

Tuesday, 29 September 2015

**For Action**

- 1.1 The addition of HbS to the Electronic Despatch Note (EDN)
- 1.2 Changes to Adverse Incident Reporting (MHRA & SHOT)

**For Information**

- 2.1 Roll out of pooled platelets in additive and plasma
- 2.2 Electronic Patient Test Requesting and Reporting – the story so far
- 2.3 NBTC/NHSBT National Patient Blood Management Survey - October 2015
- 2.4 Revised BCSH Guidelines - Group A Plasma and LIMS functionality
- 2.5 RCI Quarterly Update
- 2.6 British Committee for Standards in Haematology (BCSH) Guidelines on the Identification and Management of Pre-Operative Anaemia
- 2.7 Transport Review

**For Training**

- 3.1 Training & Education Events and Courses

**For Action****1.1 The addition of HbS to the Electronic Despatch Note (EDN)**

In June we informed you that we added HbS to the specification in the Guidelines for UK Blood Transfusion Services Chapter 25 in January 2015. Please see Change Notification No 01 - 2015 <http://www.transfusionguidelines.org.uk/red-book/latest-updates>

We are testing the development to add HbS to the electronic despatch note (EDN) and it will be implemented with the next Pulse version release – the exact go live date is to be confirmed.

We have informed Laboratory Information Management System (LIMS) suppliers of the planned change.

**Action Required:**

This is a reminder to ask your LIMS supplier to confirm that your LIMS interface will accept HbS in the file and confirm to you there will be no adverse impact on the import of the electronic despatch note.

**Heather Aplin, Lead Customer Service Manager, Projects**

**1.2 Changes to Adverse Incident Reporting (MHRA & SHOT)**

Serious Hazards of Transfusion (SHOT) and the Medicines and Healthcare Products Regulatory Agency (MHRA) have been working towards producing a joint haemovigilance reporting system that is fit for reporters' purposes as well as those of the MHRA and SHOT.

The MHRA and SHOT have agreed to introduce a joint haemovigilance system in 3 phases and Phase 1 of this project is planned for release on **05 October 2015**. A user guide with further details has been sent by email to reporters registered for both haemovigilance schemes, SHOT

and MHRA. That email and user guide, plus further details are available online at:  
<http://www.shotuk.org/joint-haemovigilance-shot-mhra/>.

A brief summary of the key points:

- Types of incidents to report have not changed, please report everything as before to both the MHRA and SHOT
- The 'SHOT only' and 'Share with SHOT' buttons have been removed from the MHRA database (SABRE)
- The MHRA and SHOT will each review only the cases relevant to their organisation
- There are more detailed categories in the drop-down box ready to link to SHOT in Phase 2
- Serious adverse reaction (SAR) confirmation does not need to be done anymore - SHOT will do this and an email will be sent to the reporter
- Serious adverse events (SAE) must be confirmed as normal
- The MHRA and SHOT databases remain separate for now, but with more harmonisation

Contact details for help or further information:

SHOT team – [shot@nhsbt.nhs.uk](mailto:shot@nhsbt.nhs.uk), 0161 423 4208

MHRA SABRE helpdesk – [sabre@mhra.gsi.gov.uk](mailto:sabre@mhra.gsi.gov.uk), 020 308 07336

The new joint MHRA and SHOT reporting platform has yet to be named, so suggestions are invited for a title that reflects the joint nature and functionality of the platform. Please send ideas via email to either address above.

**Alison Watt, SHOT Operations Manager**

## **For Information**

### **2.1 Roll out of pooled platelets in additive and plasma**

In April 2015 we notified you about the roll out of automated production of pooled platelets in additive and plasma. As from July 2015, all pooled platelets are manufactured by this method. Published studies show this component is associated with fewer allergic transfusion reactions. A further benefit is reduction in the already very low risk of vCJD infectivity.

As part of its scope, the Serious Hazards of Transfusion (SHOT) organisation collects adverse reactions related to new components, so, although we expect reactions to be reduced with this component, please identify clearly the platelet type involved in reactions, as well as any special requirements (e.g. CMV neg, irradiated).

This new component does not replace washed platelets in 100% additive which are recommended for patients who experience repeated reactions to other platelets or patients with IgA deficiency with a history of reactions.

**Hazel Tinegate, Consultant Haematologist**

### **2.2 Electronic Patient Test Requesting and Reporting – the story so far**

We are continuously looking to enhance the services we provide to our customers. As part of our Electronic Data Interchange (EDI) road map, we implemented, in Phase 1, Sunquest ICE (SpICE), to allow users of our diagnostic services access to RCI and H&I results via a web browser. Since the successful implementation of Phase 1 we have enhanced SpICE and extended its scope to other diagnostic and therapeutic functions.

In addition, we have been progressing EDI Phase 2 to support electronic referral and reporting of test results between NHSBT and Hospital LIMS (Laboratory Information Management System) using NPEx (National Pathology Exchange) middleware. We are pleased to report that in August a Proof of Concept (PoC) exercise was successfully completed for red cell samples requiring simple ABO, RhD and microbiology screening.

The PoC proved it is possible for:

- Hospitals to generate referrals electronically from their LIMS;
- NHSBT to receive the samples with a computer generated shipping manifest (no handwritten Request Forms);
- Samples to be reconciled based on electronic referral information;
- Authorised results to be sent electronically and filed within the Hospital LIMS ready for validation.

Advantages for hospitals:

- Removes the need to manually complete paper request forms therefore reducing effort and risk of transcription errors;
- Provides traceability of sample transit by confirming sample receipt at NHSBT;
- Removes the need to manually enter NHSBT test results into LIMS therefore reducing effort and risk of transcription errors.

Advantages for NHSBT:

- Reduced number of errors in test requests received as a result of manually completed referrals from hospitals;
- Removes the need to confirm sample receipt using time consuming manual systems;
- Removes the need for NHSBT to manually create test requests, saving time and reducing transcription errors;
- Improves service offering to customers.

Advantages for patients:

- Removes the potential for delays in reporting test results;
- Reduced risk of serious adverse event resulting from incorrect patient identification or incorrect result.

This PoC supports the electronic exchange of simple referral types between Hospital and NHSBT LIMS. The exchange of more complex red cell data is a far more difficult proposition due to the diversity of LIMS in use and the way in which data is presented.

RCI plan to initiate EDI Phase 3 and engage with the blood transfusion community in an attempt to establish an agreed standard for exchange of red cell data.

**Carol Ash, Assistant General Manager - Specialist Services**

### **2.3 NBTC/NHSBT National Patient Blood Management Survey - October 2015**

In 2013 Trusts were invited to participate in a National Patient Blood Management (PBM) Survey which guided the 'Patient Blood Management' framework launched in 2014. The next National PBM Survey is scheduled to commence early October 2015 via an online survey tool. Trusts will be asked to complete the survey by mid November and will receive an initial report in January 2016.

The aim of the survey will be:

- To provide information on implementation of PBM across NHS Trusts in England
- To compare PBM activity with the previous PBM survey performed in 2013
  - It is anticipated that benchmark data will include national, regional and local activity
- To provide data for Trusts to encourage implementation of PBM and to support business planning
- To provide data to the National Blood Transfusion Committee and NHSBT to support PBM strategy and future service development.

We recently sent a letter to Hospital Transfusion Teams to explain that this survey will be taking place so that they can prepare for collection of information.

**Louise Sherliker, PBM Practitioner on behalf of the PBM Survey Working Group**

#### **2.4 Revised BCSH Guidelines - Group A Plasma and LIMS functionality**

We have been engaged in discussion with several LIMS suppliers to understand how the revised BCSH Guidelines will be accommodated in their systems. The revised guidelines recommend the use of Group A plasma in trauma where the recipient's ABO group is not known.

For CliniSys' WinPath systems, we are advised that functionality to issue Group A Plasma products for emergency issue is already available in WinPath Enterprise v7.2x. This functionality is also being added to WinPath v5.34 which is due to move into the beta testing phase with a scheduled release first quarter 2016.

For CSC systems, we are advised that this is user-configurable and that reference tables can be amended by hospitals seeking to implement this change.

We are grateful to the suppliers for their constructive involvement in these negotiations and for agreeing to development, where necessary, to ensure that hospitals will have system-controlled functionality to meet these changes.

**Alastair Hunter, NHSBT Frozen Component Manager**

#### **2.5 RCI quarterly update**

RCI continues to develop the service it provides to our hospital customers, improvements are based around the comments and feedback from hospital users, including the customer satisfaction survey, and are aligned with the strategic intent to optimise and extend the service.

Specific progress during 2015 are described in the following link:

<http://hospital.blood.co.uk/media/27811/rci-quarterly-updatesept2015.pdf>

**Richard Gray, Head of Service Design – Diagnostic and Therapeutic Services**

#### **2.6 British Committee for Standards in Haematology (BCSH) Guidelines on the Identification and Management of Pre-Operative Anaemia**

The British Committee for Standards in Haematology (BCSH) have released a new guideline on the Identification and Management of Pre-Operative Anaemia, which is available at:

<http://onlinelibrary.wiley.com/doi/10.1111/bjh.13623/abstract>

## **Andrea Harris, Patient Blood Management Regional Lead**

### **2.7 Transport Review**

On 29<sup>th</sup> September we are launching a review of NHSBT's arrangements for Hospital logistics.

The launch will shape the review of the transport service we provide for the supply of blood components and collection of diagnostic samples. The review will include all aspects of our week day and weekend service, the adhoc pricing structure and will link with other initiatives such as Vender Managed Inventory (VMI) that seeks to maximise stock holding and deliveries.

We have hospital representatives at the launch and will ensure all hospitals have the opportunity to contribute to the review over the coming months. Understanding customer needs is vital to the success of the review and we will be attending User Groups and speaking directly to hospitals to provide the review with the most complete voice of our customers as possible.

Further details can be obtained by contacting NHSBT Customer Service at: [nhsbt.customerservice@nhsbt.nhs.uk](mailto:nhsbt.customerservice@nhsbt.nhs.uk) or your local Customer Service Manager.

### **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/>



Dr Kate Pendry  
Clinical Director – Patients  
Tel: 0161 423 4279  
email: [kate.pendry@nhsbt.nhs.uk](mailto:kate.pendry@nhsbt.nhs.uk)



Teresa Allen  
Assistant Director – Customer Services  
Tel: 01865 38 1013  
email: [teresa.allen@nhsbt.nhs.uk](mailto:teresa.allen@nhsbt.nhs.uk)