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1.1 RCI to Streamline Fax Back Service

In a move to further streamline the RCI service, we will be changing the acknowledgement process for receipt of samples. We will continue to receive form FRM3775 from customers wishing to confirm dispatch of a sample to an NHSBT RCI testing laboratory and use this form to reconcile samples received. From 1st July 2015 we will respond on an exception basis, getting in touch with a hospital if we have the form FRM3775 and the sample has not been received. This change will reduce the administrative burden whilst ensuring samples are reconciled and issues identified.

This change is one of a series of efficiency and improvement initiatives RCI are taking to enhance the service and maximise testing turnaround times.

Should you wish to discuss this change, please contact your local Head of RCI Laboratory or Customer Service Manager.

Wendy Etheridge, Head of RCI Laboratory Filton

For Information

2.1 New H&I test request forms being rolled out this summer

Histocompatibility & Immunogenetics – Test Request Forms 3A, 3B, 3C, 3D and 3E have been redesigned.

The forms will be in A4 format which has given us the opportunity to improve the layout.

It is anticipated that the active date of the new forms will be in early August 2015. Prior to the active date we will be sending out hard copies of the forms.

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The correct version numbers will be as follows:

3A H&I diagnostic testing	FRM 745/3 (Replaces FRM745/2)
3B Organ transplant recipients and donors	FRM1008/3 (Replaces FRM1008/2)
3C Haematopoietic stem cell transplantation	FRM1010/3 (Replaces FRM1010/2)
3D Platelet immunology	FRM999/3 (Replaces FRM999/2)
3E Granulocyte immunology	FRM1001/3 (Replaces FRM1001/2)

Once the new forms are active, please ensure that all copies of the old forms are withdrawn and that you use only the new forms.

H&I test request forms (and guidance notes on their completion) will continue to be available to view and download at <http://tinyurl.com/h-i-forms> where you can also find the H&I sample labelling policy (MPD1108).

We would like to thank everyone who gave feedback on the new design and wherever possible we have tried to incorporate your suggestions.

Dr Andrea Harmer, National Head of H&I Services

2.2 National Survey on the Use of Group O RhD Negative Red Cells

At the end of 2014 the National Transfusion Laboratory Managers (NTLM) Group of the National Blood Transfusion Committee carried out a survey to assess the degree of implementation of recommendations following previous audits on group O RhD negative red cell use. The final report is now available and results suggest that many of the recommendations from previous work have not yet been adopted.

Analysis of the results supported the decision not to carry out another National Comparative Audit of the use of group O RhD negative red cells at this time, as previous recommendations still need time to embed in practice.

The survey also highlighted that the current target of 10.5% group O RhD negative stock holding does not necessarily relate to the appropriate use of this precious resource. This percentage may need to be reviewed as total red cell issues continue to fall. The survey suggests that a focus on more appropriate use will ensure that group O RhD negative red cells are available to those patients for whom there is no alternative.

The survey gave recommendations for Trusts, NBTC, NHSBT and BSMS to action.

The full report can be viewed at: <http://www.transfusionguidelines.org/uk-transfusion-committees/national-blood-transfusion-committee/working-groups#Transfusion>

Thank you to all those who completed this survey.

Brian Hockley, Data and Audit Manager

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2.3 Change to PDF naming convention on Sp-ICE

This is to confirm the announcement we made on Sp-ICE.

The naming convention of NHSBT PDF reports changed on 7th May 2015. This has made it easier to distinguish different types of PDF reports using their file name. For example it is now easy to distinguish an RCI PDF report from an antibody card or IBGRL report. For H&I users the PDF reports have also been split into several identifiable types for example antigen typing and antibody reports.

The H&I stem cell summary report was added to Sp-ICE as a PDF on the 7th May.

Julia Sault, Systems Assurance Manager

2.4 UK Cell Salvage Action Group (UKCSAG); Intra-operative Cell Salvage Survey 2014

The full report for the 2014 repeat intraoperative cell salvage (ICS) survey is now available on the Transfusion Practice Toolkit at: <http://www.transfusionguidelines.org/transfusion-practice/uk-cell-salvage-action-group>

Answers to each question have been analysed and comparisons made to 2010 data where possible. The survey received 137 valid replies and covered five principle areas of investigation including staff, clinical specialties where ICS is used, equipment, training and assessment of operators and implementing an ICS service.

In conclusion, ICS is still not widespread and more needs to be done to ensure this simple, safe and cost-effective method of reducing allogeneic transfusion is offered to all patients that would benefit from it.

The authors of the report make fifteen recommendations tailored to hospitals, blood services, relevant colleges, equipment manufacturers and the UKCSAG itself.

Rebecca Gerrard, National Lead: PBM Team

2.5 Significant increase in antigen negative results displayed on red cell ABO labels since NHSBT changed to labelling on historical results

At the beginning of March 2015, NHSBT switched over all the suitable blood characteristics to label on historical results, rather than needing a current result on every donation. The exceptions to this are Mandatory microbiology tests, plus ABO, Rh D, C, E, c, e, K, CMV, Lysin, and Antibody screening, which will all still need a current result.

The initial impact is really exciting. Significantly more of the stock units you receive will have confirmed antigen negative results on the label and this will keep improving over time.

For more details please see the item on historical labelling on the Hospitals and Science website at <http://hospital.blood.co.uk/products/>

This item also gives you important information about supplementary labels and the mandatory testing information on ABO labels.

Bev Hirst, Lead Specialist, Testing

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2.6 New OBOS version release dates – An Update

Further to item 2.5 in the April edition of 'The Update' we would like to remind and update you on the up coming release of OBOS version 7.0.2.

We will be releasing the new version to the

- **Live** site on Sunday 31st May 2015

During this time Pulse and/or OBOS may not be available on Sunday 31st May between 13:00 and 23:30

The extended downtime on Sunday 31st May is due to additional changes to hosting platforms to be carried out in parallel. Full details of this have previously been sent to hospitals on 12/05/15 and can be found on the Hospitals & Science website at <http://hospital.blood.co.uk/products/obos/>

For urgent orders when OBOS is not available, please use the NHSBT Fax forms. When Pulse is not available but OBOS is, print the OBOS request and fax. In both instances please telephone Hospital Services to confirm order receipt.

The new functions delivered in this version will not be switched on initially so there will be no change in the operation of OBOS. We will pilot the new functions to order specialist stock components such as HLA matched platelets with a few hospitals and roll it out nationally in stages later in the year.

Full details of the updates in 7.0.2 will be available in the OBOS user guide (INF414) that can be found via the footer on both systems and on the Hospitals and Science website together with the release notes and a set of practice orders following the release dates at <http://hospital.blood.co.uk/products/index.asp>

If you have any queries, comments or concerns please email OBOS@nhsbt.nhs.uk or contact your local Customer Service Manager.

Craig Wilkes, Regional Customer Service Manager

2.7 Customer Satisfaction Survey

Thank you to those of you that recently completed our satisfaction survey and for all the valuable feedback you provided. The survey shows us where we are doing well and where we need to improve.

What you tell us allows Customer Services to become 'your voice' and deliver your messages throughout NHSBT. This is a vital part of the partnership we have with you, our customers. We know that surveys take time and can assure you that your feedback helps us to focus on improving our services.

The survey shows that overall we provide a good service with 70% of respondents scoring us as 9 or 10 out of 10. You have also told us that we are good at meeting your orders, OBOS and Sp-ICE are valuable services and you receive useful support from your Customer Service Manager.

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The main areas you would like us improve involve the routine and ad hoc transport service to better meet your needs and to continue to improve the service offered by RCI and report turnaround times.

Please click on the link below for a summary report on the latest satisfaction results that shows what we are doing to respond to your feedback

<http://hospital.blood.co.uk/customer-services/voice-of-the-customer/>

Chris Philips, Head of Hospital Customer Service

For Training

3.1 Training & Education Events and Courses

A full list of NHSBT training events, which are open to hospital personnel, is available on the our website at <http://hospital.blood.co.uk/training/index.asp>

If you have any queries regarding the above, please do not hesitate to contact your local Customer Service Manager, Patient Blood Management Practitioner 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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