

Wednesday, 25 November 2015

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**For Action****1.1 Stock Management of platelets over Christmas and New Year**

Stock management of the platelet supply over holiday periods is challenging as we need to build stock when donors are available to carry us through the period when collection is reduced. This is most challenging with platelets as they have a short shelf life.

To manage and maintain stocks effectively we need to ensure that older stock is used ahead of fresher stock to avoid units expiring and creating pressure in the New Year.

During the period 23rd December to 6th January, requests for stock platelets may not be met with the most recently collected units. This assists us to conserve these more recently collected units to ensure supply is maintained into the New Year.

Customer Service Managers are currently contacting some high users for details of stock platelet requirements to allow us to plan supply, as far as is possible.

**Michael Roberts, National Platelet Supply Manager, Blood Supply**

**1.2 Customer Satisfaction**

We conduct a short customer satisfaction survey every quarter to measure the level of hospital satisfaction with NHSBT's services. We use a scale of 1-10 (10 = totally satisfied) and the percentage of high scores, the 9s and 10s, are reported to the NHSBT Executive and Board. The survey shows us that the majority of our customers believe we offer a good service with very low levels of dissatisfaction however we see anything less than 9 as not meeting the standard we expect and are striving to improve. Your feedback and comments linked to the survey has allowed us to implement many changes over the last few years including electronic ordering, reporting and invoicing and we know that there is still work to do with logistics including transfer of samples to our diagnostic laboratories which are our main priority this year.

I'm keen to hear how we can deliver the great service we aspire to and best meet your needs. Please email me if you would like to discuss any aspect of the service we provide or to let me know what we can do to be as easy as possible to do business with. Of course, your local Customer Service Manager is on hand to assist you, to understand your needs and make sure we at NHSBT deliver to world class standards.

You can find a summary of the survey here:

[http://hospital.blood.co.uk/media/27927/customer-satisfaction-survey-q2\\_2015.ppt](http://hospital.blood.co.uk/media/27927/customer-satisfaction-survey-q2_2015.ppt)

**Chris Philips, Head of Hospital Customer Service**

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### **1.3 Updated Patient Information Leaflets**

The 'Iron in your diet' patient information leaflet helps patients to understand the importance of iron and what can happen if they have low iron levels.

The 'Patient Blood Management' patient information leaflet explains the principles of patient blood management and where the patient can obtain further information.

Both updated leaflets are available to download from the Hospitals and Science website <http://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/> or alternatively, hard copies can be ordered via the Access-24 website <https://ww3.access-24.co.uk>

Please ensure that old copies of these leaflets are removed from circulation.

**Denise Watson, Regional Lead: Patient Blood Management Practitioner Team**

### **1.4 Points of note from the National Commissioning Group for Blood**

Following your request for boxes procured by NHSBT to be made available for use by hospitals, I am pleased to tell you that NHSBT has agreed to include the purchase of boxes into the current box procurement process. Based on your feedback on the numbers required, we estimate that this will cost in the region of £0.8m. The customer services team will now start to work with colleagues across blood supply to finalise the numbers and manage the rollout plan. NHSBT will provide box validation information and the procedures for the management of the temperature stabilisation material which you will need to build in to your own quality document system.

NHSBT has also agreed to fund some work with HSCIC to undertake a proof of concept using their data extraction tools to establish where blood goes in hospitals. We did successfully extract data from 4 hospitals 2 years ago using the AIM II software but this was deemed to be too complicated to roll it out further. We are currently working our way through a variety of governance boards but will keep you informed on progress.

This year to date we have received over 2000 mislabelled samples into our Red Cell Immunohaematology laboratories. This creates a lot of extra work and delays diagnostic investigations for patients. The price list for Red Cell Immunohaematology will now include a charge for this extra administration of mislabelled samples. This charge can be completely

avoided by checking samples before they leave the hospital and we would recommend that you contact the RCI laboratory before you send the sample if you have any doubts about the labelling.

NHSBT will be starting Hepatitis E testing at the end of January. There will be no charge for these tests until April 1<sup>st</sup> 2016. This delay is to give both hospitals and NHSBT time to work with IT suppliers to make sure that the ordering processes are in place and that the audit trail for negative tests can be maintained for patients. Where components need to be Hepatitis E negative as standard e.g. neonates, paediatric, IUT and granulocytes the extra cost will be built into the price of the unit. For "on demand" negative components a new ad val charge of £17.18 will be applied. As with CMV you will not be charged if you do not request Hepatitis E negative components but we supply them as part of your order.

NHSBT has advised the NCG that it plans to modernise a number of its core Information Technology Systems over the next few years and we have recently established the Transformation Programme to oversee this work. This work has been prioritised within our strategic workplan and will draw in expertise and resource from across our organisation and is essential to ensure that we develop the IT tools and architecture which will allow us to sustain a high quality blood supply for the future. Some hospitals have already been contacted to provide input into our user stories and we have had valuable feedback, thank you. As this work progresses we may need to come back to more of you to make sure that we deliver new functionality that meets your needs when placing orders for components, services and monitoring activity and billing. This level of change requires significant investment from NHSBT at a time when our income is falling as a result of reduced demand. We remain committed to service improvements and will be working hard to contain prices as outlined in our 2020 strategy.

The detailed outcome letters from the Department of Health and letters from NHSBT to individual service users are currently being prepared.

If you have any queries about these changes please contact a member of the customer services team.

**Teresa Allen. AD Customer Services**

## **For Information**

### **2.1 Update on Extended Blood Group Testing for patients with Sickle Cell and Thalassaemia Disorders**

NHSBT is undertaking an initiative to provide extended genotyping of haemoglobinopathy patient blood groups including *RHD* and *RHCE* variants. The initiative includes:

- Using an advanced genotyping platform, NHSBT will prospectively genotype as many paediatric and adult haemoglobinopathy patients as possible.
- Genotyping results and a record of existing and historic alloantibodies will be available via the NHSBT Sp-ICE system.
- NHSBT will not charge for this testing when it is done as part of the initiative

The development of this new and innovative testing has proved to be more complicated than anticipated and has taken longer than expected to complete. However the testing process has recently been validated and it will now offer a more comprehensive analysis of variant types.

Significant work has also been required to develop and validate the translation and interpretation of the results produced by the analyser into the format required for reporting.

All samples accepted so far have been processed and stored. We apologise for the delay in providing results, and encourage you to continue to submit samples for testing as part of this initiative. The backlog should start to be tested soon and we will let you know once this has begun.

**Richard Gray, Head of Service Design: Diagnostic & Therapeutic Services**

## **For Training**

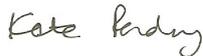
### **3.1 Training & Education Events and Courses**

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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