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1. For Action

1.1 New Credit Form

Please see the new version of the Credit Form (FRM333/2.1):
http://hospital.blood.co.uk/library/service_agree_home/credit_info/

The form has been redesigned to assist NHSBT to process your credit requests more efficiently. If you have any problems filling out the form then please contact your local Hospital Liaison Manager:
http://hospital.blood.co.uk/communication/hospital_liaison/index.asp

If you use the “MIS” credit code then please specify the reason using the comments box. It is essential that you sign and date the form where indicated.

Please start to use the new form - FRM333/2.1 and discard old versions of the form - FRM333/1. If you have already started requests for credit on an old version of the form we will accept these up until 31 May 2010.

Heather Aplin, Lead Hospital Liaison Manager – Communications

2.1 SaBTO Consultation on Patient Consent for Transfusion

The issue of consent for blood transfusion has been discussed on several occasions by SaBTO. Members agreed that it was important that they consult widely on the options for consent in blood transfusion and the potential operational challenges if written consent was mandated.

SaBTO would greatly value the input of your organisation and, where applicable, your members. To contribute, please visit:

Please read the consultation document, and then complete the online questionnaire (a link to this is provided within the consultation document) by 27 May 2010. SaBTO will then collate the responses and report the findings on the SaBTO website.

Should you have any questions or further comments, please contact the SaBTO secretariat at: SaBTO@dh.gsi.gov.uk.

Catherine Howell, Chief Nurse Patient Services, NHSBT SaBTO Member and Consent Working Group Chair
2.1 Change notification to UKBTS guidelines.

NHSBT have been notified of a change to the wording of the technical information provided for some components for neonates and infants:

http://www.transfusionguidelines.org.uk/docs/pdfs/dl_change_note_2010_01.pdf

Please note that this change is to provide consistency in the technical information across neonatal red cell components and no change to specification has been made by NHSBT.

Lucy Frith, Lead Hospital Liaison Manager - Projects.

2.2 Stock Incident (“Recall”) Management Update

The MHRA have given 'non-compliances' to two hospitals because they were unable to give a reason for a recall/discard. In response NHSBT have changed the recall/discard process so that:

• For any clinically significant discard or recall, the HTT will be contacted with the reason. This will be confirmed in writing.

• A closing letter from Quality is sent for all other recalls/discards

Donor “Recall” Procedure

The Clinical Support Team (CST) is responsible for responding to donor questions, providing advice, initiating component recall/discard if necessary and verifying that recall/discard requests have been implemented. It is also responsible for completion of associated actions including donor/donation follow-up. If a donor makes contact with additional information after donating the MHRA require

NHSBT to place a hold on the donation within 30 minutes of the contact. The CST will decide if donations need to be discarded or recalled. The CST has increased the hours it covers from 8am to 8pm Monday to Friday and from 9:30am to 3:30pm Saturday and Sundays. During the hours covered by the CST hospitals will only be contacted by Hospital Services about donations that need to be returned or discarded. If a call is received outside of these hours a hold is put on the donation if it is still in NHSBT stock, and the CST contacts the donor the next day and decides if the donation should be discarded or returned to stock. A very small proportion of the donor referrals made each year occur outside of the hours covered by the CST, approximately 30 of these involve units that have been issued to hospitals. If a hospital is holding one of these units they will be asked to discard it.

If you have any queries or concerns about this process please contact Heather Aplin (heather.aplin@nhsbt.nhs.uk) or your local Hospital Liaison Manager (http://hospital.blood.co.uk/communication/hospital_liaison/family_tree/index.asp)

Heather Aplin, Lead Hospital Liaison Manager – Communications

2.3 Screening of platelets for bacteriological contamination

A decision has been taken by NHSBT to introduce the screening of platelet components for bacterial contamination. Whilst SaBTO did not mandate the introduction of such testing, bacterial contamination of platelets remains a clinical risk and testing is in place in Scotland, Northern Ireland and Wales. A project to develop and introduce testing into NHSBT has now begun and platelets screened for bacterial contamination will be available early in 2011.

We will communicate further information as the project makes progress and more details become available.

Richard Gray, Operations Manager
2.4 NHSBT Histocompatibility & Immunogenetics (H&I) Services update – HLA Nomenclature change April 2010.

The World Health Organisation (WHO) Nomenclature Committee for Factors of the HLA System will adopt a new nomenclature for HLA allele designations from 1st April 2010. The current naming system is rapidly reaching its capacity and the new system will enable HLA alleles to be named in the future.

In our recent written communication (dated 17th February 2010) we explained that our H&I laboratories would soon be introducing the new HLA nomenclature naming system.

NHSBT H&I laboratories plan to introduce this new naming system by 1st April 2010.

No major impact on the patient critical service is expected from these operational changes. However, the introduction of the new naming system will change all our HLA related laboratory reports including patient and donor search reports.

Further information is available at:

http://hospital.blood.co.uk/diagnostic_services/handI/HLA_Nomenclature/HLA_Nomenclature_Change_April_2010.asp

Please ensure that the appropriate members of staff are aware and have access to this information.

We would like to thank you in advance for your co-operation during the change over period.

Dr Cristina Navarrete, National Head of H&I Services & Director of BBMR

2.5 Emergency non-blood products (PODS)

The NHSBT currently facilitates the issue of a number of emergency non-blood products (antidote PODS) on behalf of the Department of Health (DH). The DH has recently reviewed the arrangements for accessing these stocks. A copy of the document Emergency planning: UK reserve national stock for major incidents can be accessed via the link below:

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All of the PODS held by NHSBT will now be ordered by the ambulance service directly from a central NHSBT number. Delivery will still be from the nearest NHSBT centre which holds the POD directly to the Transfusion Laboratory by NHSBT emergency delivery.

If you or your colleagues in A&E require further information about the content or use of PODS please contact the National Poisons Information Service (and TOXBASE).

If you need to access more information on policy, please visit the Department of Health and/or Health Protection Agency web-sites and search on “deliberate release” or use the links below:

Department of Health:

Health Protection Agency:
http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1197637044441/

Alternatively, contact the Emergency Preparedness Division at the Department of Health (email: epd@dh.gsi.gov.uk).

Lucy Frith, Lead Hospital Liaison Manager - Projects

2.6 The NHS Quality, Innovation, Productivity and Prevention Challenge

This initiative was recently launched in recognition that the NHS is facing increased demand and the need to absorb increasing costs. This huge challenge will be met by a focus on clinical quality, innovation and productivity. From a blood transfusion perspective, it is interesting that one of the first 6

‘recommended interventions’ for hospitals is the implementation of electronic transfusion systems, which have been pioneered at the Oxford Radcliffe Hospitals.  http://www.library.nhs.uk/qualityandproductivity/

Professor Mike Murphy, Clinical Director

2.7 Use of Emergency “Blue Light” Delivery

We would like to remind you that in an urgent clinical situation you should order only the components you require for that patient by the emergency “blue light” delivery service. This is the only service we provide with a guaranteed prompt response to support a patient with an immediate clinical need. This does require an assessment of urgency by the clinician managing the patient.

When we receive an emergency request we guarantee to issue the components within 40 minutes and transport them rapidly with the advantage of blue lights and siren to progress through traffic. We cannot make any of these guarantees for an adhoc request.

Heather Aplin, Lead Hospital Liaison Manager – Communications
3.1 National Conference on Anaemia

A national conference titled ‘Managing Anaemia in the Community – Everybody’s Problem!’ is being organised by NHS Blood and Transplant at the Town Hall, Birmingham on Wednesday 19th May, 2010.

The target audience for this seminar is all staff with an interest in managing patients with anaemia including Hospital Transfusion Team members, Pre-operative staff, Anaemia Nurses, General Practitioners, Practice Nurses and Community Nurses.

For a small delegate fee of £50.00 you can book your place at this conference and raise your awareness of the issues relating to anaemia management and promote the appropriate and safe use of blood components.

A copy of the draft programme can be viewed at: http://www.transfusionguidelines.org.uk/index.aspx?Publication=DL&Section=12&pageid=421

For an application form, please contact Hospital Liaison at: hospital.liaison@nhsbt.nhs.uk

For further information contact Denise Watson, Transfusion Liaison Nurse on 0191 235 4605 or email: denise.watson@nhsbt.nhs.uk

Denise Watson, Transfusion Liaison Nurse, Newcastle
3. Training & Education

3.2 Training & Education events and courses

A full list of NHSBT training events, which are open to hospital personnel, are available on the following area of our website:

http://hospital.blood.co.uk/training/index.asp

If you have any queries regarding the above, please do not hesitate to contact your local Hospital Liaison Manager, Transfusion Liaison Nurse or either of us, using the details below.

For further information please visit the NHS Blood and Transplant hospitals website on: http://hospital.blood.co.uk

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