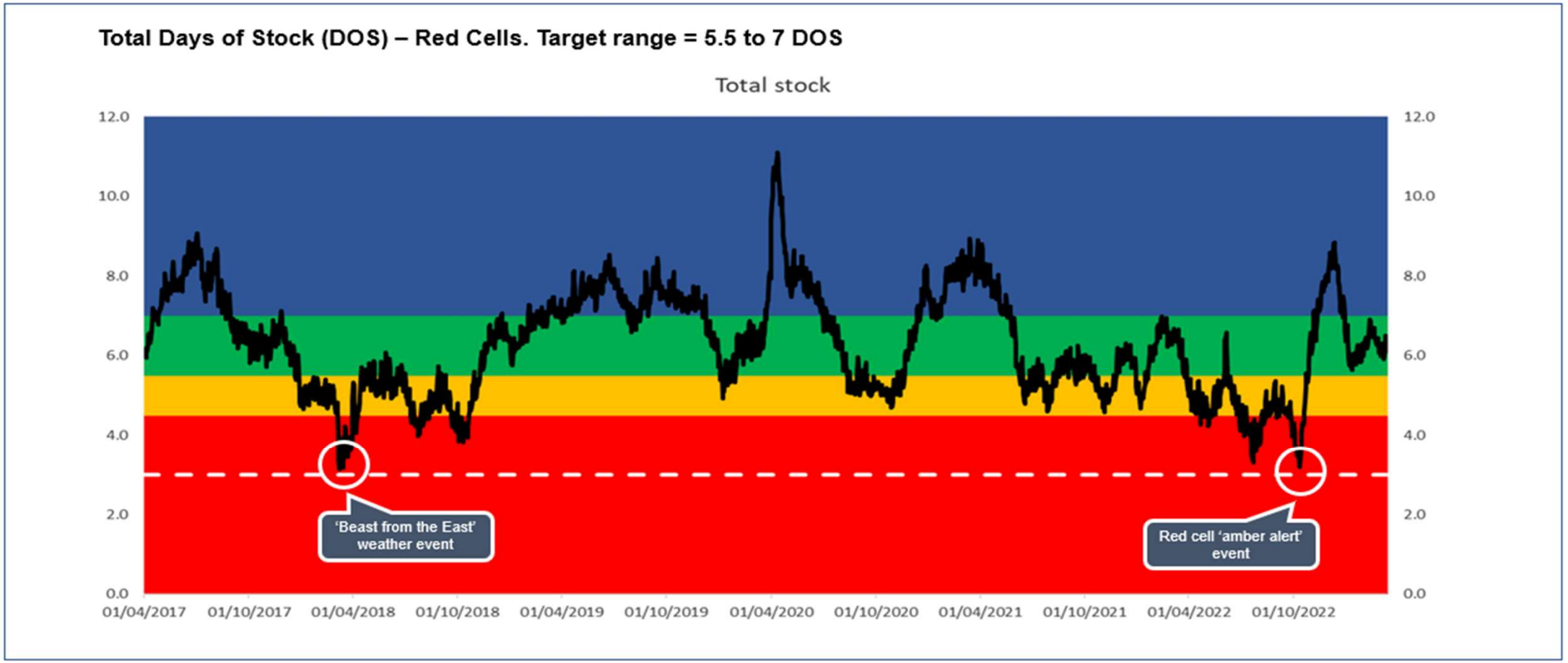



**Annotations:**

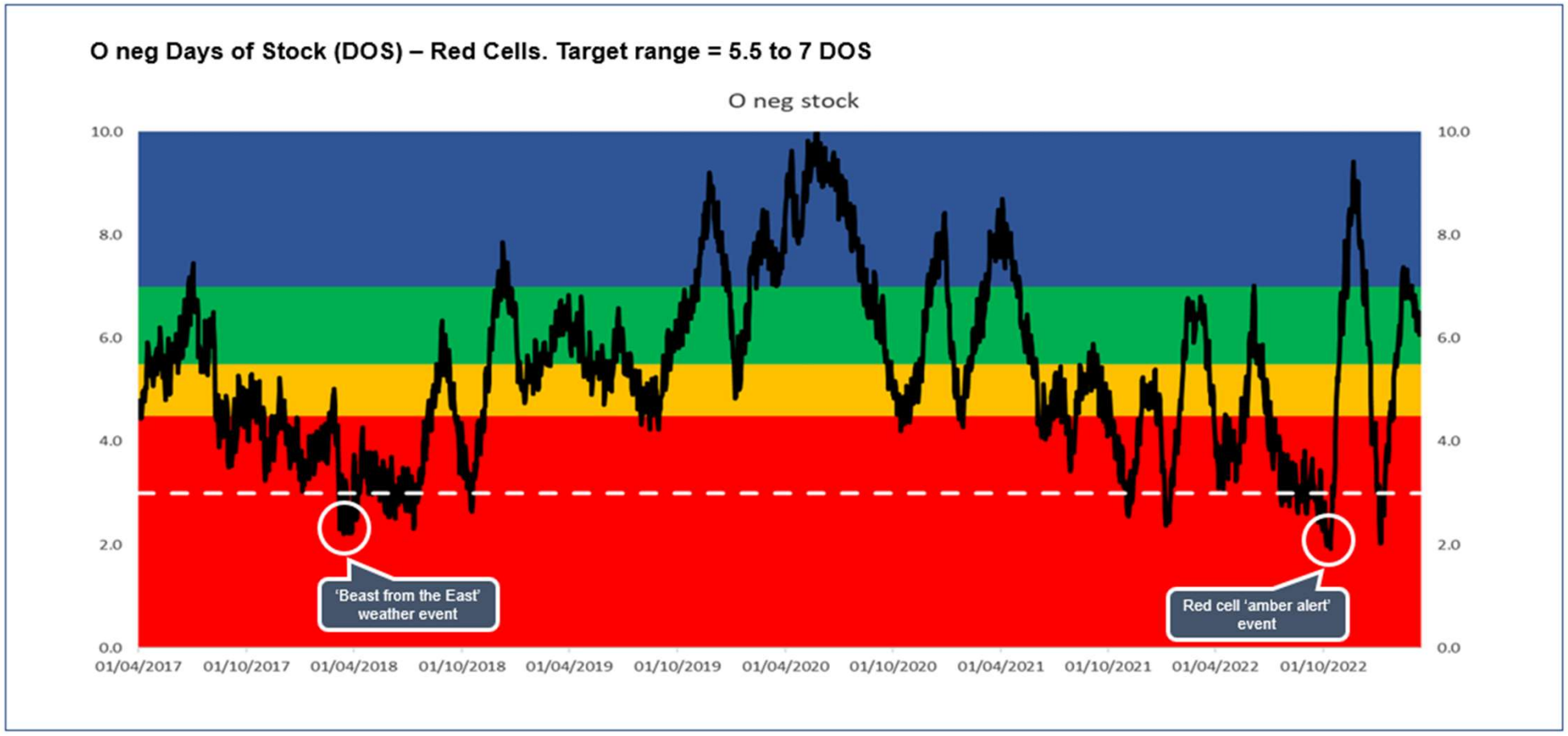
- **Phase 3 (current demand)**: recent levels of demand have been more variable than usual, largely caused by the 'amber alert' (October 2022), peaks in workforce absence (vacancies and seasonal illnesses) and periods of industrial action in the NHS.
- **Phase 4 (forecast demand 'unconstrained'):** our baseline assumption is that demand will increase above the levels observed immediately prior to the pandemic due to backlogged NHS activity. However, there remains uncertainty given the potential for ongoing NHS disruption.

**Support Request:** Throughout the recent uncertainty, our demand forecast accuracy remains high reflecting of the quality of insights and collaboration with transfusion practitioners across the NHS, including key interactions with the NBTC group. Ongoing collaboration will be required to navigate the next phase of post-pandemic demand.

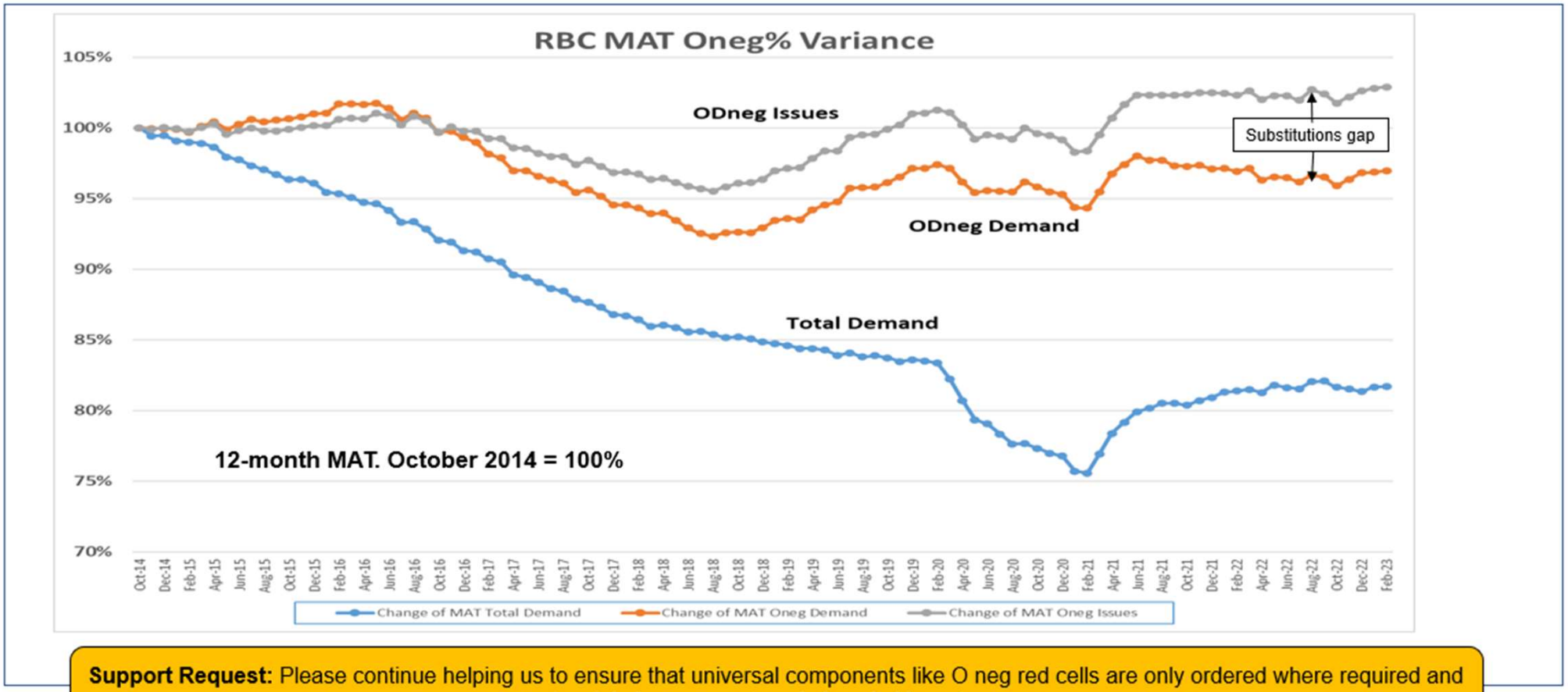
While we target between 5.5 and 7 days of NHSBT red cell stock (green banding), variability in demand and supply has created peaks and troughs



We have observed particular challenges with O D negative red cell stocks, where the proportion of demand is almost double the prevalence in the general population.



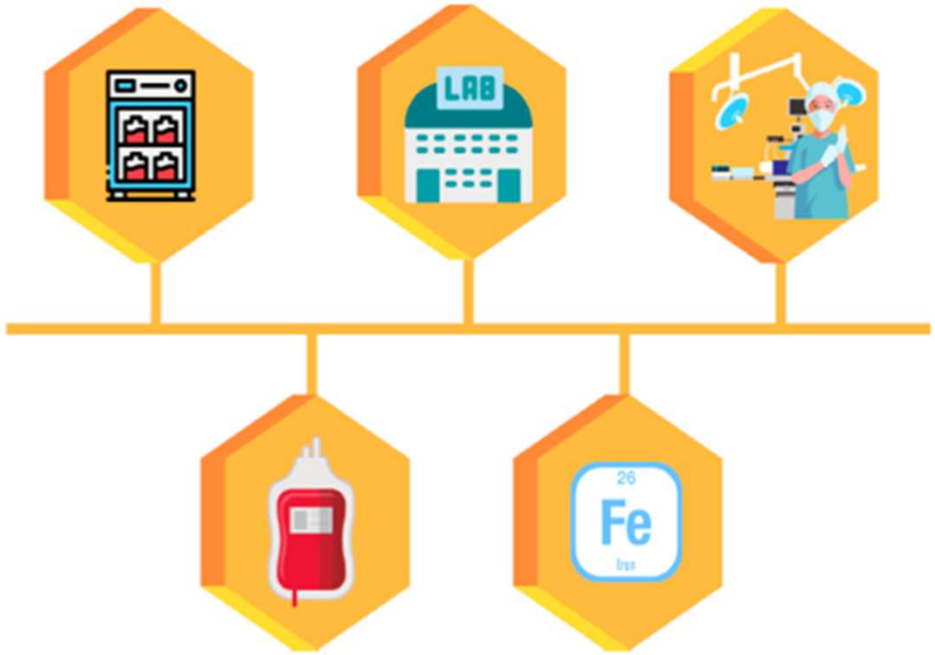
While overall red cell demand has decreased by c18% since 2014, O neg demand has decreased by just c3% in this time. When combined with substitutions, O neg provided to hospitals has <u>increased</u> by 3%.




**Support Request:** Please continue helping us to ensure that universal components like O neg red cells are only ordered where required and to minimise any wastage in hospital inventory.

# Summary of Key Messages

| # | Topic | Key Message |
|---|---|---|
| 1 | Forecasting Demand during uncertainty | ▪ **Thank you** for your continued support and insights to understand hospital demand practices. Please **continue to support us** in understanding the effect of NHS plans and operational constraints on future demand. |
| 2 | Universal Components | ▪ Please continue to help us **ensure universal components (especially O D negative red cells) are ordered only where necessary**. Ongoing increases in O neg supply to hospitals will become difficult to sustain and could result in future stock shortages. |
| 3 | Ro type red cell supply | ▪ You can support us with Ro type supply in a few ways:<br>✓ Ensure orders are placed **only where required**<br>✓ Support **re-distribution of Ro stocks between hospitals** to improve utilisation in multi-transfused Ro patients<br>✓ Support **changes to transfusion practice** pertaining to how fresh red cell exchange units should be<br>✓ Encourage **friends and family members of Black heritage to donate blood** regularly! |




# NHSBT Amber Alert Actions Survey

## Report on survey findings

6th December 2022

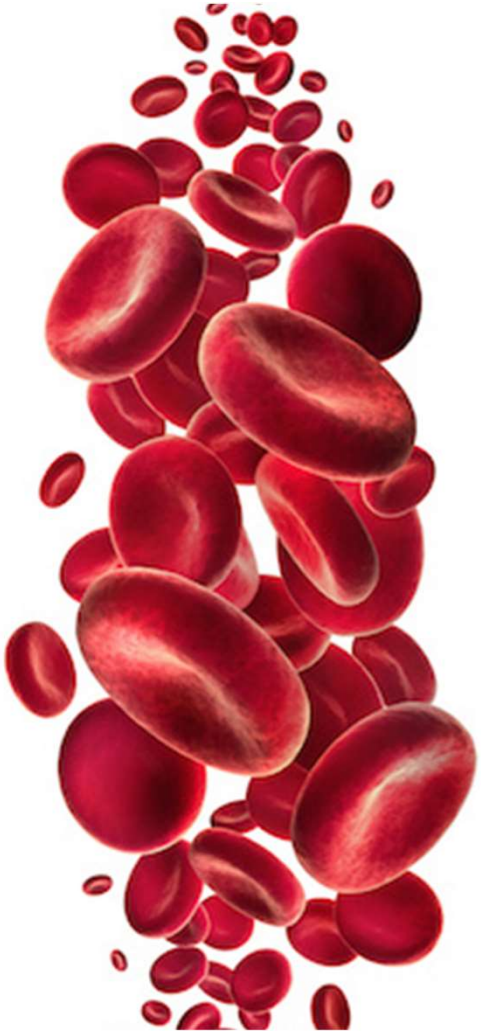
# Hospital Transfusion Committee Reports

South West Regional Transfusion Committee meeting

24th May 2023

**Dr Stuart Cleland**

**Chair of the South West RTC**



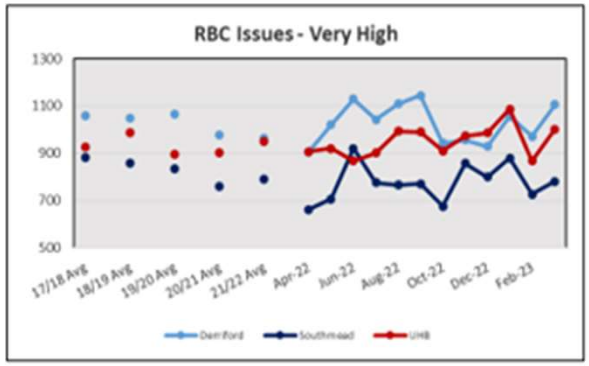
# Introduction

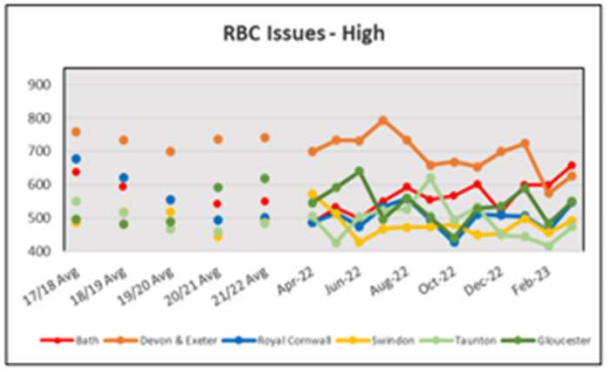
- 5th Meeting with presentation of HTC reports at SWRTC
- Responses from 14/18 trusts this round, slight drop from last RTC
- Request to NHSBT to have regional report in similar format to Blood Stocks Management component report.

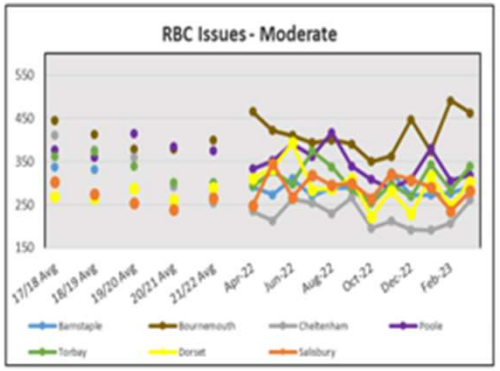
# Responses

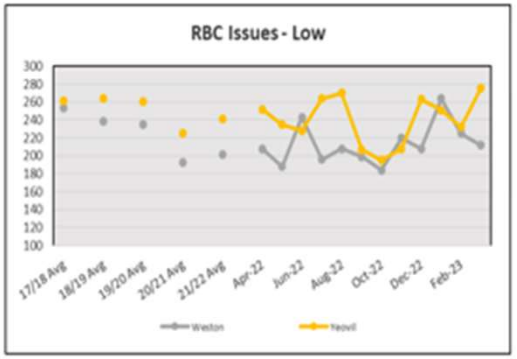
| Hospital | May 21 (pilot) | November 21 | May 22 | November 22 | May 23 |
|---|---|---|---|---|---|
| Derriford | ✓ | ✓ | ✓ | ✓ | ✓ |
| Southmead | ✓ | ✓ | ✓ | ✓ | ✓ |
| University Hospitals Bristol | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bath | ✓ | ✓ | ✓ | ✓ | ✓ |
| Royal Devon + Exeter | | ✓ | ✓ | ✓ | ✓ |
| Royal Cornwall | ✓ | | ✓ | ✓ | |
| Great Western | | ✓ | | ✓ | ✓ |
| Taunton | ✓ | ✓ | | ✓ | ✓ |
| Barnstable | ✓ | | | | ✓ |
| Bournemouth | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cheltenham | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gloucester | ✓ | ✓ | ✓ | ✓ | ✓ |
| Poole | ✓ | ✓ | ✓ | ✓ | ✓ |
| Torbay | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dorset | | | | ✓ | |
| Salisbury | ✓ | ✓ | | ✓ | |
| Weston | | ✓ | ✓ | ✓ | ✓ |
| Yeovil | | ✓ | ✓ | ✓ | |

# Usage – Red Blood Cells

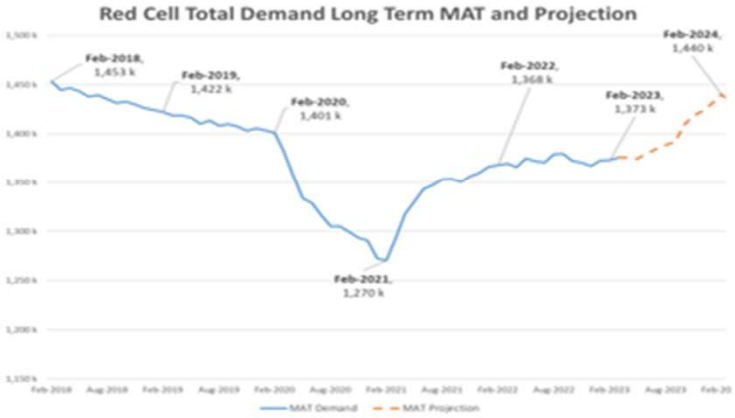


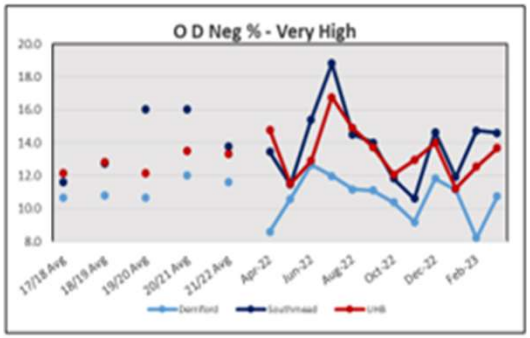



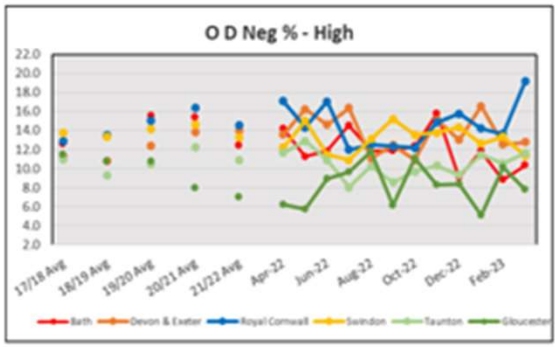



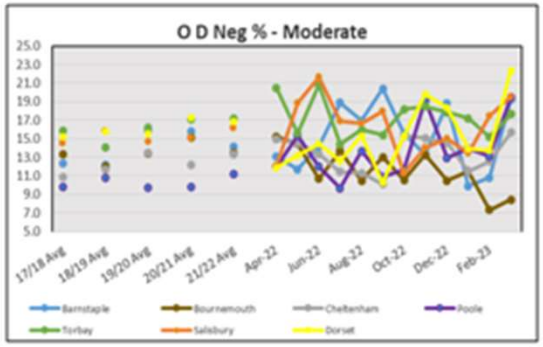

- Trend of slight increase in usage in recent months.

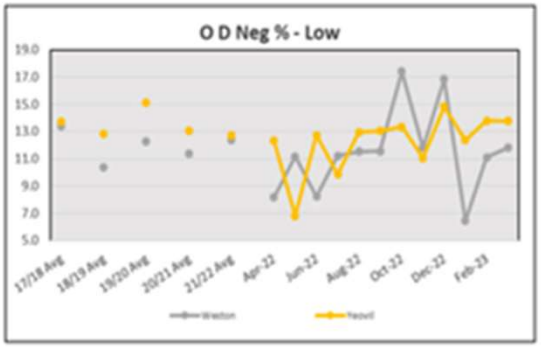


# Usage – O-ve Units



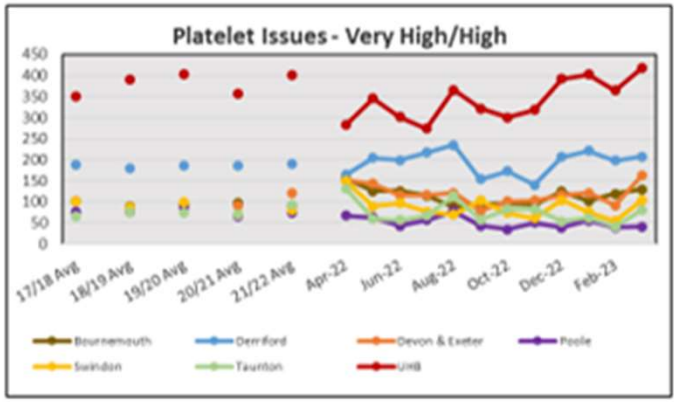



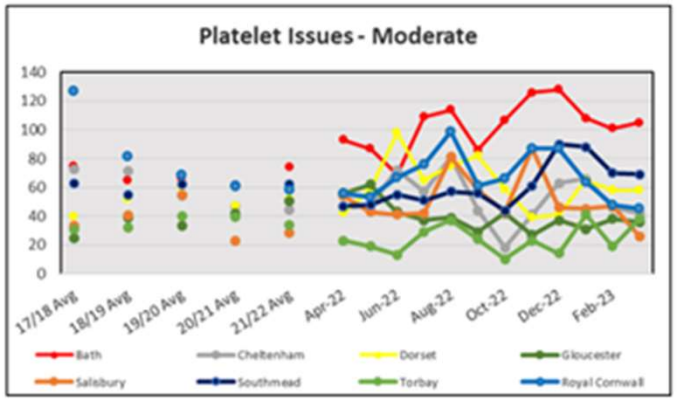



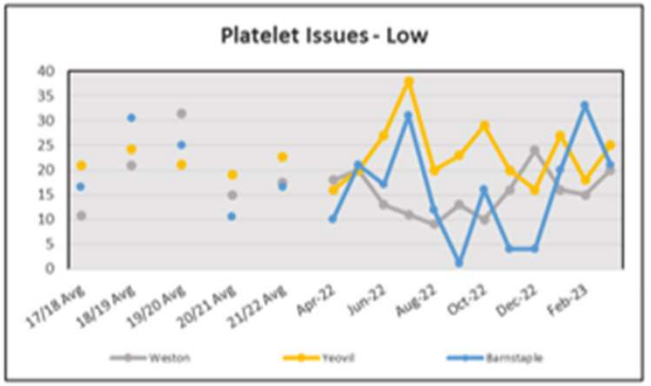

Slight increase in usage at RHCT, Dorset

Poole: Increase in O-ve use largely related to two O-ve haematology patients

# Usage – Platelets



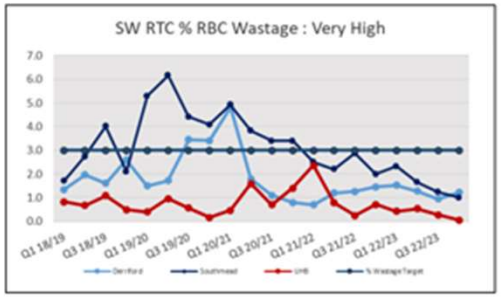



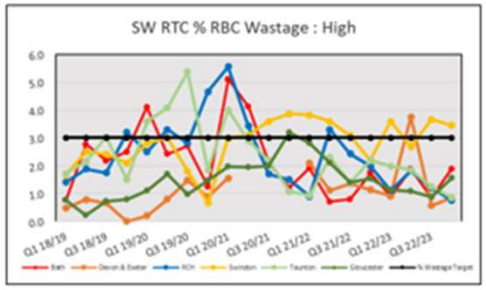



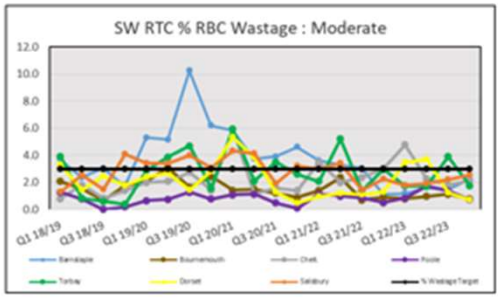

UHB: General trend of increase platelet use likely driven by use of TEG in cardiac surgery

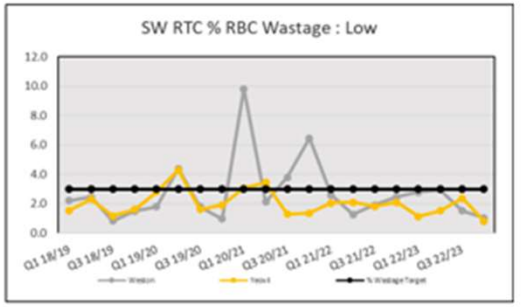
Bath: Platelet usage has continued to increase to record levels, increase in stock holding to be able to match

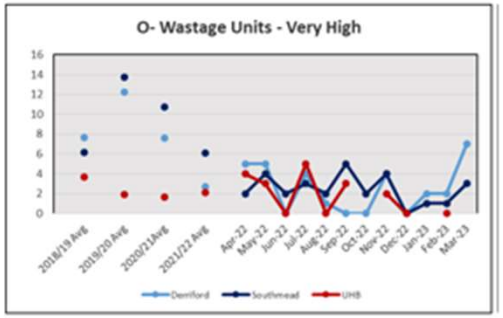
# Wastage – Red Blood Cells

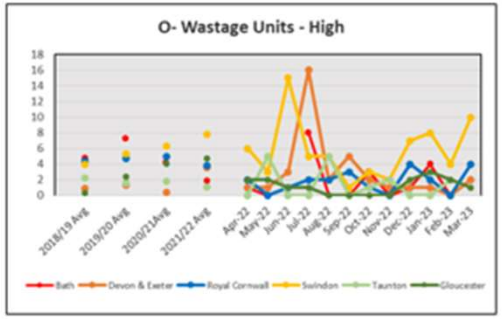


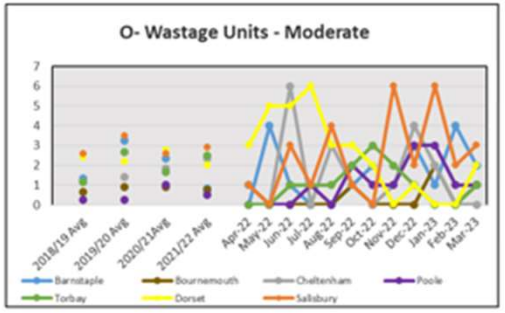



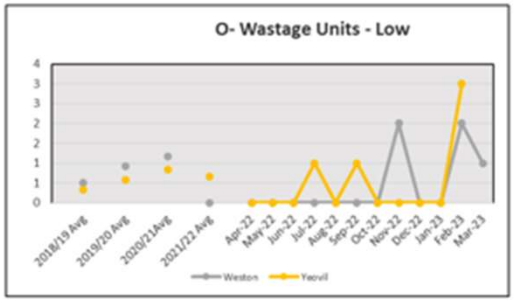



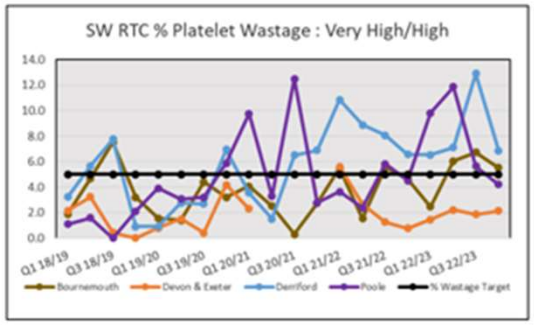



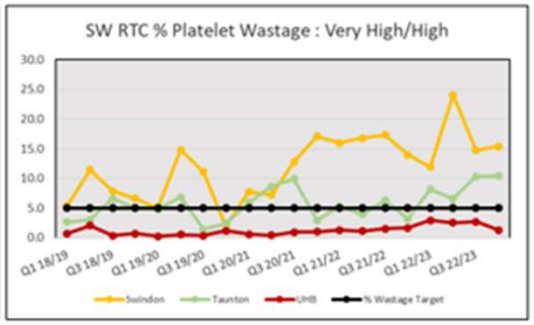



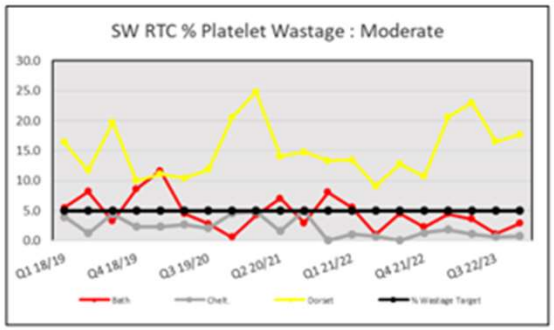



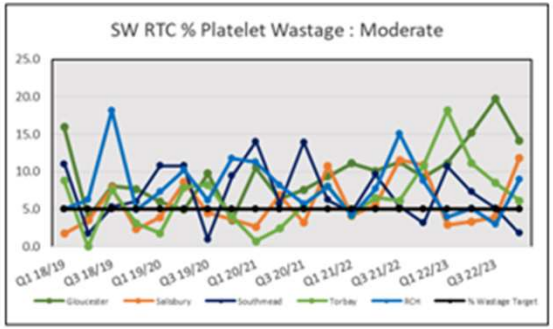

- Many trusts have reduced stock holding of red cells following amber alert
- Gloucester – Careful monitoring of short dated blood from local Nuffield Hospitals.
- North Bristol – 24 hr reservation time for all e-issued blood. Removal of level 3 blood fridge
- Barnstaple/Exeter – able to transfer blood between sites, keep wastage low,
- Taunton/ Yeovil – stock share helps reduce wastage.

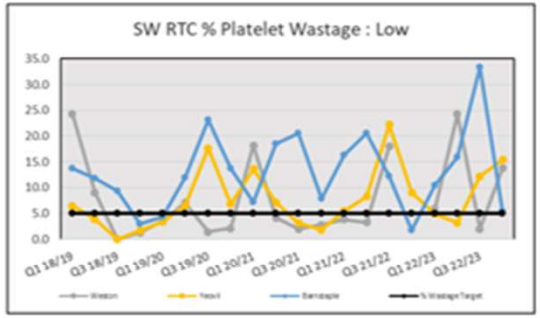
# Wastage – Platelets



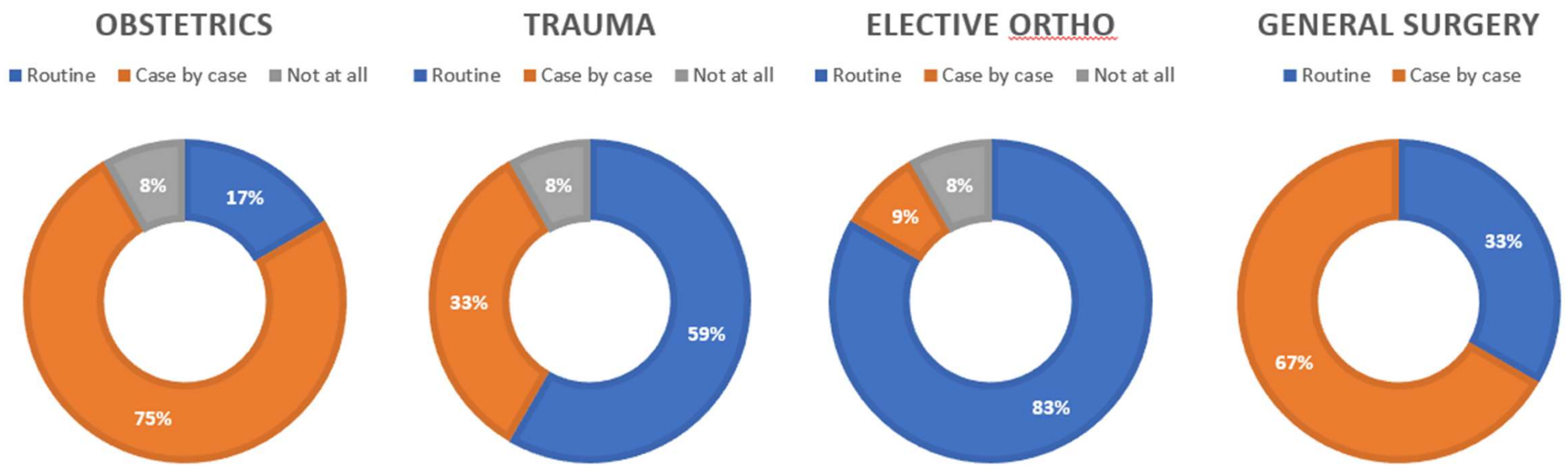



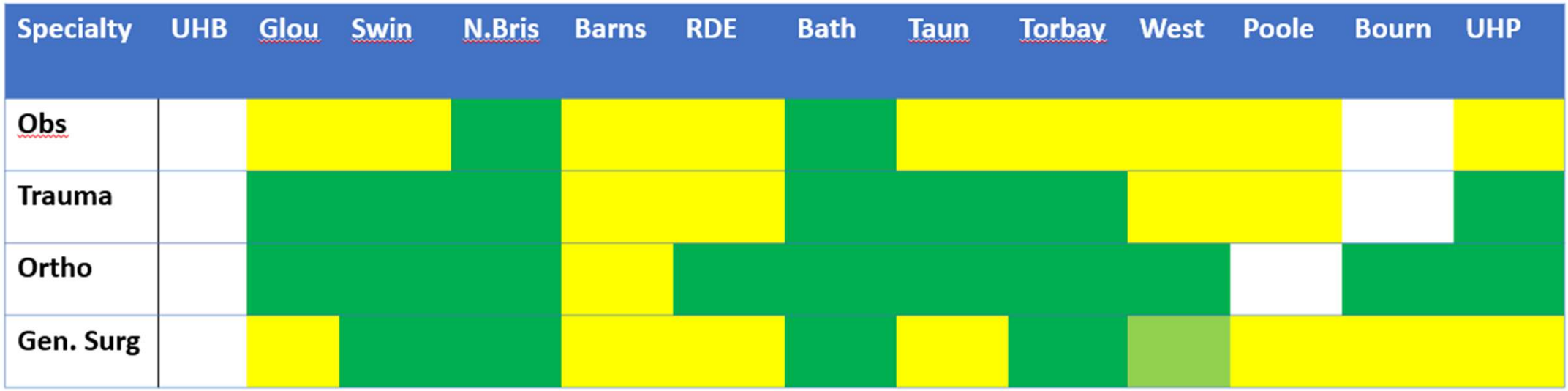

Gloucester: Reducing stock holding of platelets down to 1x A RhD –ve platelets.
Swindon: Request to haem teams to use Ad Hoc deliveries not advance orders
Barnstaple/Exeter: Developing process for intra-trust transfer of platelets.
Bath: High usage of platelets but low wastage
Taunton/Yeovil: Transfer of platelets between sites.
Poole/Bournemouth: Platelet wastage largely due to stock holding (onc/haem pts). During amber alert stopped stock holding of platelets at Poole. Unit transferred from Bournemouth if required (quicker than NHSBT).

# TXA

# TXA Use in Different Specialties



# TXA Use Reported by Trust



# Comments

- Swindon: Also — Policy recently written for periop TXA use, awaiting approval. use TXA in palliative fungating tumors and oral bleeding.
- North Bristol: — All surgical patients where expected EBL >500mls unless CI
- Weston: — TXA used in most mastectomies and some colorectal surgery
- Poole: — Experiencing difficulty with getting TXA used routinely outside of Obs/Trauma. Trying to promote in gynae debulking surgery.
- Bournemouth: — TXA used in general surgery where expected EBL >500mls.
- UHP: — Looking to use routine in higher risk elective/emergency caesarean deliveries + general surgery

# Gloucestershire Hospitals

| | |
|---|---|
| Cell Salvage | Consider administering routinely for all cases requiring cell salvage |
| General surgery | 1g IV, consider a further 1g if bleeding continues over 1000ml and ongoing, further guided by ROTEM analysis |
| Orthopaedic surgery | 1g IV, consider further 1g IV if bleeding continues |
| Trauma | 1g IV within 3 hours of the event followed by 1g infused over 8 hours |
| Obstetrics | 1g IV followed by a further 1g if bleeding continues or recurs or indicated by ROTEM analysis |
| Vascular | Routine administration currently not recommended, a discussion on a cases by case basis |
| Upper GI Bleeds | TXA not recommended |

# Other Comments

| | |
|---|---|
| **UHB:** | MHRA inspection helpful in mandating extra staff recruitment. Additional BMS and 2nd TP. |
| **Gloucester:** | Upgrading LIMS and EPR |
| **Swindon:** | How are trusts managing transgender patients requiring blood sampling and transfusion? Long names that don't fit into computer system. |
| **North Bris:** | Taking part in the SWIFT (Whole Blood in Trauma Trial) |
| **Barn/RDE:** | Challenges with recruitment and retention + introduction e-prescribing. |
| **Bath:** | Difficulty obtaining IT support for transfusion projects, difficult to move forwards without support. |
| **Taunton:** | Implementing Blood Track, would keen for discussion regarding experiences implementing. |

# Other Comments

- **Torbay:** Developing cross-specialty anaemia guideline
- **Weston:** Implementing Blood Track
- **Poole:** Increased use of ROTEM for bleeding patients in ED/Theatres.
- **Bourne:** New Blood Track PDA system rolled out.
- **UHP:** Peninsula Pathology Supply Alliance – Network LIMS system for UHP, Truro and Torbay. CIRDAN LTD have been awarded contact.

NHS
Blood and Transplant

# NHSBT Customer Service Update:

## RTC – 23rd May 2023

Rhian Edwards
Customer Service Manager

NHS
Blood and Transplant

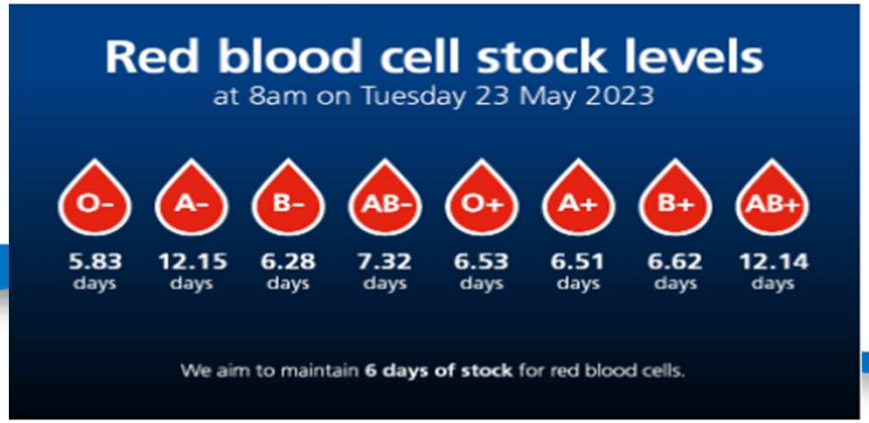
# Contents

- Update on blood stocks
- Recent items from “The Update”
- Transfusing Granulocytes
- Blood Component Prices 2023/24
- Bank Holiday deliveries
- Hospital Satisfaction Survey

# Update on Blood Stocks

NHS Blood and Transplant

- National communication update issued 29 March:
  - Outlined the actions NHSBT is taking to ensure stability of blood component stocks
- National communication update issued 13 April:
  - Remain in Pre-Amber due to the potential challenges of on-going industrial action
  - Substitution of A D negative red cells for A D positive orders ended 17 April
- Discussions in progress re possible return to **Green** status; decision expected within the coming weeks




# Recent items from “The Update”

NHS Blood and Transplant

- **OBOS version 9.0.3 release on 21 May 2023**
  - –Platelet standing orders (not Specialist Stock Orders); ability to detail the date of transfusion
  - –Disabling option for HT neg on group AB frozen components
- **Updated NBTC blood shortage plans and EBMA checklist**
- **First NHS hospital goes live with electronic requesting and reporting for fetal RHD screening**
  - –On 21 March 2023 King’s Mill Hospital went live with a new 'end to end' system to request and receive results
  - –Ambition to roll out this service to all RHD screening users
  - –Looking to extend to RCI reference testing

# Transfusing Granulocytes

NHS Blood and Transplant

- As noted March issue of “The Update”, it may be possible to a continue granulocyte transfusion after the component’s expiry date
- Granulocytes expire at midnight on the day following whole blood donation. The short expiry is on account of granulocyte activity (as opposed to concerns around bacterial contamination).
- If completion of the transfusion prior to midnight is unlikely (e.g. due to late arrival):
  - Hospital patient clinicians can discuss this with the on-call NHSBT Consultant Haematologist.
  - The risks and benefits will be reviewed and advice provided regarding transfusion for a short time beyond expiry.

**Our on-call Consultant Haematologist can be contacted via your local NHSBT Hospital Services department.**

# Blood Component Prices 2023/24

NHS Blood and Transplant

- Ongoing discussions with the Department of Health and NHSE have regrettably delayed the finalisation of pricing for 2023/24
  - Initial extension of 2022/23 pricing into April
- Further letter sent to CEO, Finance Directors advising continuing delay
  - Now expected that May and June will be billed using 2022/23 prices

- A letter will be sent with the new prices as soon as possible with the intention that July will be billed with those prices

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# Bank Holiday Deliveries

- One day Bank Holidays do not have routine deliveries
- Orders are ad-hoc, collects, or emergency only
- Communications will not be sent out (there is a message on OBOS)
- Please plan orders accordingly

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# Satisfaction Survey – Spring 2023

- Our ‘Customer Satisfaction Survey’ was sent to TLMs in all hospitals served by NHSBT and closed on 06/04/23
  - Your constructive feedback is valued and helps us to understand how we are doing and improve our services

- Results are being presented to Senior Management Teams and local department managers
- Will be presented to hospitals at the next user group

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Blood and Transplant

# Thank you

Any questions, comments or feedback?

NHS

South West Regional Transfusion Committee

# RTC Objectives & Education Update

Dr STUART CLELAND – RTC CHAIR, CONSULTANT ANAETHSETIST –DERRIFORD HOSPITAL

# O+ use in emergency and major haemorrhage

Stuart Cleland

Following the success of this objective, with the majority of trusts having implemented or in the process of implementing a policy, it will be downgraded to ongoing activity and will be monitored via HTCs and reports to RTC.

# MATERNAL ANAEMIA MANAGEMENT

Dr Stuart Cleland

A survey to explore the identification and treatment of maternal anaemia across the region was recently launched, with a closing date of 7th July 2023. The survey has gone to the Lead Obstetricians, Obstetric Anaesthetists and Midwives for each trust and HTC Chairs and TPs were copied in.

# Future RTC Objectives

Dr Stuart Cleland

# EDUCATION UPDATE

**Bleeding in the Medical Patient: 07.06.23**

Registration currently stands at 240 for this virtual event.

NHS
South West Regional Transfusion Committee

**Bleeding in the Medical Patient**

7th June 2023, via Microsoft Teams
09.20 : 12.00

Programme

**09.10 – meeting is open to join**

| | | |
|---|---|---|
| 09.20 | *Welcome & Housekeeping* | Dr Stuart Cleland, Consultant Anaesthetist, Derriford Hospital, Plymouth |
| 09.30 | *The acutely bleeding cirrhotic* | Dr Louisa Vine, Consultant Hepatologist, Derriford Hospital, Plymouth |
| 09.55 | *Anaemia in the elderly* | Dr Katherine Walsh Consultant Geriatrician, Southmead Hospital, Bristol |
| 10.20 | *Turning off the tap: interventional radiology* | Dr Hilary White Musgrove Park Hospital, Taunton |
| 10.45 | *Coffee Break* | |
| 10.55 | *Gastro patient and transfusion medicine* | Dr Gaurav Nigam, John Radcliffe Hospital, Oxford |
| 11.20 | *Alternate strategies to platelet transfusion* | Dr Mike Desborough Consultant Haematologist, John Radcliffe Hospital, Oxford |
| 11.45 | *Closing Comments* | Dr Stuart Cleland |

# EDUCATION UPDATE

**Transfusion Still Matters:**
A virtual event for BMSs with 24 months experience was held on 26th April and covered

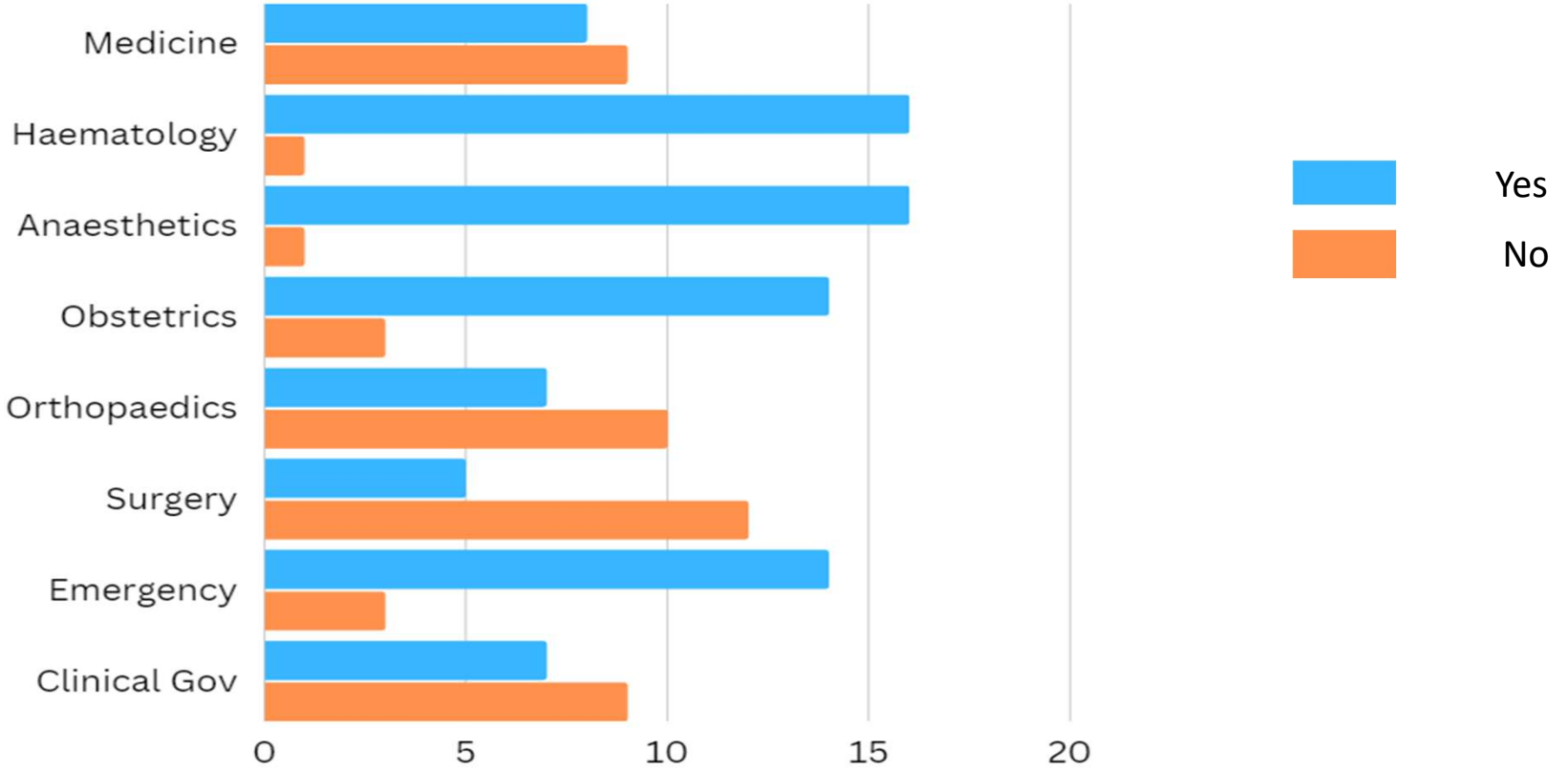
- Complex Antibodies
- Rotem-Guided Components
- Blood Stocks & Wastage
- Incident Investigation
- Human Factors

The event evaluation was very positive and has provided some direction for a potential future stand-alone event.

As always, if there are any topics you would like to see covered, either as a stand-alone event or as education at a future RTC meeting, please email your suggestions to jackie.mcmahon@nhsbt.nhs.uk

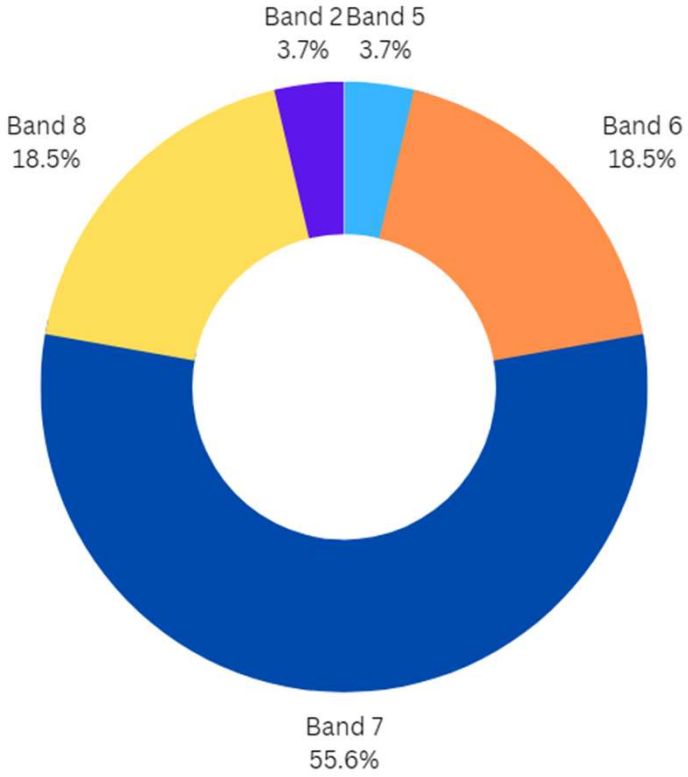
# SW RTC Transfusion Survey

# HTC representation

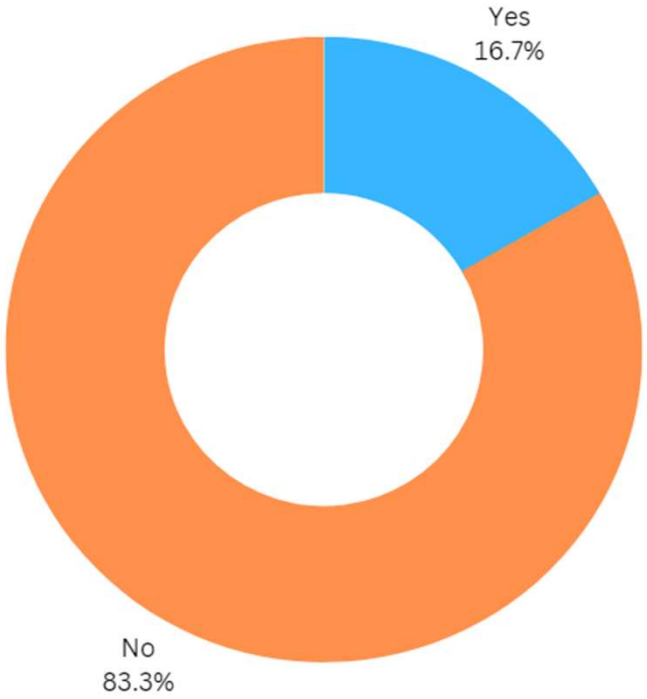


# Skill mix

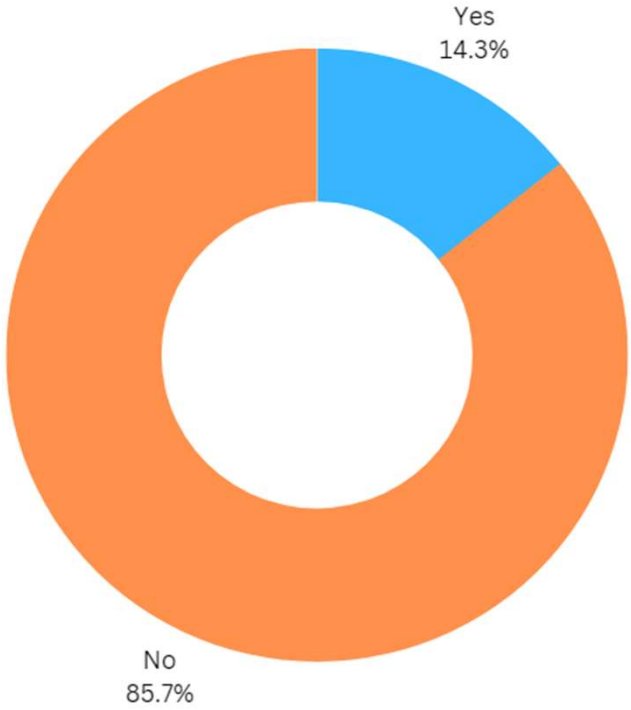
TP Band




Blood conservation coordinator in post

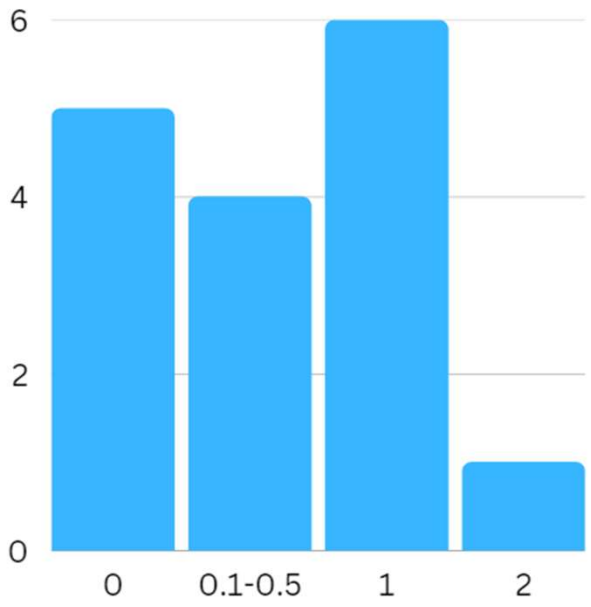



Anaemia specialist nurse in post

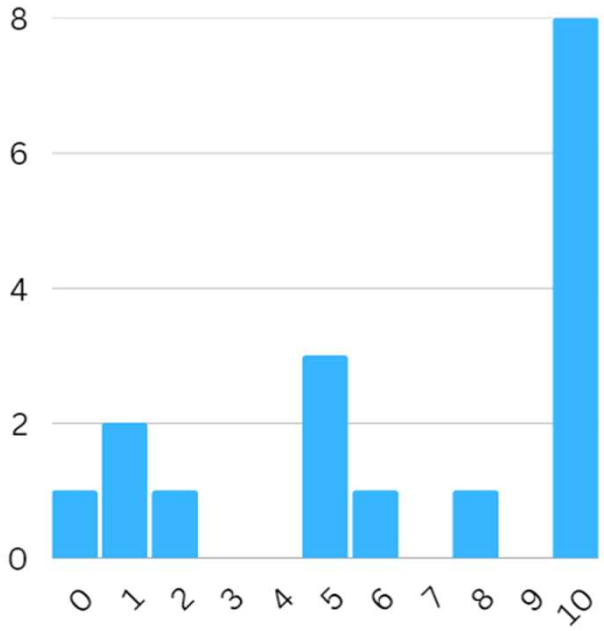


# Dedicated time

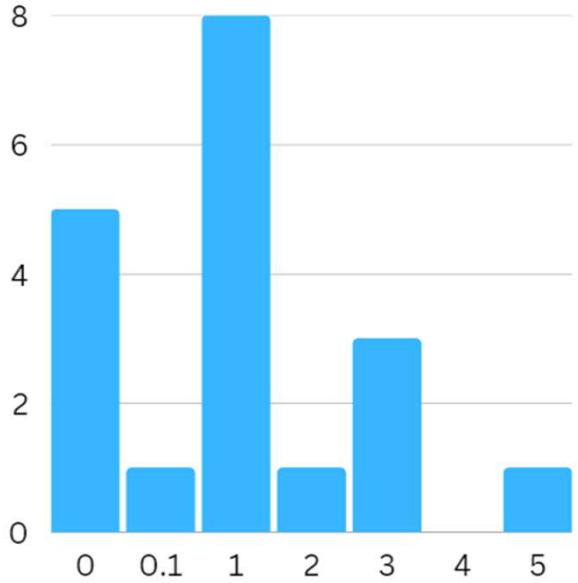
HTC Chair




TLM's

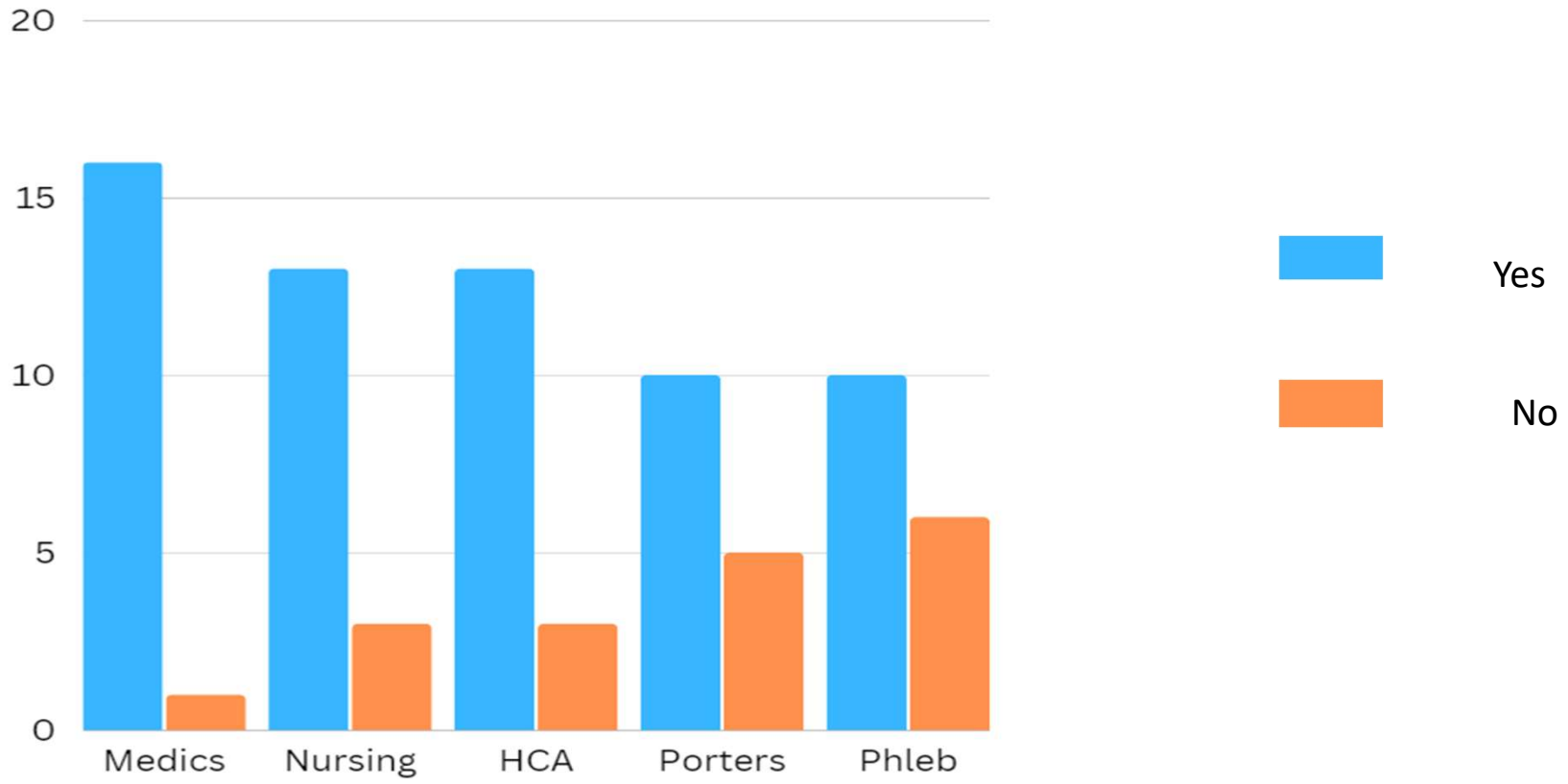



C. Haematologist

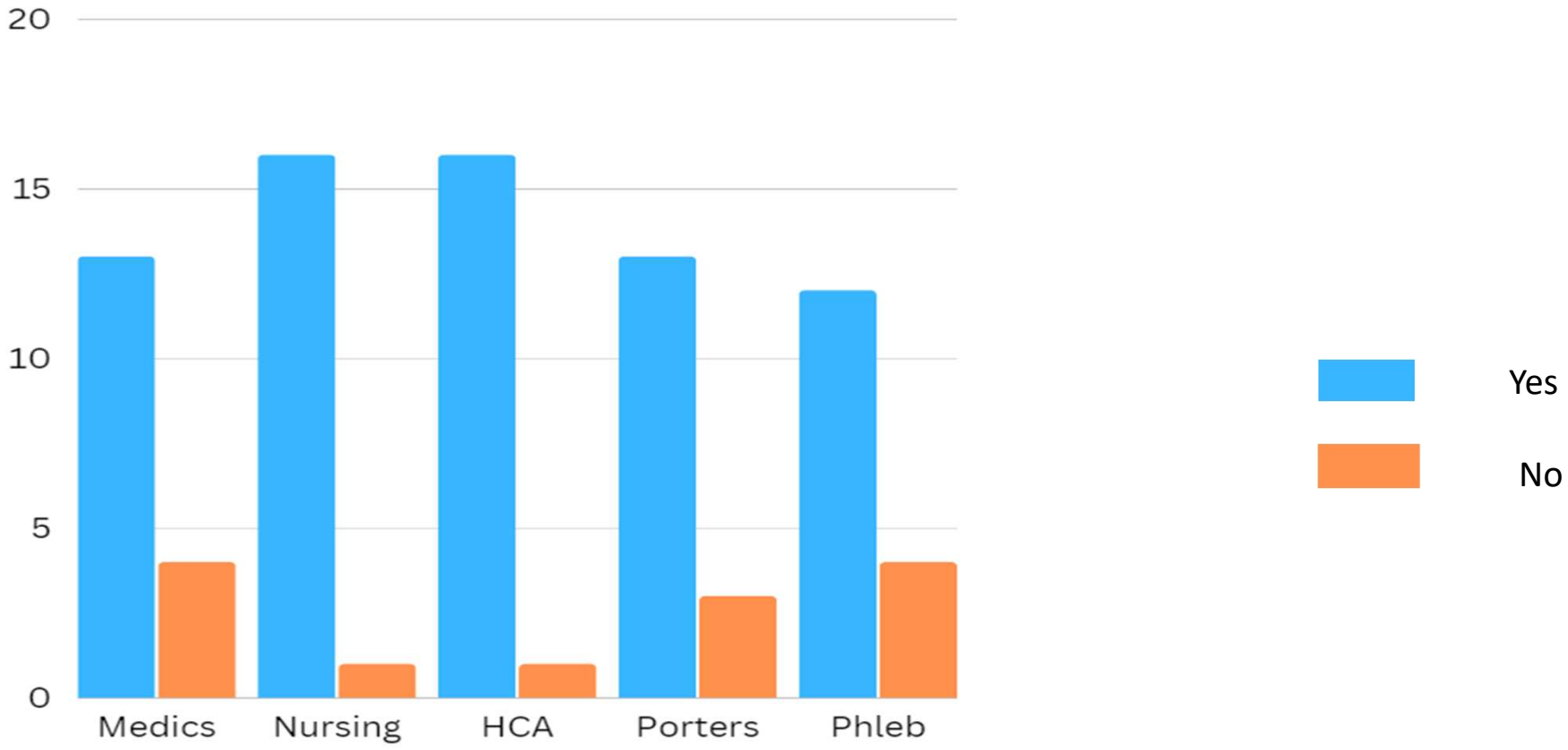



Horizontal = number of sessions (session = ½ day)

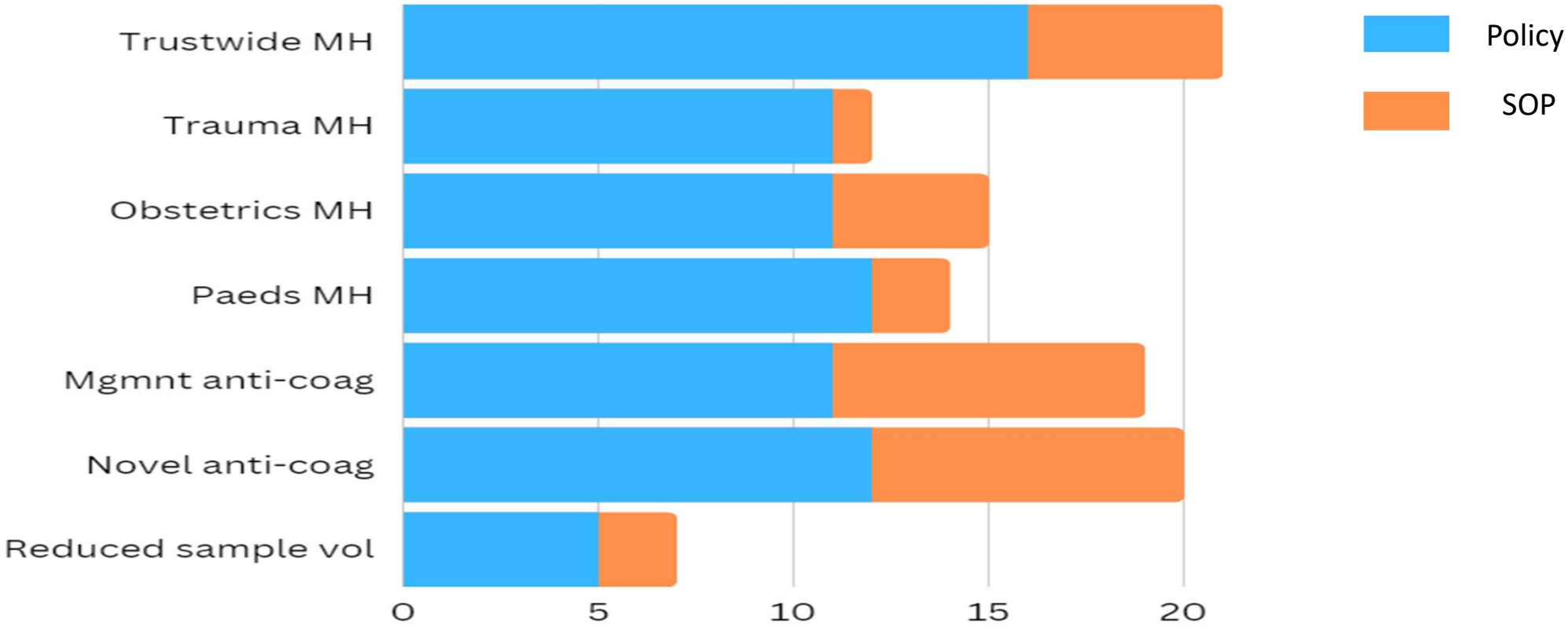
# Training Induction



# Training updates

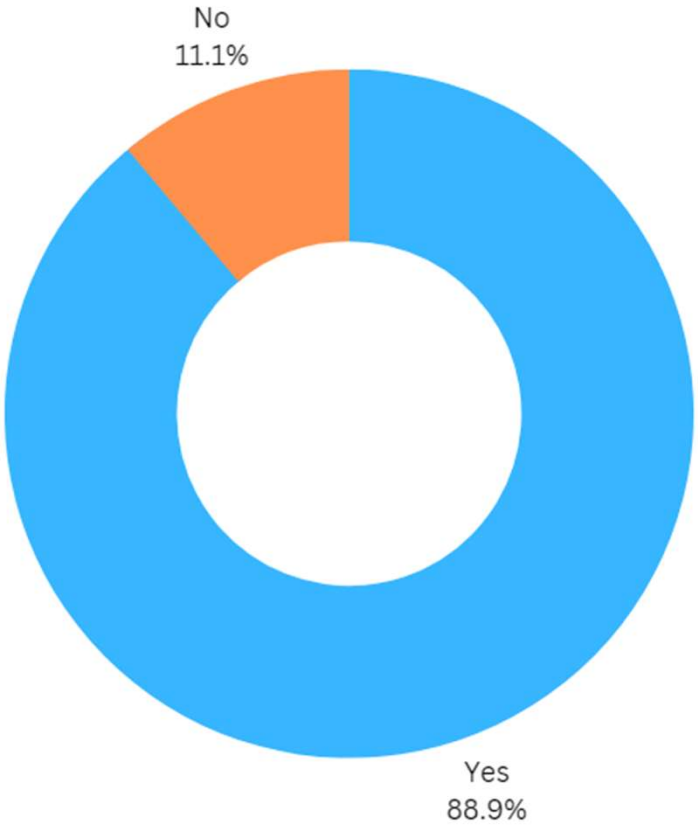


# Policy or SOP

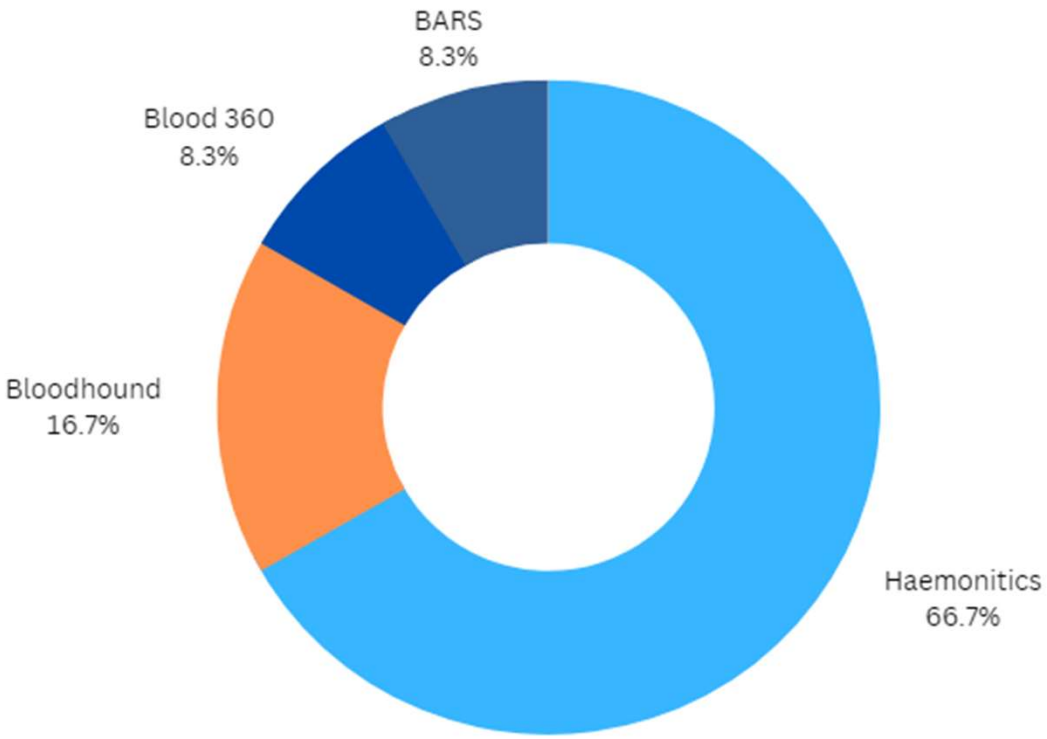


# Laboratory Responses

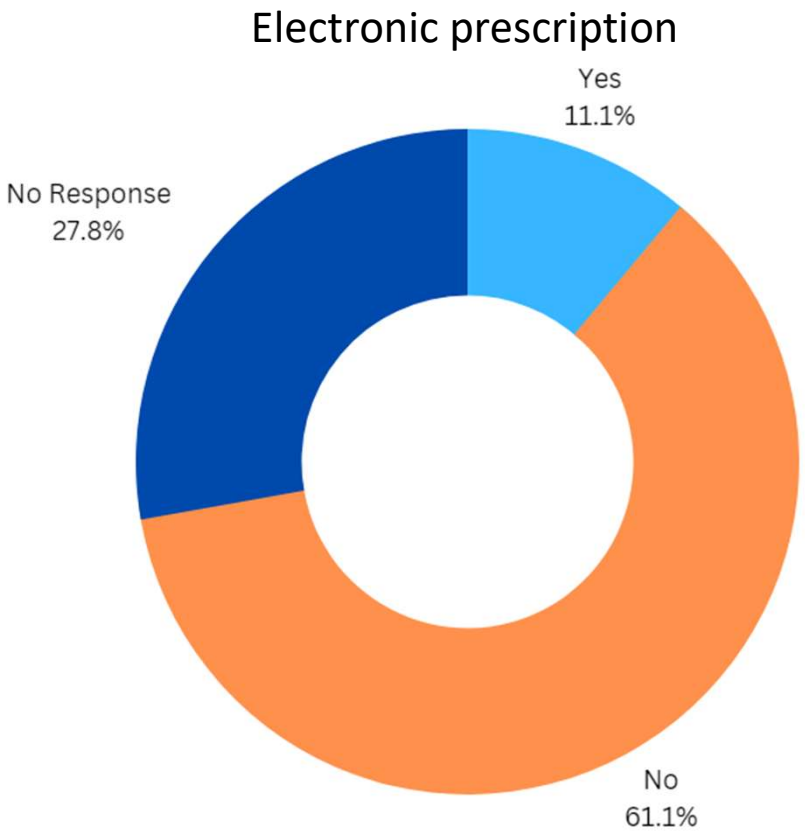
Does LIMS support electronic dispatch note?

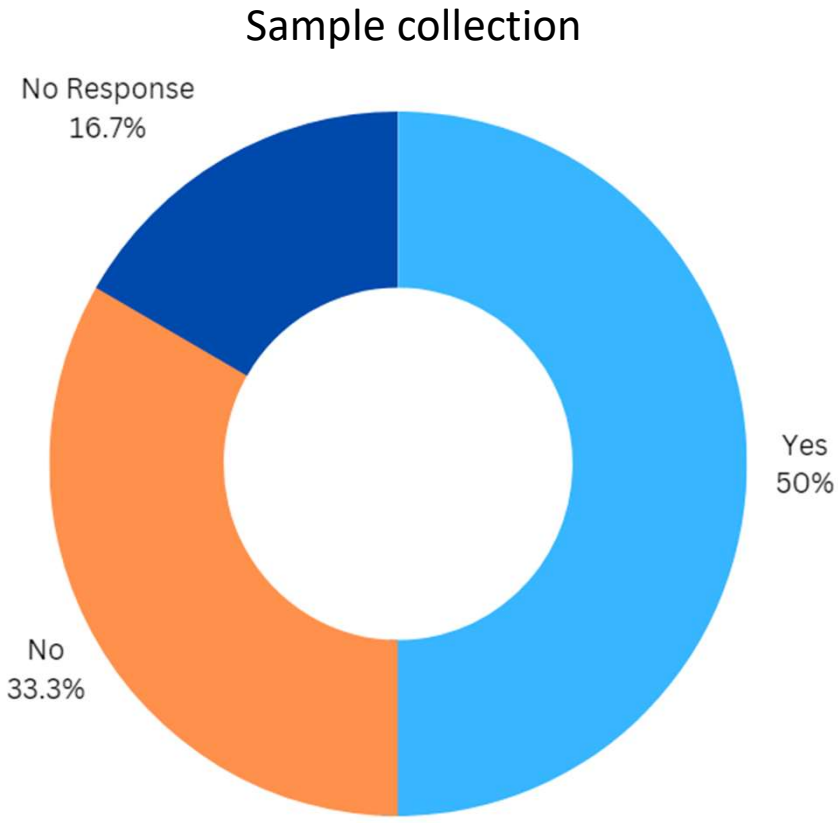



Which digital solution?



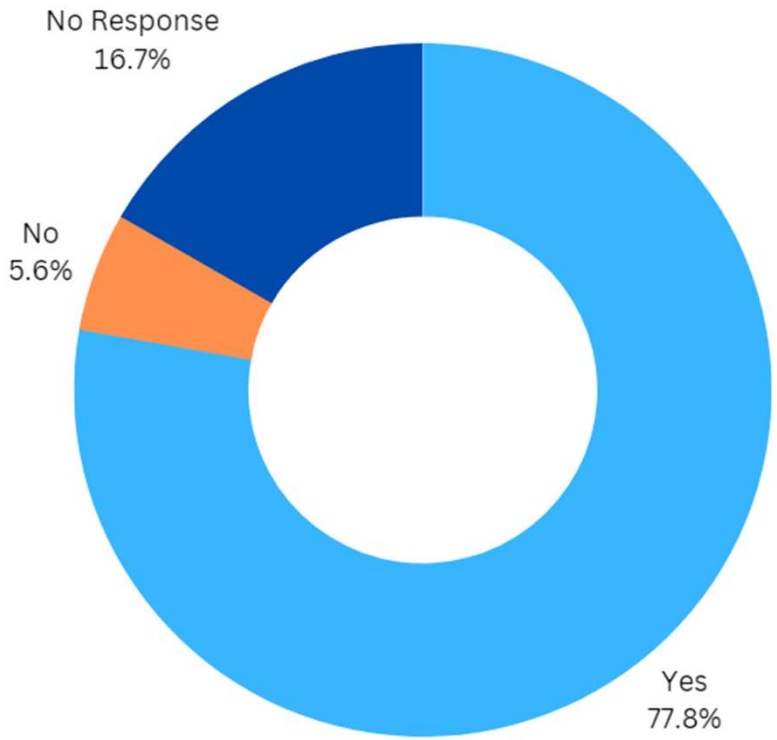
# Do you have electronic technology for part of the transfusion process?



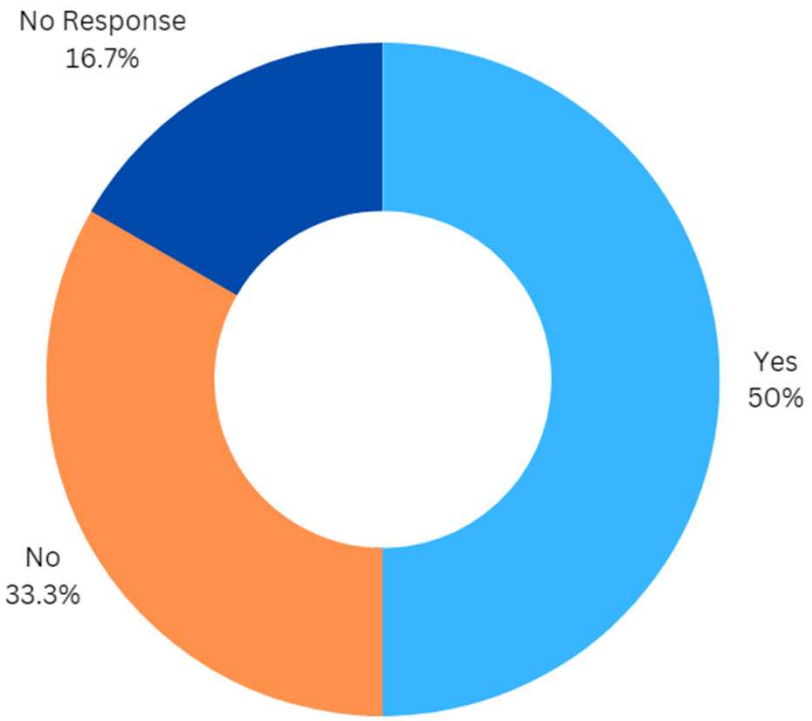



# Do you have electronic technology for part of the transfusion process?

Blood fridge collection

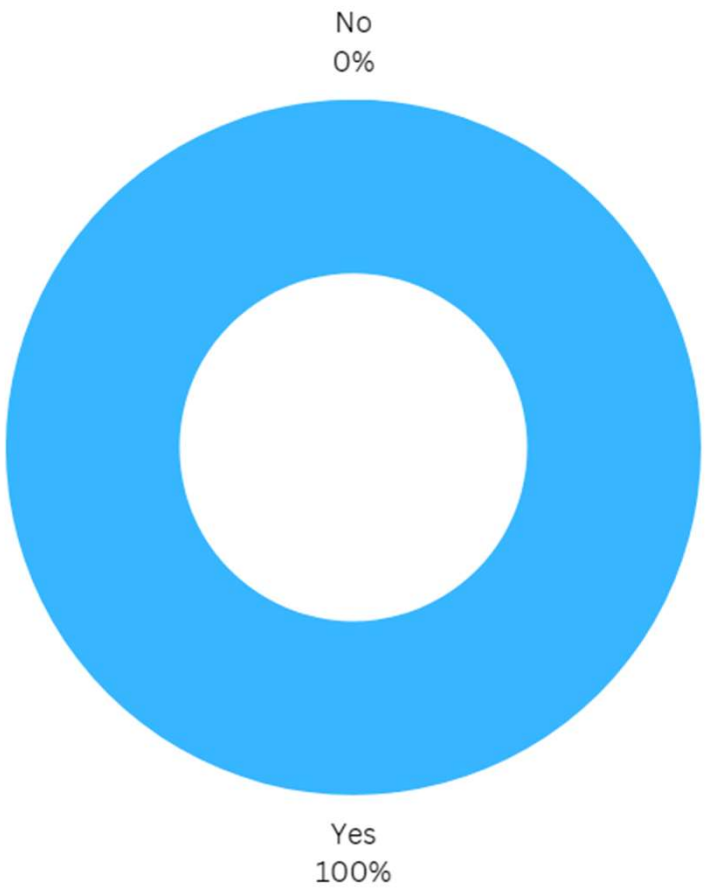



Bedside administration and traceability

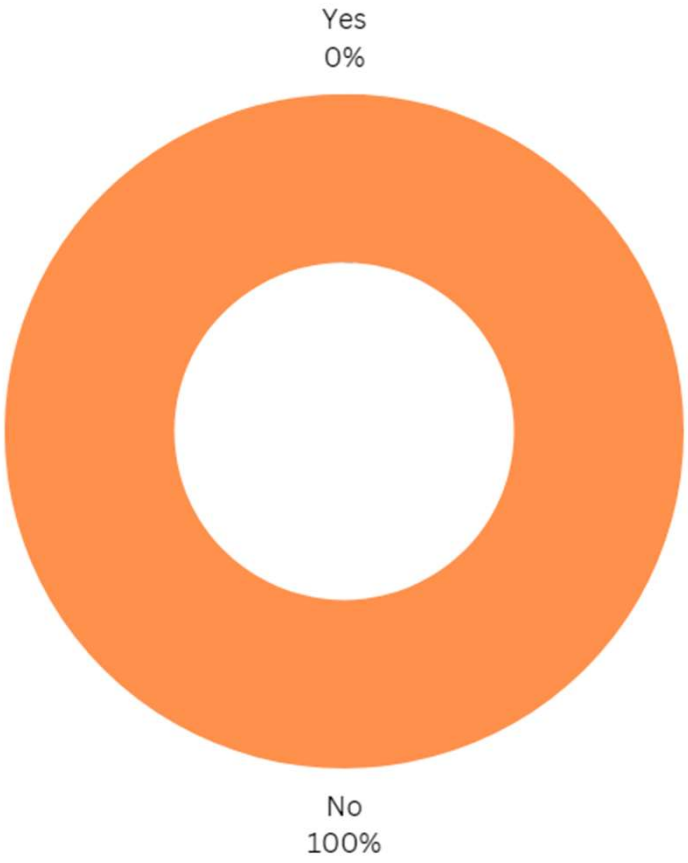


# Do you use electronic issue or remote issue?

Electronic issue

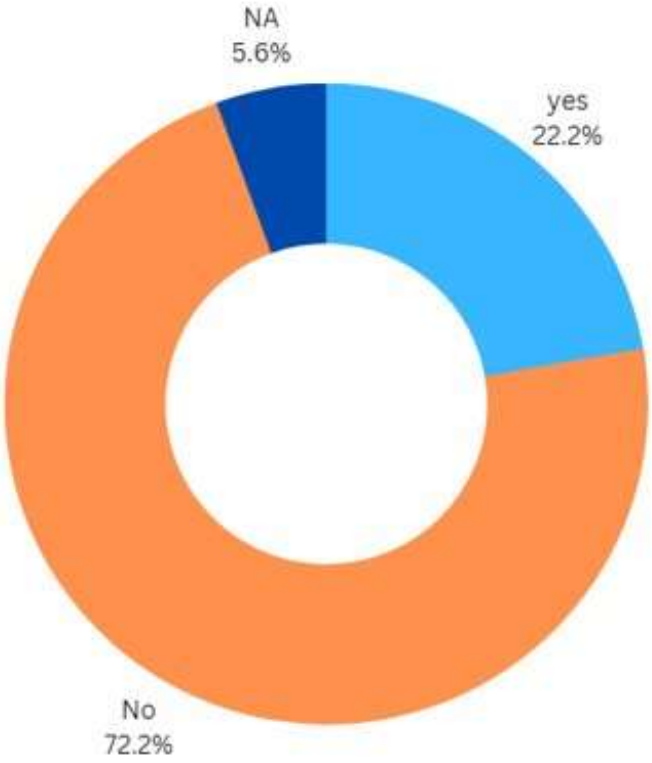



Remote issue

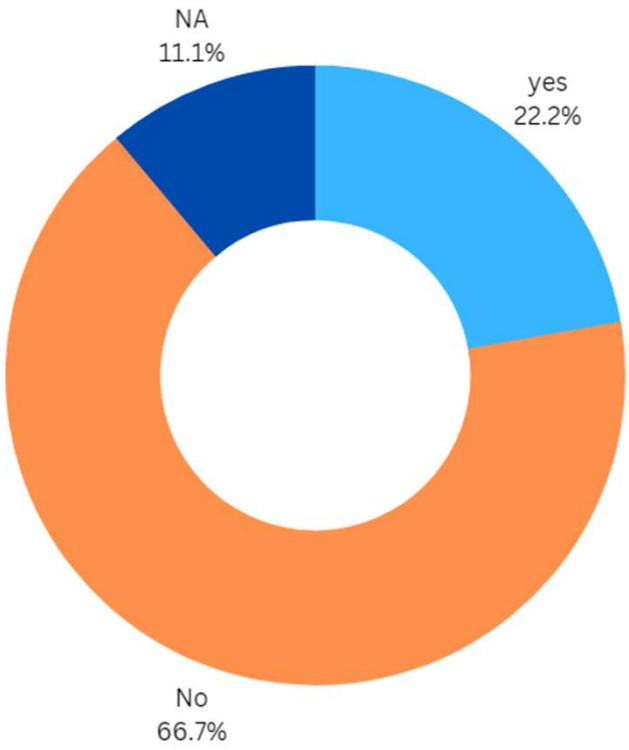


# Do you use electronic pathology requesting?

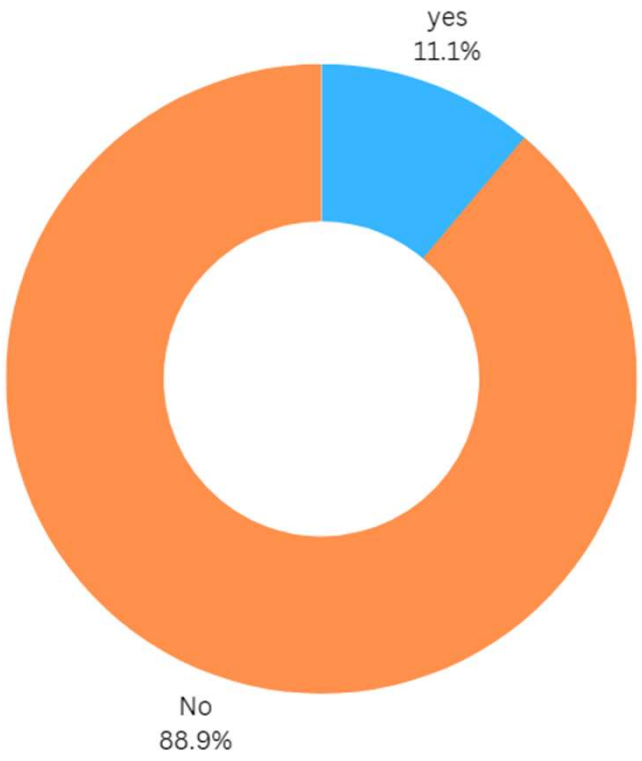
Electronic request G&S



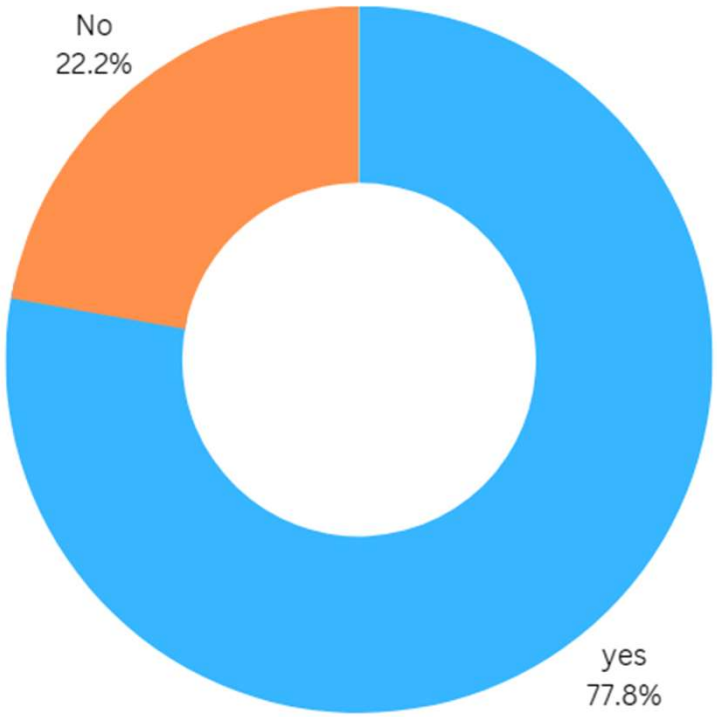

Electronic G&H




Electronic XM

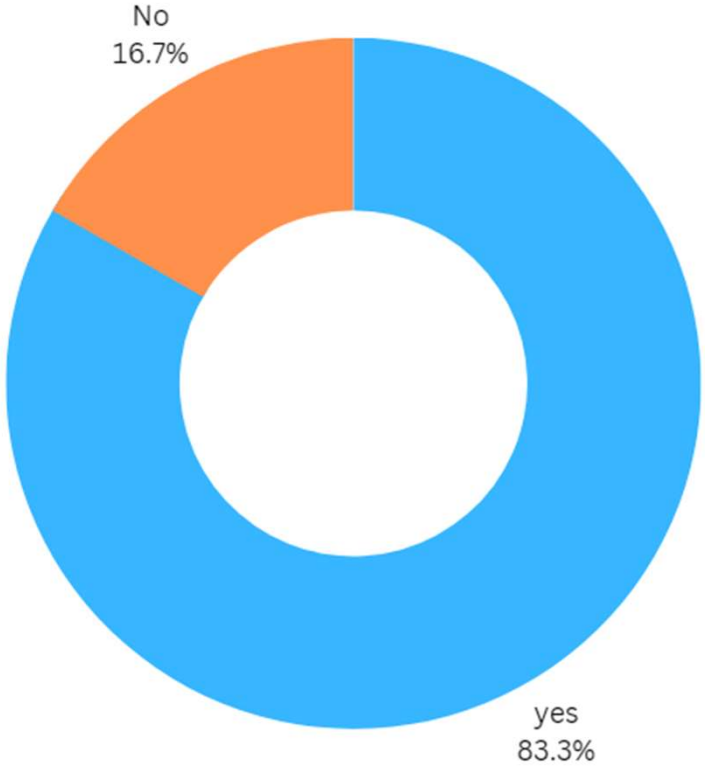


Do you have MSBOS?



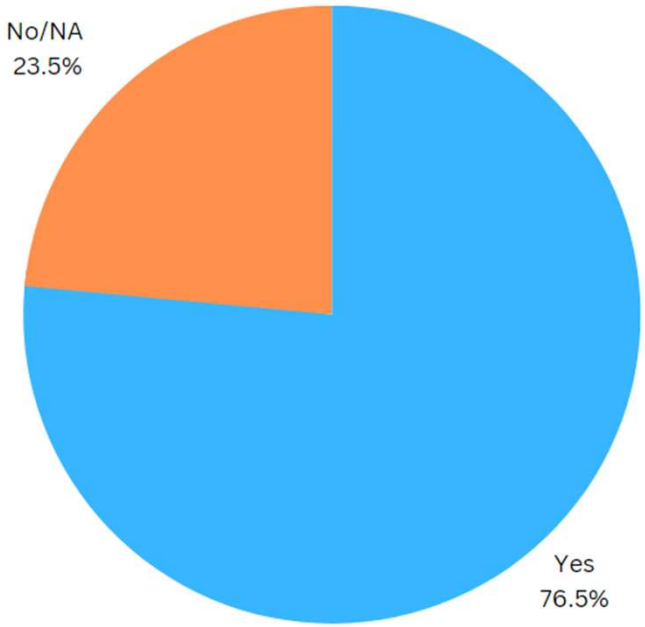

Do you have empowerment strategies?


Single unit policy?

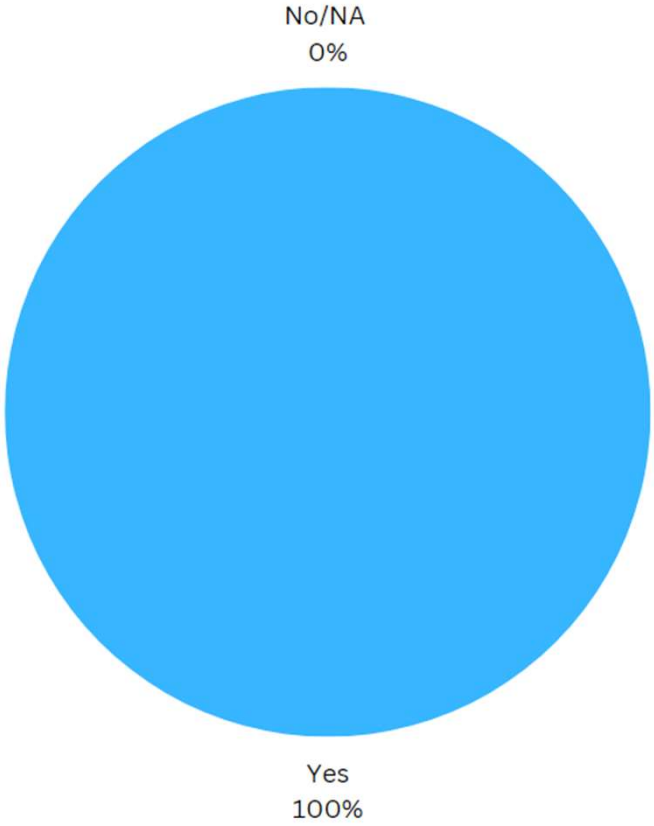


# PBM General responses: Point of care testing

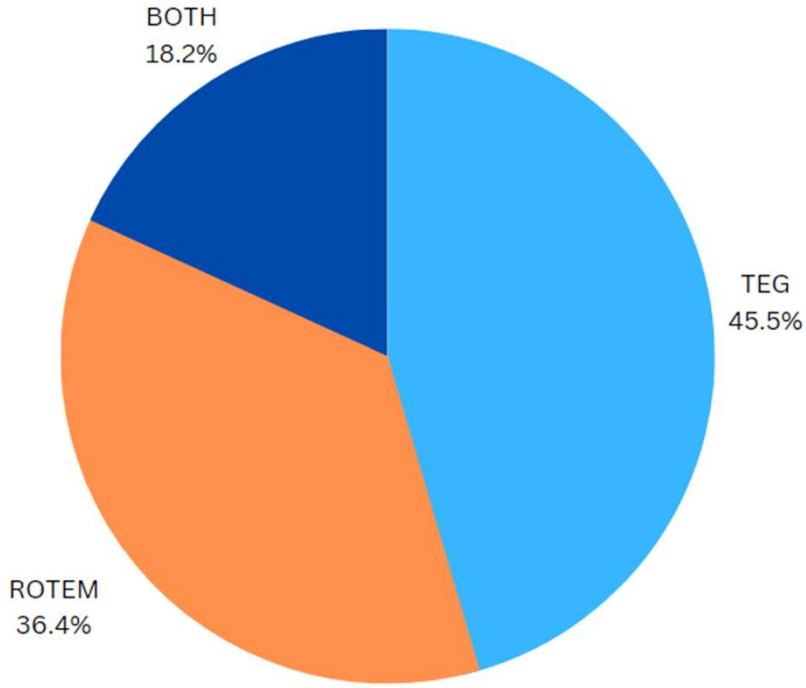
INR/COAG




Hb

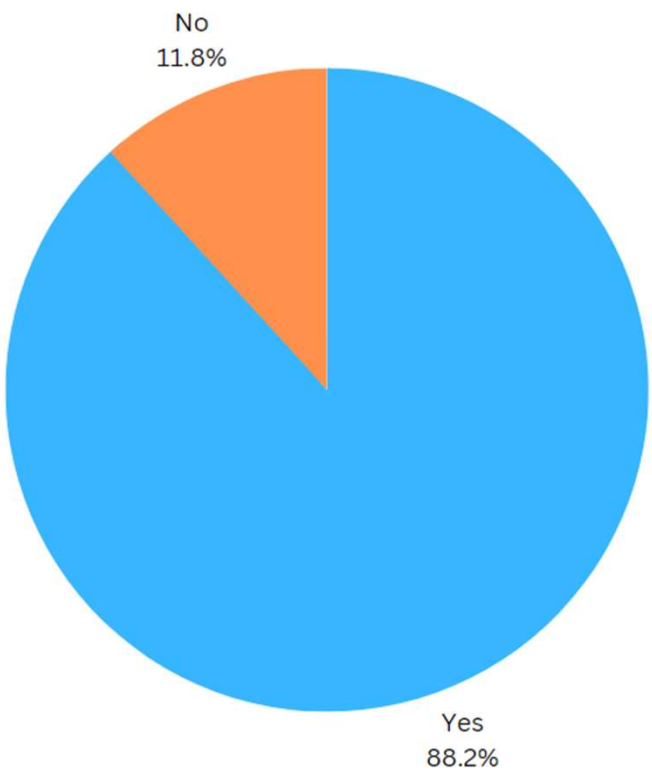



Viscoelastic technology (11 sites)

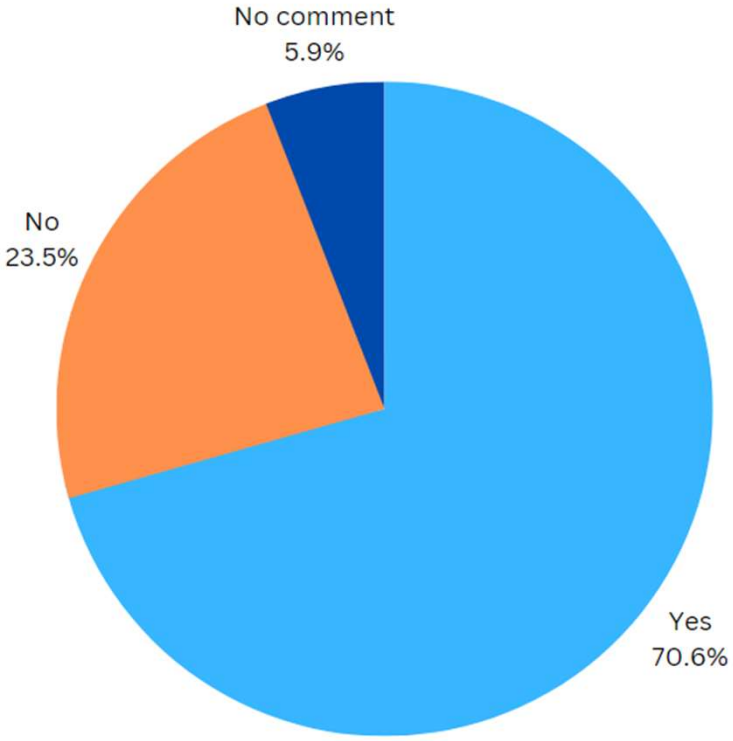


# Cell Salvage

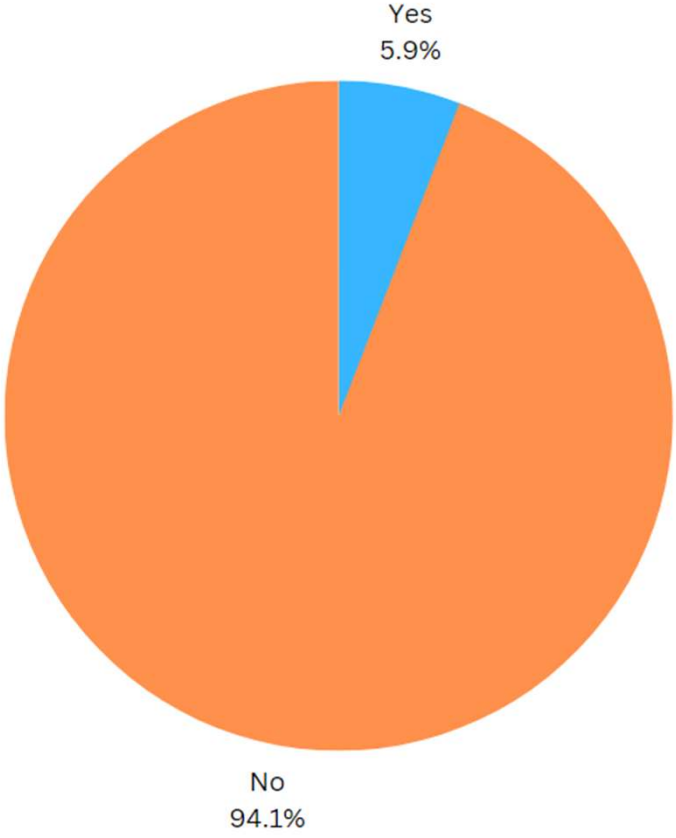
Working hours




Out of hours

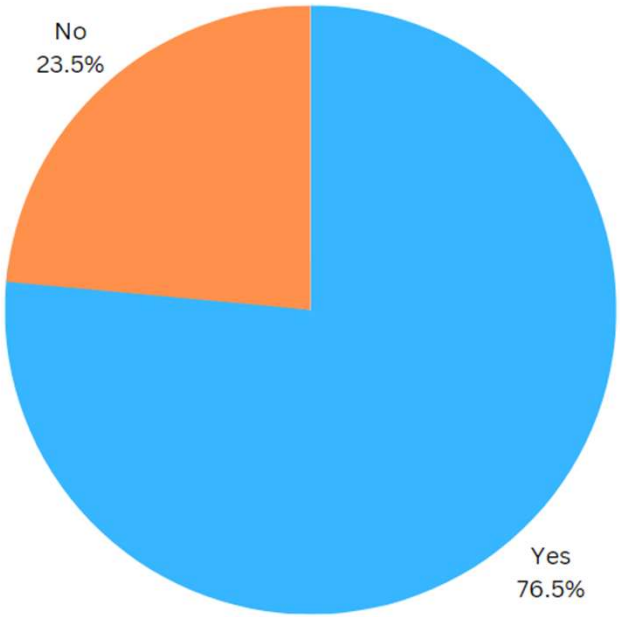



Post-op CS

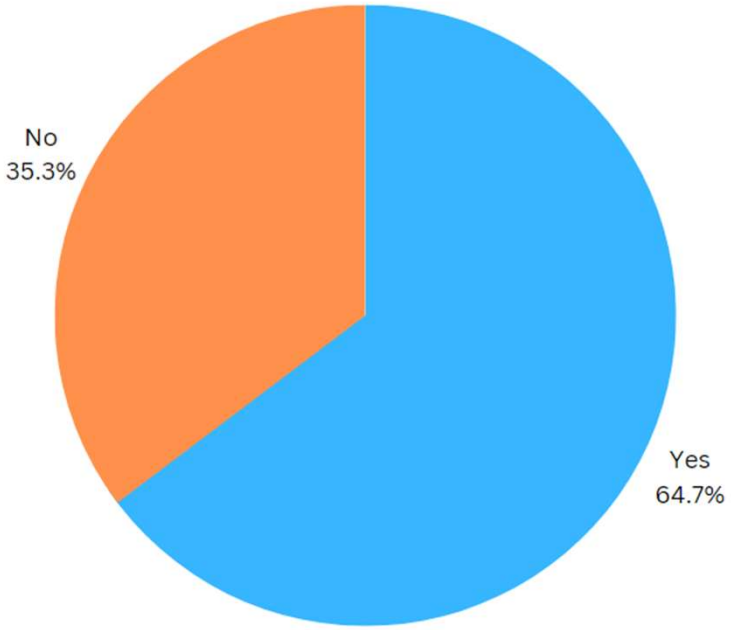


# TXA and anaemia

TXA for all>500ml

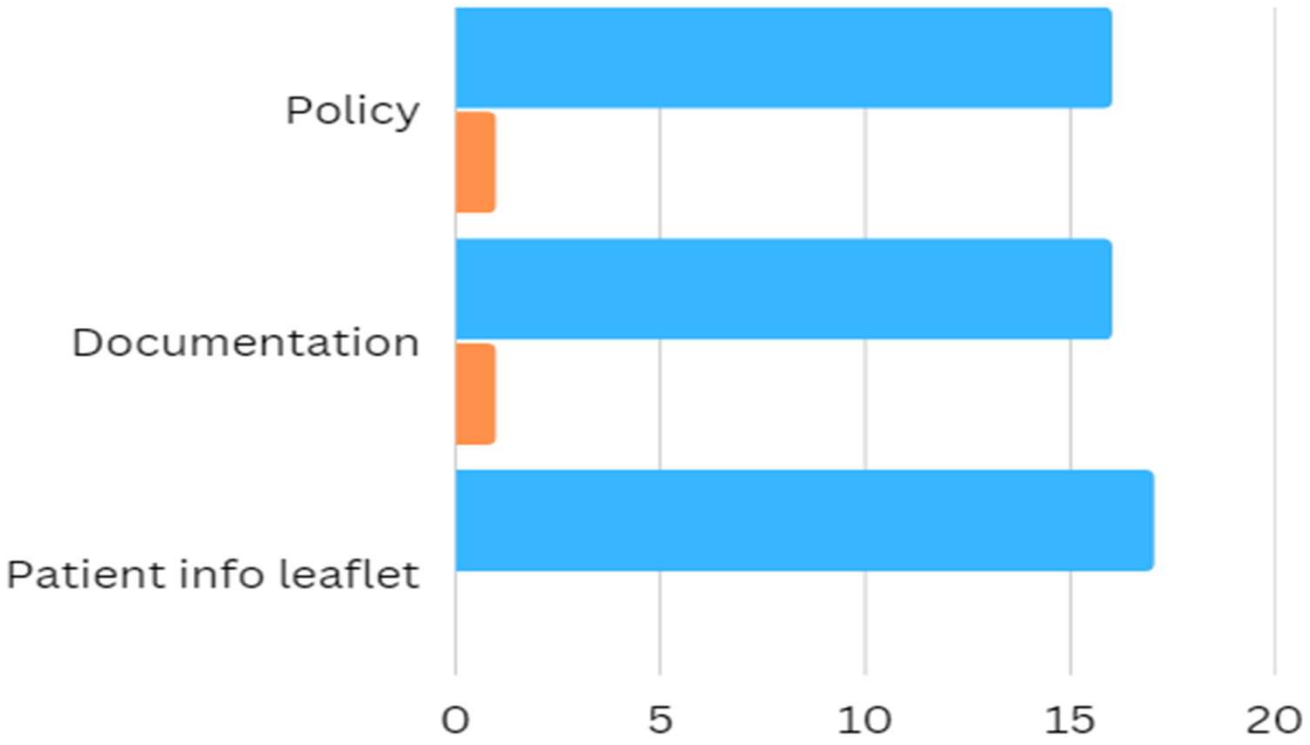



EPO

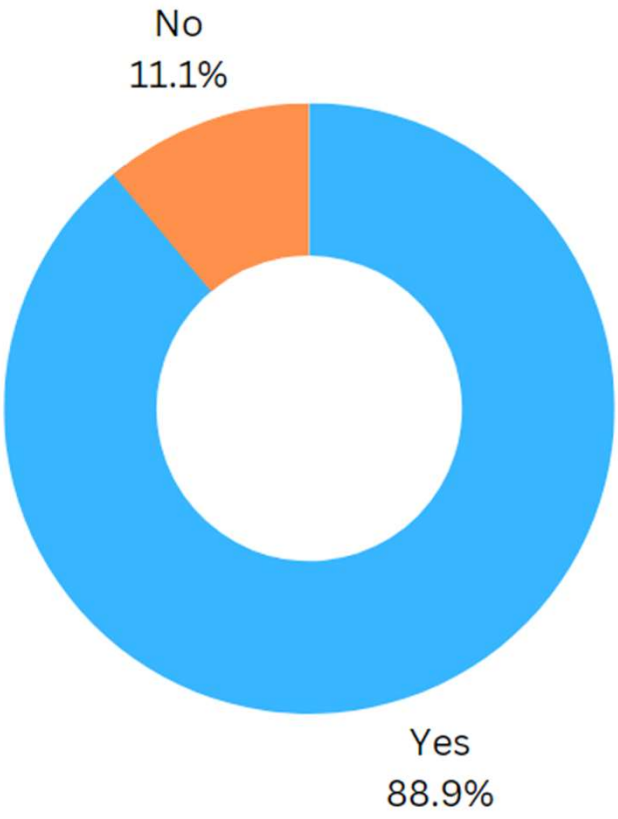


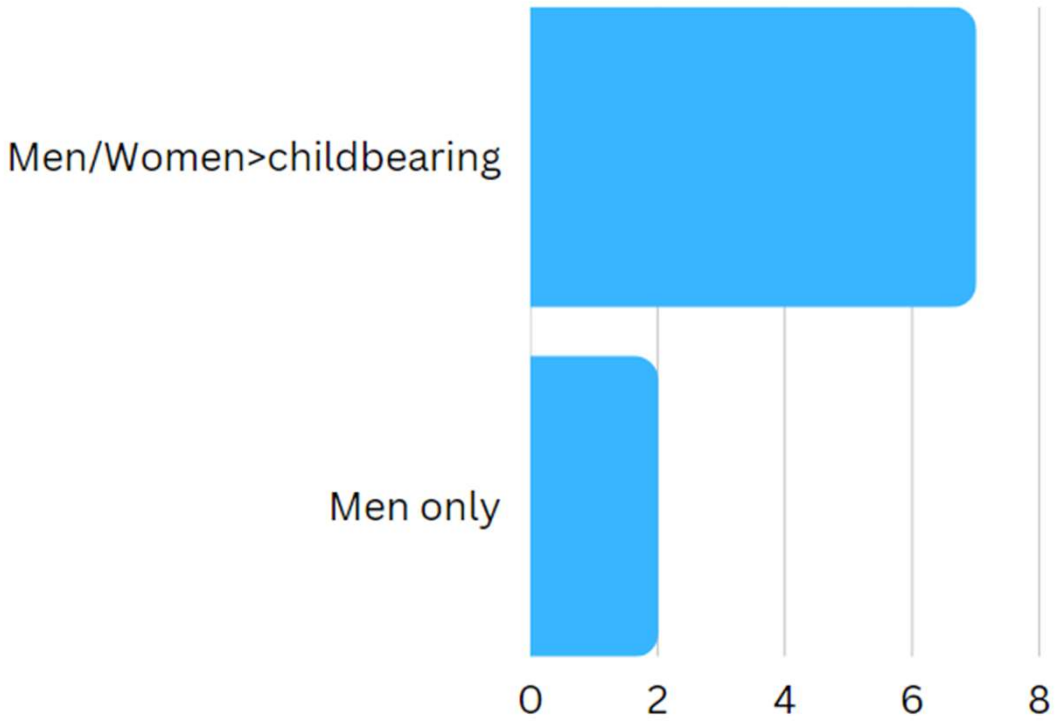

Pre op identification of anaemia and correction with IV iron

# Consent



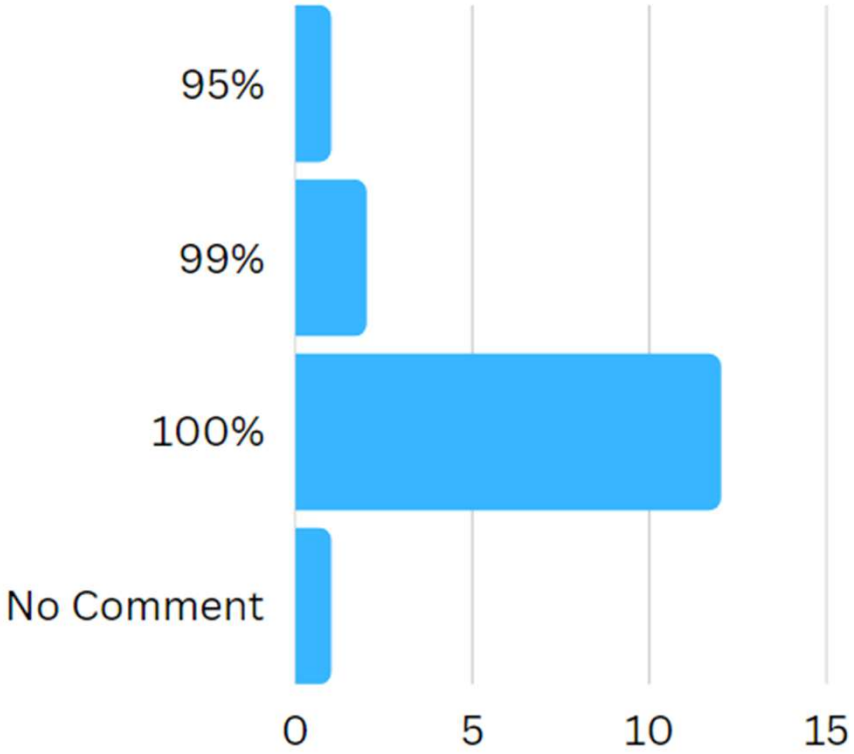
# O pos emergency blood policy



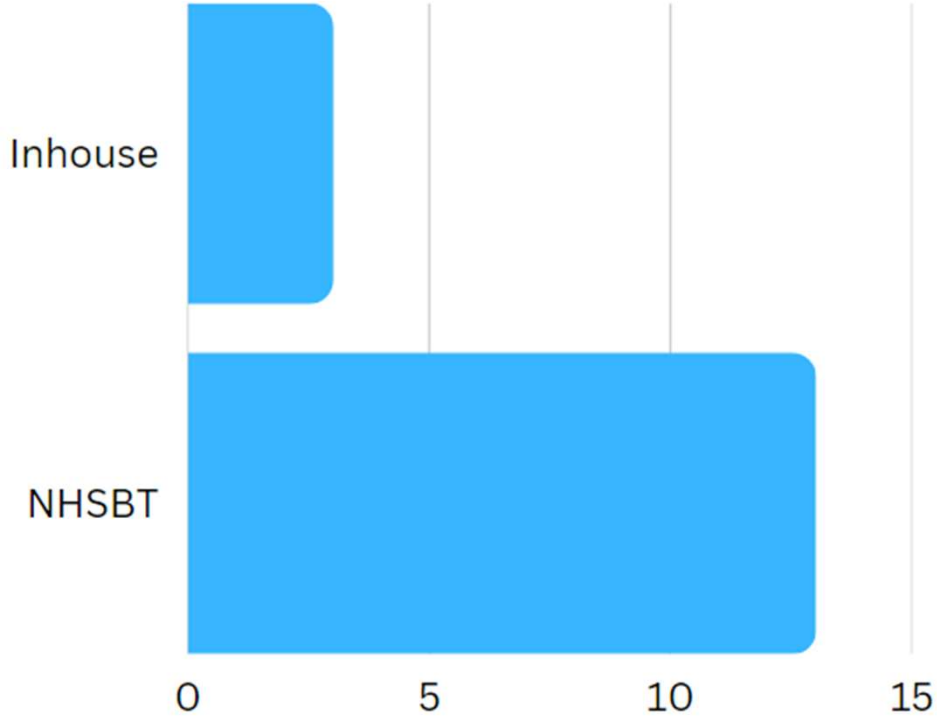



# Obstetrics: Anti-D prophylaxis

Traceability

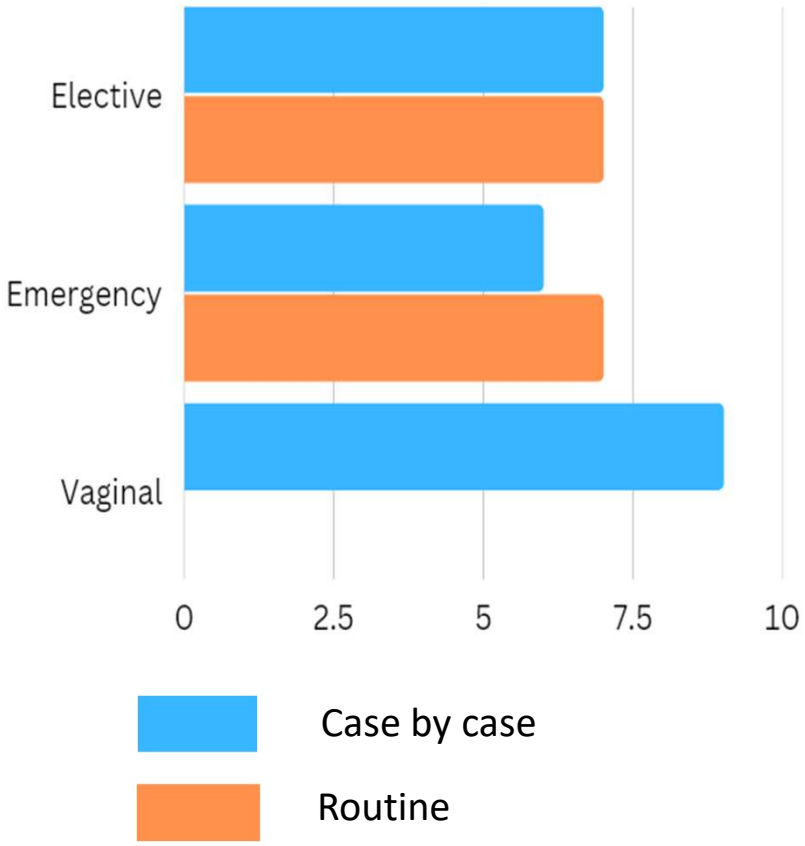



CFFDNA

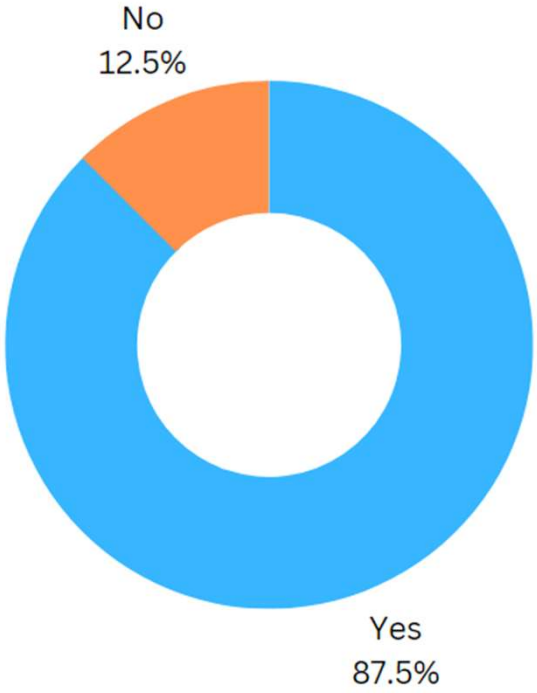


# Cell Salvage in OB

Clinical scenario

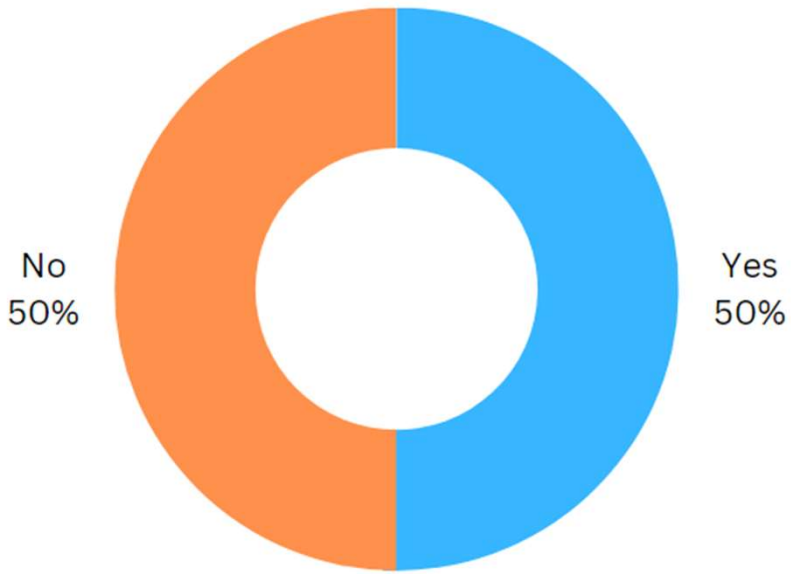



Kleihauer to determine dose of anti-d?

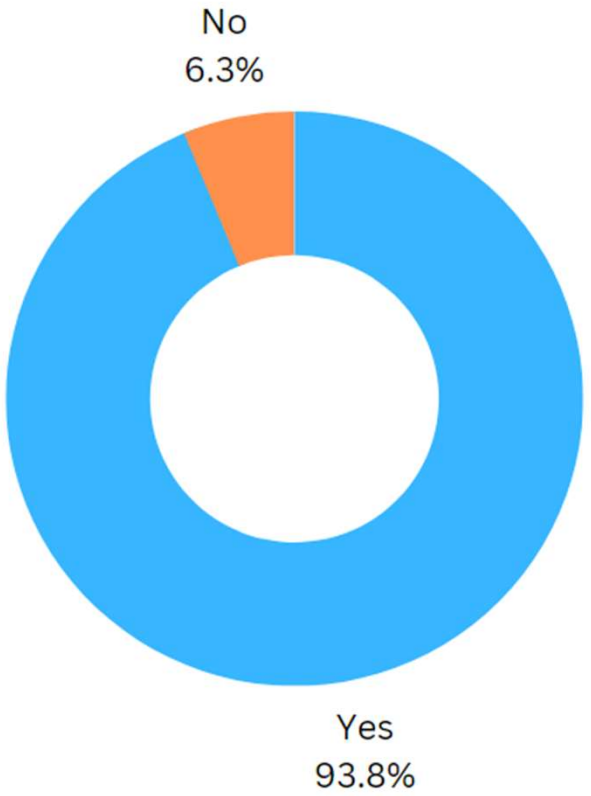


# Obstetric anaemia

Is serum ferritin routinely taken

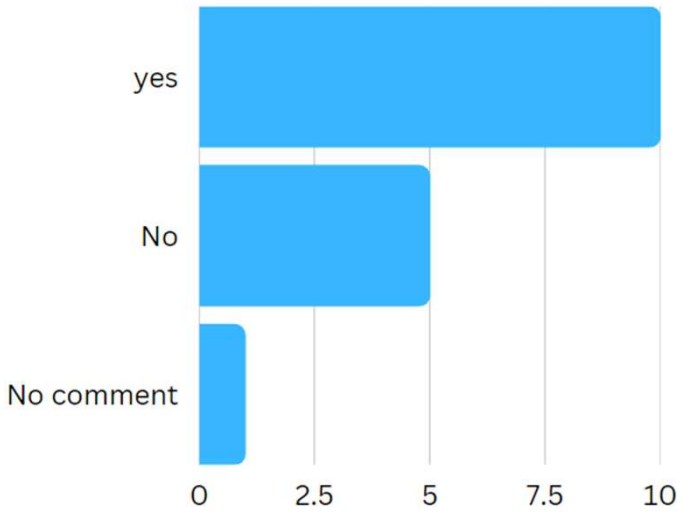



Is IV iron offered

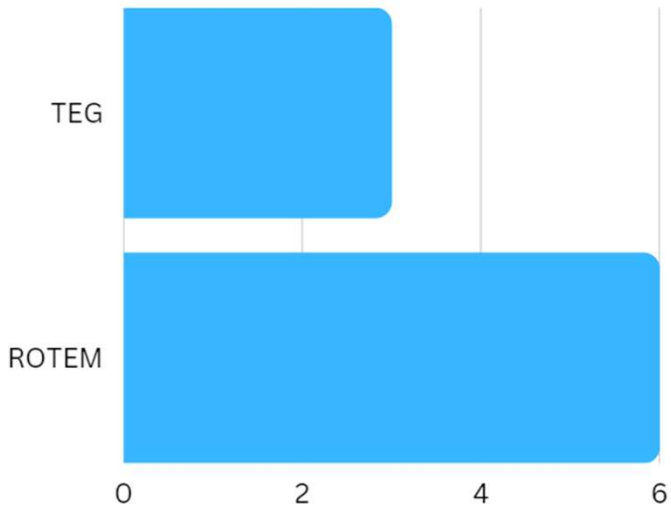


# OB massive haemorrhage

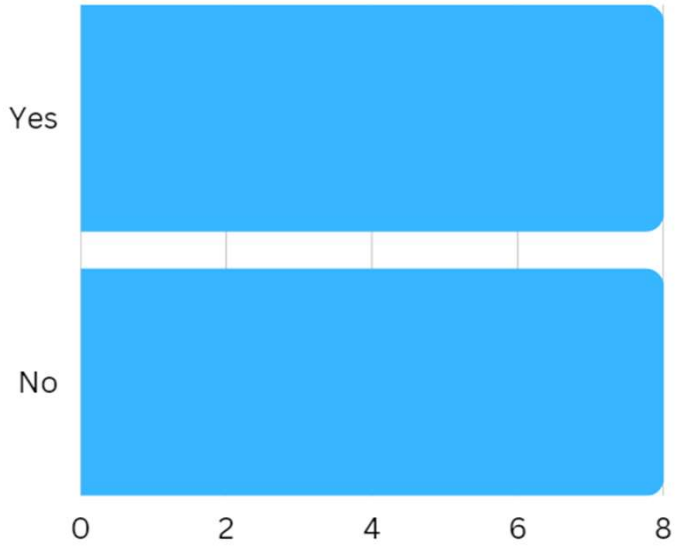
VTE guided pathway




Which system




FFP as standard

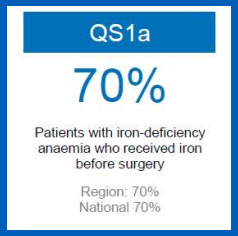


# Now Launched…..QS138 QUALITY INSIGHTS Audit Tool

National Blood Transfusion Committee

and NHS Blood and Transplant

Measure hospital compliance of up to four Quality Statements, up to four times a year.



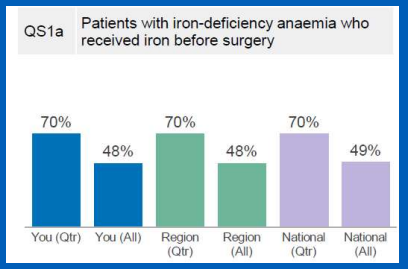

Free to use, supports Transfusion 2024: A Five-year Plan for Clinical and Laboratory Transfusion

QS138 QUALITY INSIGHTS

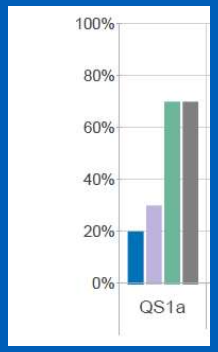
**QUALITY IMPROVEMENT BENCHMARKING.**

**SELF ASSESSMENT, MADE EASY.**

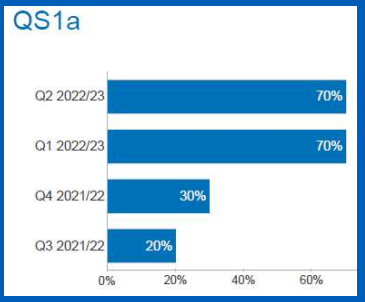
Benchmark against regional and national compliance




Enter a quality improvement cycle, trend your data to monitor intervention effectiveness with instant reporting.




Track RTC QS138 compliance and inform regional workplans using automated Regional reports




Discuss with your HTCs and RTCs today. How will you use it?

Visit: https://hospital.blood.co.uk/audits/qs138-quality-insights-audit-tool/

# SW RTC Working Groups Feedback

# SW RTC TLM Group Update

Ian Sullivan
TLM, RCHT
Chair – SW TLM Group

The Southwest Transfusion Lab Managers meeting was held virtually 24th March. The following topics were covered:

- Update from recent RTT and RTC meetings
- Proposed regional Pathology dashboard, which includes transfusion data
- National TLM update
- Upcoming SHOT 2022 report and the MHRA chapter
- Recent MHRA and UKAS inspections
- The new UKTLC standards
- Laboratory manager competency assessment
- Ongoing pre-amber blood shortage alerts
- Use emergency neonatal red cells

What next:

- Continue with the mixture of virtual and face-to-face/hybrid meetings in 2023
- Develop closer support networks within the SW, as well as nationally, to support lab managers and deputies
- To arrange training sessions on incident investigations and root cause analysis with MHRA for all staff roles

# SW TP Group Update

Stuart Lord
Lead Transfusion Practitioner, GHNHSFT
Chair – SW TP Group

**Since the last RTC..**

- Formal Business and Education meeting held 21st February – virtual via MS teams. Next informal meeting is 28th June
- Chris Robbie, Senior Haemovigilance Specialist delivered a 1 hour session on RCA / incident reporting training
- Update from SHOT Clinical Incident Specialist Simon Carter-Graham
- Major Haemorrhage Simulation Toolkit completed
- Plan for TP Major Haemorrhage Survey
- BBTS work ongoing, presentation on 'Pitfalls in electronic blood tracking' at October symposium in Harrogate and possible abstract submission on MH toolkit work
- TP2023 national symposium was 17th & 18th May

# SW PBMG Group Update

Elmarie Cairns
Blood Conservation Practitioner, NBT
Chair – SW PBM Group

- Virtual meeting in January
- Sadly March's regional cell salvage data presentation was cancelled
- Informal meeting on 13th June – chance to discuss issues/and use regional knowledge to support your practice
- Septembers meeting planned (29th) with some interesting presentations booked; including manufacturers presentations show casing some new autologous devices as well as optimising patients for surgery.

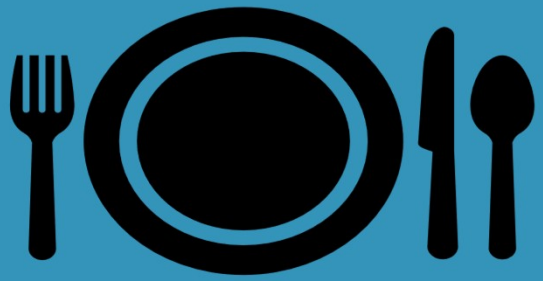
# Roundtable Discussion

## Incidents/ Learning Outcomes

Charlotte Neville-Rutherford, TLM
Somerset NHS Foundation Trust

Ian Sullivan, TLM, Royal Cornwall Hospitals NHS Trust

# Any Other Business



# Lunch

# SW RTC Education

Prothrombin Complex Concentrate Audit

Military Transfusion Research Update

Anaemia CQUIN Compliance

# Prothrombin Complex Concentrate Audit

A retrospective cross centre audit of PCC usage over a 2 month period at NBT/ UHB

Michelle Melly
Haemostasis Fellow UHBW

# Overview

- Background
- Licensed indications for PCC
- Audit results
- Discussion including evidence for use in other indications where PCC was used in this audit
- Conclusions / Future steps

# Prothrombin Complex Concentrate

- Factor II
- Factor X
- Factor IX
- Factor VII
- Protein C
- Protein S

(Heparin, Antithrombin)

- Doses calculated on basis that 1U/kg of FX or FII raises plasma FX or FII by 0.02 IU/ml

Approx £3000 per dose

# Prothrombin Complex Concentrate

The licensed indications for prothrombin complex concentrate (PCC) are

1) reversal of an acquired deficiency of the prothrombin complex coagulation factors when rapid correction of the deficiency is required

2) congenital deficiency of any of the Vitamin K dependent coagulation factors when purified specific coagulation factor products are not available

Also to be considered in DOAC reversal where specific reversal agent is not available: BSH guidance ‘consider PCC where specific reversal agent not available’.

# PCC Audit

2 month retrospective period January- February 2022 over NBT/UHB

Data collected on:

- Patient demographics
- Indication for PCC: Anticoagulant/ Coagulopathy
- Dose of PCC used
- Patient outcome including adverse transfusion reaction/ thrombosis

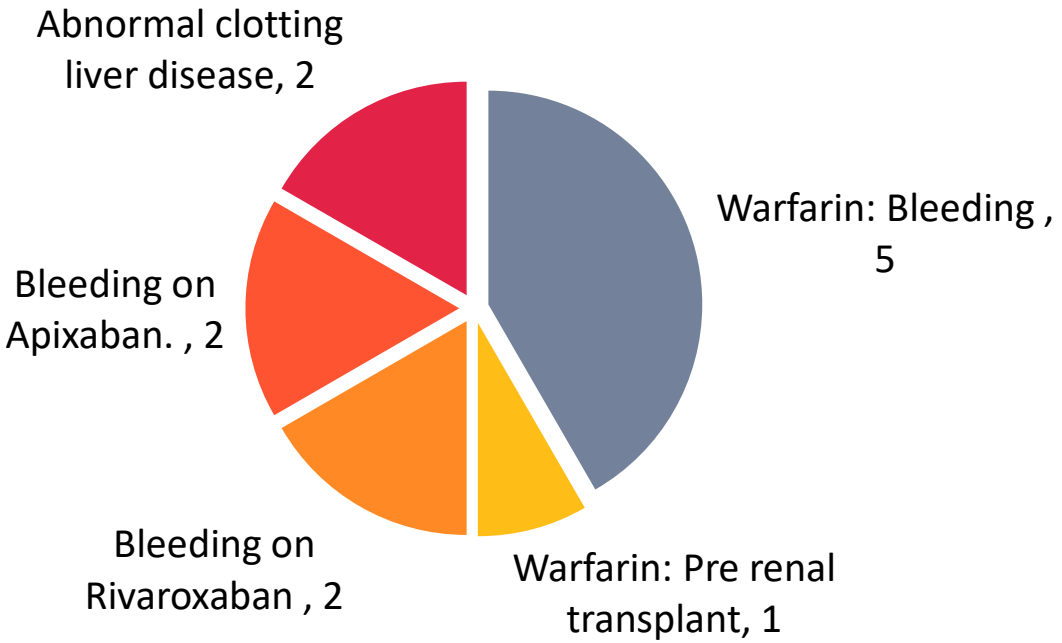
# Results

- 12 patients identified at NBT

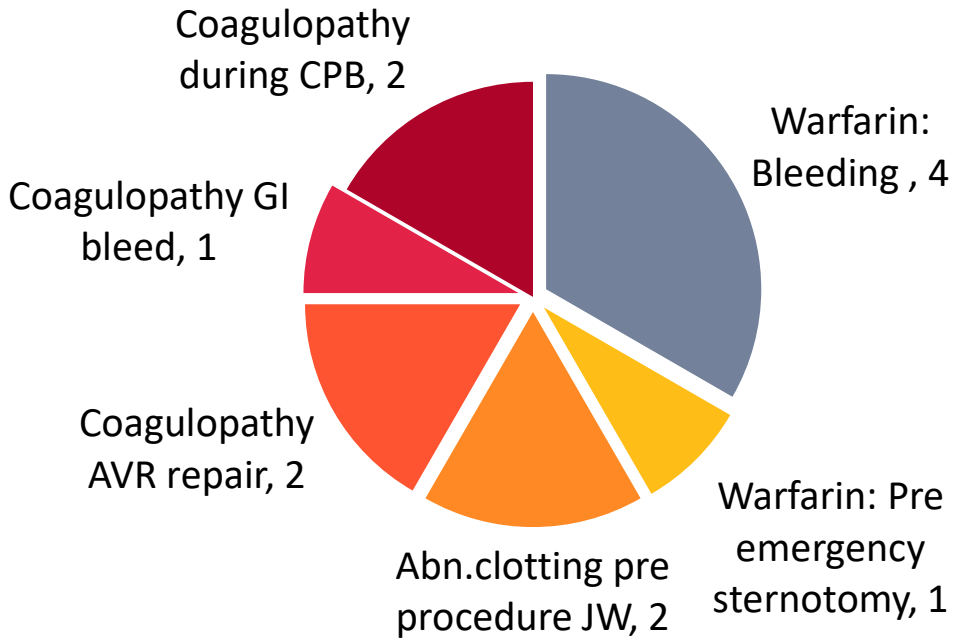
(PCC issued for 13 patients but in 1 not used as determined apixaban dose >24 hours previously)

- 11 patients identified at UHB

# Indications for PCC usage: NBT



# Indications for PCC usage: UHB



# Dose PCC Used

NBT:

- In all cases of warfarin reversal appropriate dosage used as per SPC/ INR
- Reversal of DOAC, PCC dose variable: 25 units/ kg of PCC (n = 1) ; 35 units/kg (n= 1) , 50 units/kg (n= 1) and 58 units/kg (n=1- unclear whether deliberate dose or due to inaccurate estimated weight)
- Of patients who received PCC for coagulopathy: 1 patient 25 units/kg, 1 patient unknown dosage

UHB:

- In 4/5 cases of warfarin reversal appropriate dosage used as per SPC/ INR, 1 case dose could not be determined
- Where used for coagulopathy in CPB PCC dose variable: 9 units/kg and 36 units/kg
- Where used for coagulopathy in other situations PCC dose variable: 17 units/kg; 20 units/kg, 21 units/kg, 50 units/kg

# Patient outcome

- No thrombotic complications
- No adverse transfusion reactions identified

# Results

NBT Patients:

- 11/12 patients had appropriate indications for administration.
- 1 patient where administered for coagulopathy: unclear
- Variable dosing used in DOAC reversal

UHB Patients:

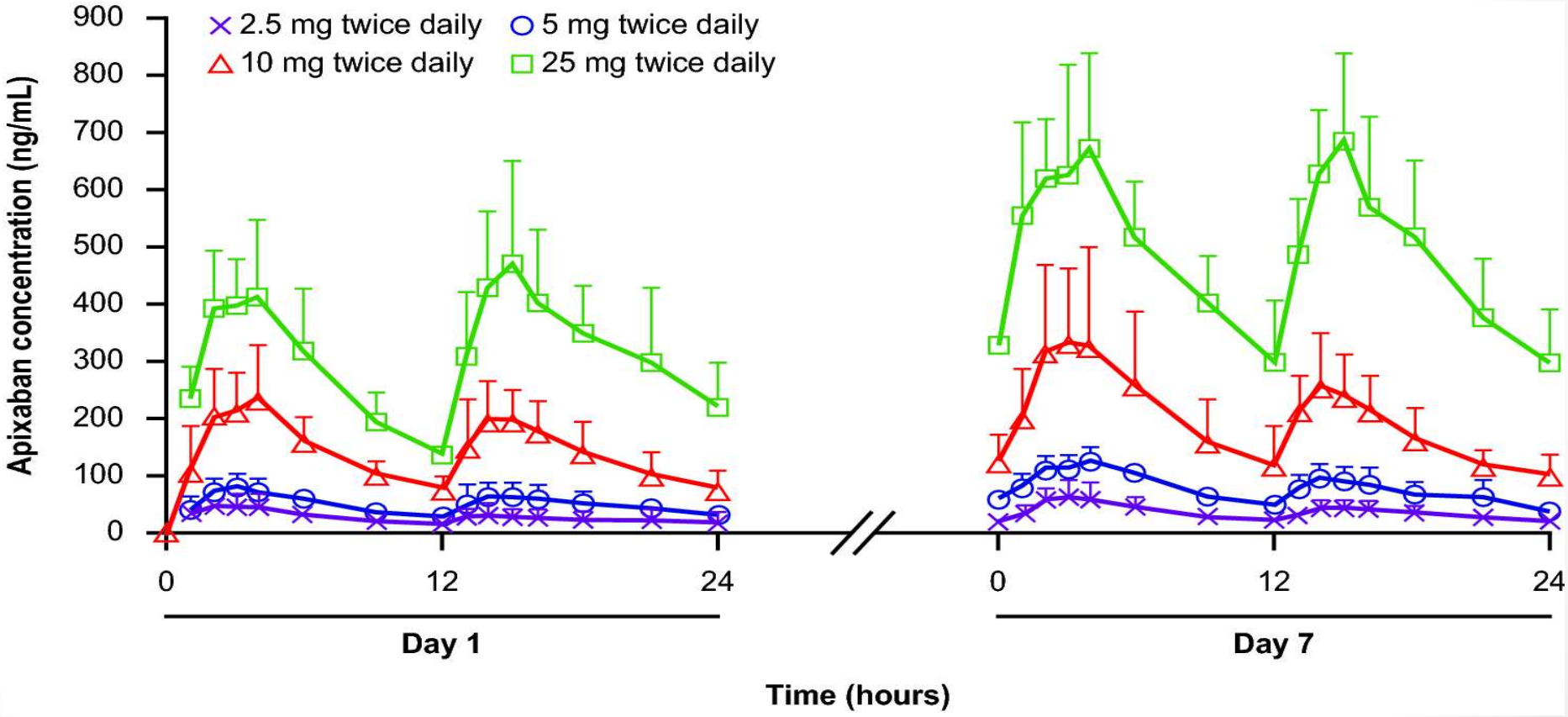
- 5/11 appropriate indications: for warfarin reversal
- 2/11 patients where indication was coagulopathy PCC appropriate: Patients JW and declining FFP
- 4/11 patient: indications not meeting guidelines: coagulopathy during CPB (2) and other coagulopathy (2): documentation insufficient to determine if PCC given due to concerns re fluid overload.

# Discussion: DOAC reversal

- Review of International guidelines: majority suggest 25-50 IU/kg for DOAC reversal if specific reversal agent not available
- Guidance from the 'Anticoagulation Forum: ASH 2019: Suggests flat dosing of 2000 units for DOAC reversal
- Lack of evidence around most appropriate dosing
- TEE rates of <6-10.4% given dependent on study

# Graph to show pharmacokinetics of Apixaban with normal renal function

NB: ISTH recommends reversal unlikely to be needed if bleeding and DOAC levels less than 50ng/ml



# Discussion: Use in CPB

- Mayo clinic study: Direct comparison study comparing preoperative bleeding and transfusion outcomes in 100 patients undergoing CPB who developed coagulopathy and bleeding 2016-2021 (51 PCC, 49 plasma)

- Post operative bleeding similar in both groups: median chest drain output 937 mls in PCC group, 1022 in plasma group
- PCC group: significantly greater improvements in INR and significantly less RBC transfusions

- Pilot study, further work needed in this area.

# Discussion: Use in coagulopathy of liver disease

- Unlicensed indication
- Sometimes used due to concerns re: fluid overload; FFP recommended dosage 15 mls/kg, PCC 1-2 mls/kg
- Single study retrospective audit Royal Free Hospital: 105 patients, average dose of around 25 iu/kg, significant reductions in PT, trend towards reduced APTT
- (Significant numbers of patients had co-administration of fibrinogen)
- 3% thrombosis rate (lower than would be expected for patient population)
- Similar studies demonstrate ‘very good’ impact on bleeding in 76% of patients
- No direct comparison studies FFP and PCC in this context

# Conclusions

- Overall appropriate use of PCC according to guidelines in NBT. Higher proportion of off license usage in UHB
- Area in which further work needs to be done to understand appropriate indications/ dosing
- For consideration of use in patients who are Jehovah's Witnesses refusing other products

# Future steps

- Consideration of prospective audit allowing more complete collection of information
- Further data on PCC for DOAC reversal to be gained from RAPIDO Audit

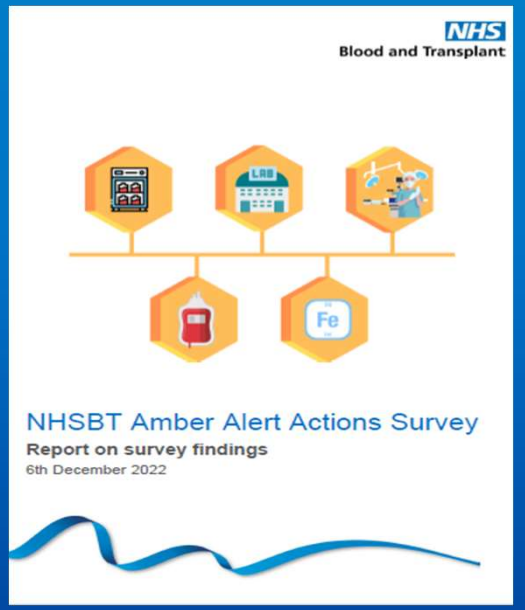
# References


- Cuker, A, Burnett, A, Triller, D, et al. Reversal of direct oral anticoagulants: Guidance from the Anticoagulation Forum. *Am J Hematol*. 2019; 94: 697– 709. https://doi.org/10.1002/ajh.25475
- Makris, M., Van Veen, J.J., Tait, C.R., Mumford, A.D. and Laffan, M. (2013), Guideline on the management of bleeding in patients on antithrombotic agents. Br J Haematol, 160: 35-46. https://doi.org/10.1111/bjh.12107
- Drebes, A., de Vos, M., Gill, S., Fosbury, E., Mallett, S., Burroughs, A., Agarwal, B., Patch, D. and Chowdary, P. (2019), Prothrombin Complex Concentrates for Coagulopathy in Liver Disease: Single-Center, Clinical Experience in 105 Patients. Hepatol Commun, 3: 513-524. https://doi.org/10.1002/hep4.1293
- Beriplex SPC. https://www.medicines.org.uk/emc/medicine/21147#gref. Accessed 1.8.22.

Smith MM, Schroeder DR, Nelson JA, et al. Prothrombin Complex Concentrate vs Plasma for Post–Cardiopulmonary Bypass Coagulopathy and Bleeding: A Randomized Clinical Trial. *JAMA Surg.* 2022;157(9):757–764. doi:10.1001/jamasurg.2022.2235

NHS
Blood and Transplant

# NHSBT Amber Alert Actions Survey - Overview




Sasha Wilson - NHSBT Patient Blood Management Practitioner

CSM Team Meeting – 26th April 2023

Caring Expert Quality

# Plan

NHS
Blood and Transplant

- To give you a summary overview of the Amber Alerts Action survey we conducted at the end of last year.



# Timeline


NHS
Blood and Transplant

NHS
Blood and Transplant

**To: Chief Executive, Medical Director, Transfusion Laboratory Manager, Transfusion Practitioner, Chair of RTC, Chair of HTC, Consultant Haematologist with Responsibility for Blood Transfusion and England EPRR**

**12 October 2022**

**RED CELL SHORTAGE - AMBER ALERT NOTICE**

Dear Colleagues,

**We are moving to Amber alert status and asking you to implement your Emergency Blood Management Arrangements for red cells at the Amber shortage level. We request that actions are implemented with immediate effect or by Friday 14 October at the latest.**

Thank you for your ongoing support whilst we have been taking action to avert a move to Amber alert level. Unfortunately, our red cell stock levels are now at a point where we expect to drop below the two-day threshold.

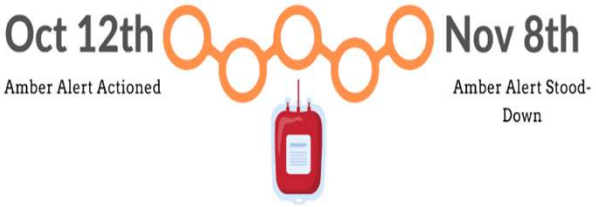
- Updated red cell and platelet shortage guidance was issued by the National Blood Transfusion Committee in July 2022.
- We moved out of the Amber Alert on November 8th.
- Support from hospitals was excellent
- As we moved out of the Amber Alert we asked hospitals to continue the good work, promoting PBM measures and actively managing blood stocks.
- We are currently in a pre-amber phase for red cells and platelets.

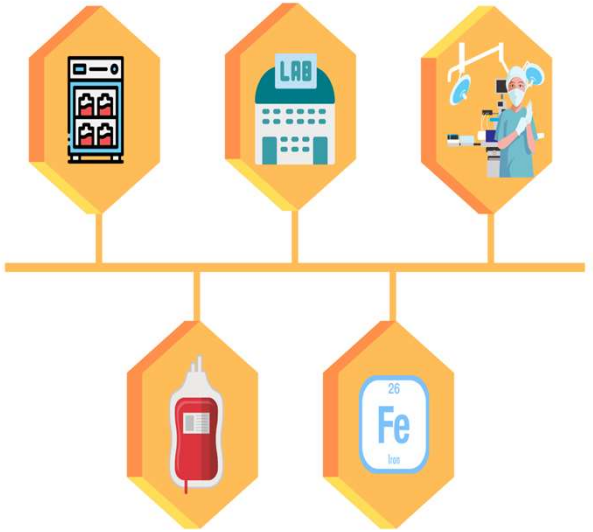
https://www.transfusionguidelines.org/uk-transfusion-committees/national-blood-transfusion-committee/responses-and-recommendations

# Background to survey

NHS
Blood and Transplant

- During the Amber Alert for red blood cells, hospitals undertook significant work to reduce red cell demand. There was an 18% reduction overall in the number of red cells issued to hospitals during this time.
- We [NHSBT] needed to rapidly get a better understanding of what measures had been implemented by hospitals, and to gauge to what extent they thought these had been effective and could be maintained. We completed this piece of work in just under 5 weeks.
- Given the proximity in time to the end of the Amber Alert, the survey needed to be quick to complete and it would not have been viable to ask HTT's to collect and submit audit data at this point in time.
- The survey was launched the day after the Amber Alert for red cell shortages was stood down (9th November) and was sent to all our direct customers - n=251 hospitals. It was open for two weeks.

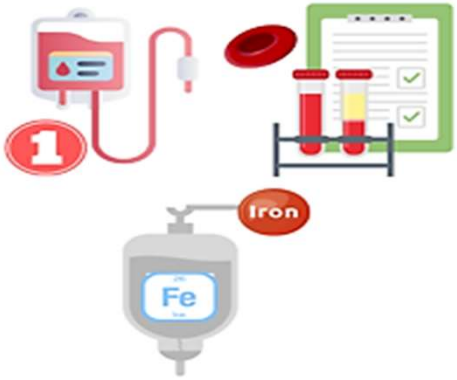


# Our approach

NHS
Blood and Transplant

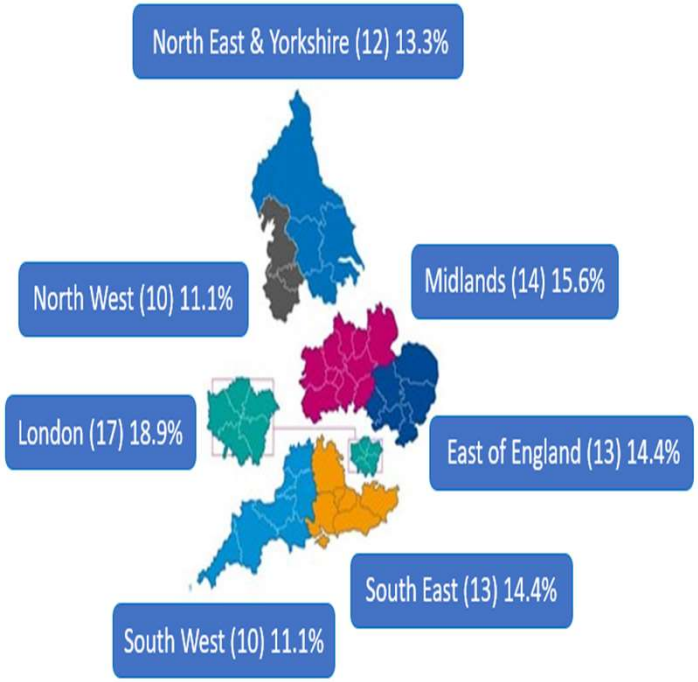
- The survey was divided into 3 parts, laboratory based questions, clinical questions and a section for feedback on the NHSBT resources and communications during the amber alert, alongside those from professional bodies e.g. BSH.
- The questions in the laboratory section were focused on augmenting the detailed data that was already available from the Blood Stocks Management Scheme [BSMS].
- Where data was not likely to be readily available, we used a 7-point Likert scale for many questions, to enable some quantitative analysis of subjective answers [with additional options e.g. done in pre-Amber, N/A, not done]
- A key factor was creating a survey that would not take too long to complete, we got feedback from external hospital colleagues before issuing the survey.




# Response Rate

NHS Blood and Transplant

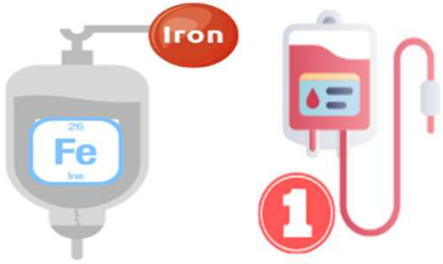
- Overall, 90 individual sites responded, representing a response rate of 35.9% (90/251).
- HTT's had been really busy during the alert, against a background of staffing pressures for many, so we were pleased with the return rate.
- The response was much higher from very high (54.3%) and high (48.1%) user hospitals. Overall the respondent cohort account for approx. 45% of total red cell use.
- There were insufficient responses to draw any firm conclusions from this survey, but the responses received were consistent with many of the stock reduction assumptions & informal intelligence NHSBT had received.
- Possibly hospitals that had been less proactive in their response to the alert may have been less likely to complete.



# Key Findings

NHS Blood and Transplant

- In relation to sustaining changes made to red cell stock levels in laboratories, 73% of responding hospitals had positive responses towards the maintaining reductions they had made.
- The question on delaying or rescheduling surgery had the highest proportion of that responses fell into the *Neutral* and *Not Done Locally* categories [44%], with a further 16% responding that they disagreed that this action had a positive impact on red cell requests/demand.
- 77.7% of people who responded agreed that monitoring, and review of red cell requests and challenging where appropriate, had a positive impact.
- A similar percentage [78.7%] were positive about the impact of stricter adherence to red cell triggers and increased use of single unit transfusion followed by review [73.3%].




# Key Findings

NHS Blood and Transplant

- Overall, there was a positive response regarding the sustainability of gains made across the PBM and/ or better adherence to clinical indication measures they had taken during the Amber Alert [84.7% of respondents].
- The highest number of not known responses were in relation to Tranexamic acid [45%] & cell salvage [40%], but there was increased use in both of these categories, 31% and 23% respectively.
- Regarding NBTC Emergency Planning Guidance and Resources, results for this question elicited a strongly positive response, with 90.3% of respondents selecting the *Agreement* categories.
- A high percentage of responses to the question on NHSBT Communications were in the *Agreement* categories for this question [92.6%], which indicates that many responders felt that NHSBT helped to support them implement their Amber Alert actions.


# Reponses

NHS Blood and Transplant

‘During the Amber Alert, support and engagement from hospital senior management and senior clinicians [E.g., Medical Directors, Head of Nursing, Departmental Clinical Leads/ Consultants, Directors of Operations] has had a positive impact on reducing red cell requests/ demand within our hospital’

## Key points on senior team engagement and involvement

- 89.3% of respondents felt that the input of senior management / clinicians had a positive impact on reducing red cell requests/demand within their hospital.
- Only 3.2% of respondents *somewhat disagreed* or *disagreed* with the statement indicating that, *senior team support/engagement had a positive impact*, and this may indicate that there was limited, or no additional support offered in these hospitals.
- Review of HTC membership, in consultation with hospital senior management / clinicians may help hospitals to maintain the momentum of positive change that has arisen during the Amber Alert.

# Reponses

NHS Blood and Transplant

During the Amber Alert, monitoring, and review of requests by Biomedical Scientist (BMS) staff and/or clinical members of the Transfusion Team, and challenging where appropriate, had a positive impact on reducing red cell requests/ demand within our hospital

**Key points on monitoring, and review of requests and challenging where appropriate, had a positive impact**

- 77.7% of people who responded agreed these actions had a positive impact, with only 2.2% of respondents giving a negative response for this question.
- Significant work has been done over the last 10 years to help promote BMS empowerment. Transfusion Teams have told us they continued this work during the Amber Alert, supporting new and developing BMS staff to review/ challenge requests. This work during the Amber Alert is reflected in the strongly positive response regarding the impact of this measure.
- Transfusion Teams have also told us that support provided by Transfusion Consultants, Haematologists and Transfusion Practitioners was helpful during this time.

# Reponses

NHS Blood and Transplant

Has the use of intravenous iron increased at your hospital during the amber alert?

## Key points on IV Iron usage during the Amber Alert

- Overall, 21 respondents out of 94 told us that IV Iron use had increased at their hospital. No increase was 26, this information was *Not Known* by 46 respondents.
- Given the time frames needed for haemoglobin to increase following IV Iron infusion, it is likely that the impact of IV Iron usage on red cell demand was not significant during the Amber Alert.
- Increases in use of IV Iron may have short and longer terms benefits, during the new Pre-Amber phase we have re-entered, following stand down of the Amber Alert. These results may indicate an increase in the ability of hospitals to deliver IV iron services.
- Anecdotal reports during the Amber Alert suggested that ordering of IV iron from suppliers went up noticeably.

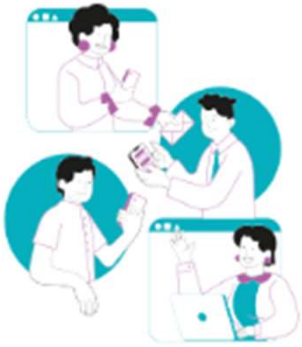
# Feedback

NHS Blood and Transplant

- Overall, the survey results were very positive in terms of the feelings about sustainability of positive change, the resources made available to teams and communications.
- All the feedback comments were themed and this section of the report provides useful additional information & in some cases a more nuanced perspective on some of scored results.

"Reconsider the elective op cancellation wording - concentrate instead on pre-operative optimisation i.e., elective surgery with a risk of bleeding should not go ahead if Hb is <130 until it has been investigated and pre-optimisation attempted"

"There seemed to be a focus on planned revisions and other surgeries that are not generally high blood users and less on changes to the way medical patients requiring transfusion are managed."



# Feedback

NHS
Blood and Transplant

"Every hospital wanted to know what the other hospitals were doing therefore regional Teams/Zoom meetings should be set up, organised by the RTC Administrator and chaired by the regional NHSBT Patient Consultant. The regional meetings could then feed into a national meeting, with nominated representatives & regional NHSBT Patient Consultant so a national picture was known by all. Feedback from ICU is there is a national approach to bed management, and this should be possible for blood transfusion"

"When the pre-amber alert was declared in July it felt like there wasn't a plan from NHSBT. It would've been better if it had been stated that the situation would be reviewed (every 4 weeks for example) and then update with what NHSBT have been doing to manage the situation"

"Communication did not occur on a frequent enough basis - we were having daily meetings but not receiving any guidance from NHSBT"

# Some of the recommendations

NHS
Blood and Transplant

- A planned stakeholder event with both internal and external participants, would be beneficial to build on the learning from this survey, the Amber Alert and to inform any updates to National Emergency Planning documents.
- The National Red Cell Shortage Plan should be reviewed and updated to include additional guidance on measures to be taken for medical patients during an Amber Alert and to provide greater clarity on the approach for surgical patients.
- Responses and feedback has shown that this period has helped advance PBM, and appropriate use measures being embedded within hospitals. The results and feedback within this survey should be reviewed so that ongoing actions to maintain these benefits can be prioritised.
- Target any key areas where additional information gathering/national audit activity should be focused, with the aim of strengthening measures to support long term blood supply resilience.


# Where are we now?

NHS
Blood and Transplant

NHS
Blood and Transplant

To: Chief Executive, Medical Director, Transfusion Laboratory Manager, Transfusion Practitioner, Chair of RTC, Chair of HTC, Consultant Haematologist with Responsibility for Blood Transfusion and England EPRR

29 March 2023

**Blood supply – Thank you for your support**

Dear Colleagues,

We want to take this opportunity to thank you for all your support over the past six months in conserving blood components so we can make sure we have them available for the patients who need them most.

For us, this has been the most difficult period of the pandemic. We have faced staffing shortages, industrial action, severe weather, along with other winter pressures; all of which have meant we have found it difficult to collect as much blood as we need.

Your co-operation in reducing demand and managing your own stocks has helped enormously and undoubtedly stopped us needing to call further amber alerts on red cells and platelets.

For the time being we will remain in pre-amber and ask that you continue to conserve stocks in-line with our communication dated 16 March 2023.

We want to reassure you that we are also working incredibly hard every day to build up stocks. Measures we have taken (and continue to take) to increase stocks include:

- PR campaigns to encourage new donors to give blood – e.g., 250,000 people signed up to give blood last year but did not donate
- Working with the BBC to promote awareness by broadcasting live from our manufacturing site in Bristol and filming Naga Munchetti donating blood
- Marketing and social media campaigns to encourage new and existing donors to donate
- Direct marketing, email, phone calls and WhatsApp to specific blood groups when they are most in need
- Carefully managing appointment bookings so we are collecting the blood we need most

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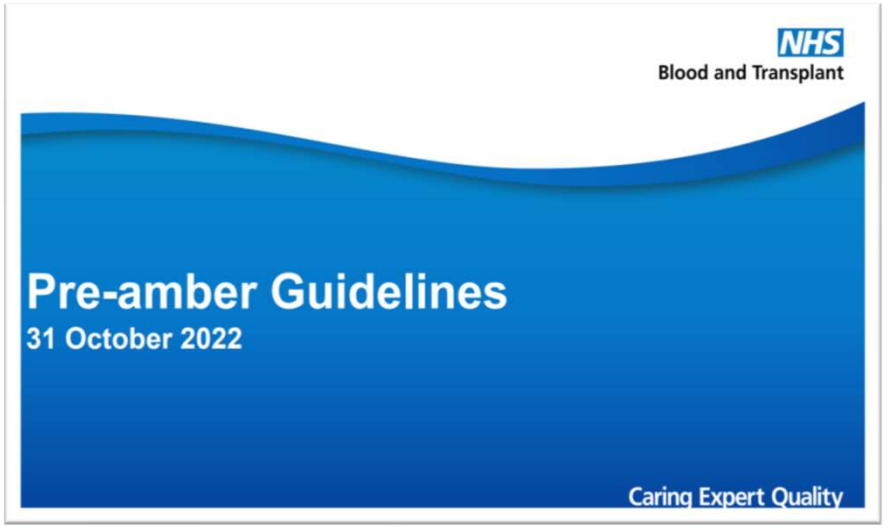


NHSBT guidance

For hospital laboratories, all patients and those requiring a chronic transfusion programme.

- Amber recommendations (PDF 345KB)
- Pre-amber recommendations (PDF 345KB)

Questions and Answers

Moving from amber to pre-amber (PDF 104KB)

Guidance from other organisations

# THANK YOU!

Any Questions?

# Date of Next Meeting

22nd November 2023
Oake Manor