



**Hospital
customer
services**



Blood and Transplant

NHSBT Customer Service Update

Carol Stenning

Caring Expert Quality

January 2024

Sample labelling requirements for inclusion in the sickle cell, thalassaemia, and rare anaemia genotyping programme.

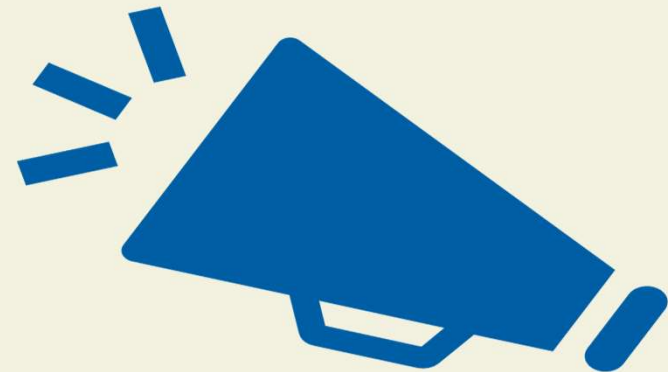
February 2024

Supplying to your requests for D positive, e negative (R2R2) red cells
RCI Weak and Partial D Typing Kit - Supply Problems
Change in Blood courier provider between 1 and 2 April 2024

March 2024

OBOS email error
Customer Satisfaction Survey
National Haemoglobinopathy Registry live.

NHSBT Communications



April 2024

**OBOS training site downtime
O D negative RBC and A D negative platelet stocks.**

May 2024

**A D negative platelet vulnerability over BH
RCI change from Biorad to Grifols
IBI – FAQs and Support
Disinvestment of Polyagglutination Test for T Activation at NHSBT -
move to not stock low titre anti T FFP from end of June.**



Key points from this years Update.



Blood and Transplant

- RCI are going paperless from April 2025 - further information to be disseminated.
- OBOS and personal email addresses – to be deactivated on 30th May
- Funded places available on NHSBT courses.
- Irradiation labels set to change. Resources to be distributed. Both gamma and x-ray technologies being used.
- VR training – Blood identification app now available to download.

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Including High-titre (HT) status in Electronic Despatch Note (EDN) - Change in March 2024

The EDN system is used by most hospitals to import information about the blood components issued to them, directly into their Laboratory Information Management Systems (LIMS). Following several requests from hospitals to include the HT status in EDN, we hope to include this data from March 2024. The date will be confirmed.

We have informed LIMS providers to ensure this change does not affect any other functionality in LIMS. Please prepare for the additional data field activation or contact your LIMS providers if required.

The data structure and contents can be found in the [JPAC Guidelines](#), Chapter 25, Table 25.4 Message protocol 000001: blood component dispatch information: dispatch line.

There is no change to the services we provide, the contact details for the laboratory, sample referral process or reporting.

Demand Printed Labels



Blood and Transplant

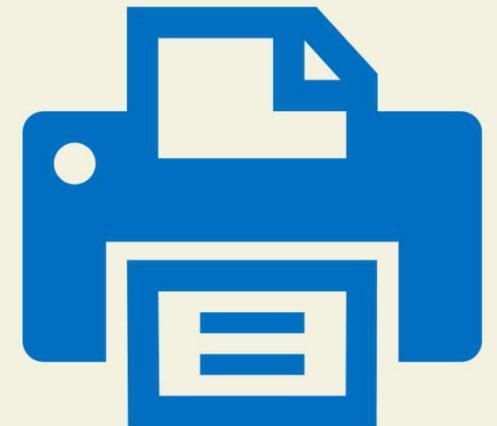
- Please ensure you provide NHSBT with a minimum of a month notification if you plan to introduce DPL within your hospital/trust.
- The Heads of Clinical Services laboratories need to approve the labels before use, failure to do so can lead to concessions (including associated costs).
- Please provide an annotated example of the label.
- Please ensure the NHS number is included.



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Fax Removal

- If you're removing your lab fax then please notify your local CSM or the generic email address NHSBTCustomerService@nhsbt.nhs.uk
- We ask that you have a generic lab email address in place of the fax machine, to be able to receive notifications from NHSBT.
- NHSBT are unable send notifications to personal email addresses.



PCM's

Please Do NOT put stickers or write on PCMs as these are difficult to remove

Friendly reminder from Hospital Services

Stickers plus the residue they leave behind, has the potential to be a microbiological hazard

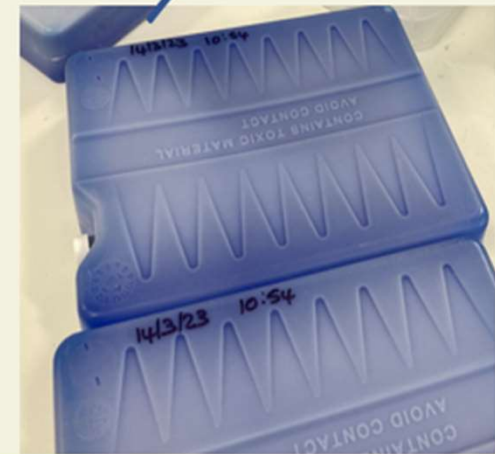
Please do not load transport boxes with more than 4 PCMs for return to NHSBT.

Thank you for your cooperation.



Not valid sticker

Blood and Transplant
Permanent marker can't be removed



Sticky labels difficult to remove

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R2R2

**WE NEED
YOUR HELP**

NHS
Blood and Transplant

R2R2 has an incidence of ~2% in the UK.

Once tested and manufactured, components are distributed to one of 14 Hospital Services departments for validation and issue.

Components are distributed to these through the Stock Management Algorithm managed by the Supply Chain Team

This can mean that this precious stock may not be available at your local stock holding unit at short notice.

It can also mean that this stock may be issued as routine if not requested to prevent expiry.

A recent pilot study has shown a marked improvement of national stocks with advance notice.



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3 days advance notice of R2R2 requirement allows mobilisation of units between our Hospital Services departments.

Currently 50% of all R2R2 requests are received with < 1 day notice.

We would like all R2R2 patients to have the phenotype they need.

Please help by telling us ;

- What are your barriers to advance ordering?



Southampton Update, May 24



Blood and Transplant

- Emergency Issue Room has expanded to supply RBC ad hoc platelet orders to the majority of reprovisioned sites.
- Move of Donor Team off site to Chandlers Ford location has been delayed till Autumn 24.
- Priority will be to get another stem cell VAT room.
- Options to increase Hospital Services are being suggested and reviewed.
- Challenging situation.
- Thank you for your ongoing understanding and patience.

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Blood and Transplant

Thank You

Any questions, comments or feedback?

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PBMP update



Blood stock status

O D negative red cells

Pre-Amber

B D negative red cells

Pre-Amber

Group A negative platelets

Pre-Amber

Red blood cell stock levels

at 8am on Monday 20 May 2024



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

Platelet stock levels

at 8am on Monday 20 May 2024



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

PBMP update

NCA Update

- NICE Quality Standard QS138-
(Report now published)
- Blood sample collection and labelling
(Report now available)
- Bedside transfusion practice
(Publication due July)

Upcoming audits

- Audit of NICE Quality Standards QS138
Oct 2024
- Major Haemorrhage Audit
Spring 2025



PBMP update

New and updated resources to support consent. Including patient focused content [Consent for Blood Transfusion - Guidance for Healthcare Practitioners in the UK \(transfusionguidelines.org\)](https://www.transfusionguidelines.org)



BSH perioperative anaemia guideline update now available

Importance of preoperative anaemia

35-50% preoperative patients anaemic 80% due to iron deficiency 30% increase risk of complications

Diagnosis

Identify anaemic patients early in preoperative pathway

- screen with full blood count
- provide patient information on test results and potential treatment options

Diagnose anaemia

Hb <130g/L

Identify iron deficiency

Ferritin <30 ug/L- absolute iron deficiency
Ferritin 30-100ug/L, tsat<20% may benefit from iron supplementation

Treatment

Treat absolute iron deficiency

- Offer oral iron first line
- Offer intravenous iron if oral iron not tolerated, suboptimal response to oral iron, or insufficient time to assess response to oral iron

Other treatments

- Consider erythropoiesis stimulating agents only if complex transfusion requirements or where transfusion is declined. Administer with iron
- Consider preoperative transfusion only if very anaemic and urgency of surgery precludes other options

Pathology Portal site coming soon

NBTC learning hub now live

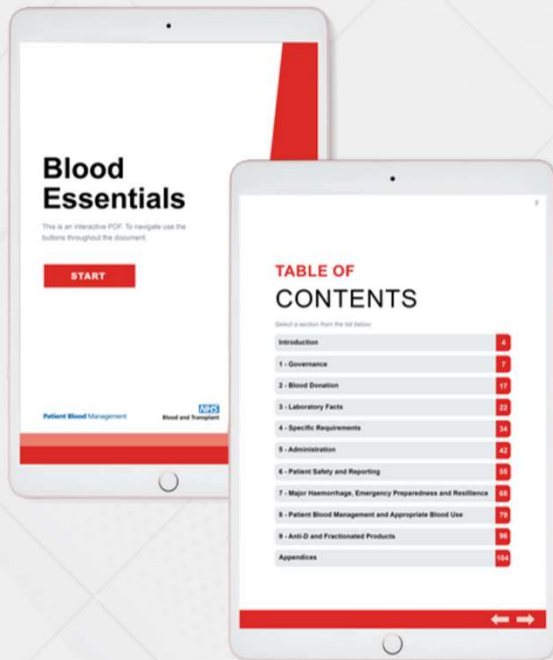
Pathology Portal

Transfusion Medicine - in development



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AVAILABLE NOW



Patient Blood Management

Blood Essentials

A comprehensive education and reference tool covering all elements of the transfusion process.



Available here:
[Hospitals and Science website](#)

PBMP update



**QUALITY IMPROVEMENT
BENCHMARKING.
SELF ASSESSMENT, MADE
EASY.**

QS138
QUALITY INSIGHTS

QI tool- nominated for HSJ award. Don't forget to register for the tool and prepare for data collection in June. (Data collection will be for Q4 23/24)



HSJ DIGITAL AWARDS 2024
#hsjdigitalawards | digitalawards.hsj.co.uk

WE ARE PROUD TO BE A FINALIST

Driving Change through
Data and Analytics Award



Continued success with PBM pop up stands. Thank you, Dorset and GWH team for hosting. Would you like us to come to your Trust?



Blood Transfusion Training- Essential Transfusion module under review as part of UK wide collaboration.

