

Monday, 21 December 2015

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**For Action****1.1 Group A FFP in trauma where the recipient's ABO group is not known**

Hospital colleagues will be aware of the recent change to BCSH Guidelines which advised the use of Group A FFP as a "universal" component in cases of trauma where the recipient's ABO group is not known.

Due to the low distribution of AB donors in the general population, this change helps NHSBT to relieve pressure on stocks of AB FFP required for AB patients.

We are aware that hospitals' adoption of Group A for trauma in these circumstances is dependant on LIMS functionality and that:

- for **WinPath Enterprise v7.2x**, functionality to issue Group A Plasma products for emergency issue is already available
- for **WinPath v5.34**, functionality is being added and is moving to beta testing phase with intended release in the first quarter 2016
- for **CSC systems**, functionality is user-configurable and reference tables can be amended by hospitals

NHSBT Customer Services and Patient Blood Management staff are engaged in conversations with hospital colleagues to ensure that actions are being undertaken to support the ordering of Group A FFP, where appropriate, in preference to Group AB.

NHSBT Hospital Services staff have also been asked to confirm with hospitals whether some orders for Group AB FFP could be fulfilled with the provision of Group A FFP as an alternative.

For any queries on this please contact your local NHSBT Customer Services Manager who will be pleased to discuss further.

**Alastair Hunter, NHSBT Frozen Component Manager**

### **1.2 Stock Management of platelets over Christmas and New Year**

The item below was in the November Update but is included again as it is important that we have the information we need to manage stocks appropriately.

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.

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

### **1.3 NHSBT plans to produce HEV screened negative components**

Following a recommendation from SaBTO that HEV negative components were required for specific patient groups, NHSBT is continuing with plans to produce HEV screened negative components by early 2016. Specific patient groups include allogeneic stem cell/bone marrow transplantation and solid organ transplantation. NHSBT will also provide HEV negative components for neonates and infants under the age of one year.

We would like to thank all Trusts who completed a recent survey to help define the demand for these components. This information has supported the manufacturing and testing plans to ensure a consistent future supply.

In January 2016 we will be providing further information to support the introduction of HEV screened components.

**It is likely that SaBTO will provide further clarification of the indications for these components in specific patient groups. You may wish to consider:**

- Engaging with clinicians to ensure patients within the clinical groups are identified as requiring HEV negative components and the components are appropriately requested and authorised

**NHSBT will be making changes to OBOS and EDN to support the introduction of HEV negative components. You may wish to consider:**

- Contacting your laboratory information system supplier to make any required changes to systems
- Revising your laboratory information system to identify or 'flag' these patients

**NHSBT will not charge for these components for the rest of the current financial year, however there will be an added value charge of approximately £17 per unit from 1<sup>st</sup> April 2016.**

- We would recommend that you use the information that you supplied to NHSBT to estimate your own demand and engage your finance department of the potential increase in costs in the next financial year as this is likely to be a cost pressure in trusts supporting stem cell and solid organ transplant patients.

For further information please see:

<http://hospital.blood.co.uk/products/hepatitis-e-screening/>

**Louise Sherliker, PBM Practitioner**

### For Information

#### 2.1 Update of H&I User Guide for 2015 - 2016

The H&I User Guide has been updated for the 2015 – 2016 year and is now available in the H&I section of the NHSBT “Hospitals and Science” web site at:

<http://hospital.blood.co.uk/diagnostic-services/hi/>.

Changes to the User Guide have been made to reflect that HLA selected platelet management and issue is now based in two centres, one covering the North (managed by H&I Sheffield) and one covering the South (managed by H&I Colindale). This change has been made to better utilise this scarce resource.

This update also includes details of our NGS (Next Generation Sequencing) service that we now offer to Cord Blood Banks and Bone Marrow Registries, one of our continuing developments to ensure our services are second to none in the UK.

Changes to SHOT reporting have also been described in this update.

**Dr Andrea Harmer, National Head of H&I Services**

#### 2.2 Therapeutic Apheresis Services Officially Open Oxford Unit

On Thursday 19<sup>th</sup> November, the newly refurbished Therapeutic Apheresis Services unit in Oxford was officially opened.

The event was attended by a number of service users and patients, as well as NHSBT's Chief Executive and Oxford University Hospitals NHS Foundation Trusts Medical Director.



## **Blood and Transplant**

In addition, we were delighted that George Freeman, Parliamentary Undersecretary of State for Life Sciences, supported the opening by sending a personal video message and also tweeted his support on Twitter.

The event showcased the new four bedded therapeutic unit located within the Oxford blood centre. The new purpose built unit provides a larger, more clinically effective environment for patients. It also enables NHSBT to treat more patients from across the region.

If you would like any additional information on Therapeutic Apheresis Services and the treatments we provide, please visit our web pages:

<http://hospital.blood.co.uk/patient-services/therapeutic-apheresis-services/>

**Lydia Ball, Business Support Manager**

### **2.3 Supply Chain Modernisation (SCM) Project**

You may be aware that in July our board made the decision to progress the Supply Chain Modernisation project which involves the consolidation of manufacturing activity from Newcastle and Sheffield into Manchester. To accommodate these changes, the Manchester site will undergo refurbishment and introduce 24/7 working. These changes are due to be implemented during 2017.

We now have a dedicated page on the website for this project and this can be accessed under the Customer Services navigation bar or by using the following link

<http://hospital.blood.co.uk/customer-services/supply-chain-modernisation/>

Since the decision, NHSBT has been actively engaged in a variety of meetings with hospital customers in the North. This has involved presentations and discussion at User Groups and Regional Transfusion Committees as well as face to face meetings with individual hospitals. A summary of the common themes from these meetings, and our feedback to them, is also available on our website at

<http://hospital.blood.co.uk/media/27959/commonthemes.pdf>

**Chris Gallagher, Regional Customer Service Manager (North)**

### **2.4 NHSBT Mass Casualty Planning**

We have recently been asked to provide an update on our planning for major incidents in response to the recent attacks in Paris by a number of hospitals and we thought we would share our response.

NHSBT takes its responsibilities for the blood supply chain very seriously, and has certificated its Business Continuity arrangements to ISO22301, the International Standard for Business Continuity Management. We have contingency plans for standing up national and local emergency teams who have been trained and exercised in a wide range of

scenarios and are resourced and empowered to manage any incident which threatens the continuity of the blood supply. The people who work on these teams are experts in their respective parts of the business ranging from senior managers to clinicians and other health care professionals.

NHSBT are working closely with the Department of Health and NHS England to develop multi-agency mass casualty plans. These plans, which we hope to be published in the New Year, will incorporate any lessons learned from the tragic events in Paris. In the meantime however NHSBT has its own Mass Casualty plan, which has been informed by the UK Governments National Resilience Planning Assumptions. This plan allows us to stand up our national and local teams very quickly without waiting for notification, and also includes our partner blood services across the UK.

For emergencies above and beyond business as usual, NHSBT has a duty National Critical Incident Manager who can be contacted by phone 24 hours a day. Please note that this number does not replace the normal phone numbers used for ordering blood and blood components, and should be used only in an emergency when there is an urgent need to communicate with us at a higher level. The telephone number for the duty National Critical Incident Manager is 0845 850 0911.

If you have any queries in relation to planning or preparedness, they should be directed in the first instance to your Customer Services Manager, or alternatively to our Business Continuity Team on 01277 721187.

**John Lawson MSc MBCI CMgr MCMI , Head of Business Continuity Management**

### **2.5 New Patient Information Leaflets and updated Educational Resource**

#### **New Patient Information Leaflets**

**Protecting women and babies with anti-D immunoglobulin** was produced in response to requests from midwives and obstetricians for a national information resource to guide counselling of pregnant women.

**Information for patients with sickle cell disease who may need a blood transfusion** has been produced to help answer some patient questions with sickle cell disease who may be about to receive a blood transfusion. This leaflet includes information on the types of transfusions used in sickle cell disease and the special requirements that sickle cell patients may have.

The Educational Resource '**A Wealth of Knowledge** – *Information for Developing and Experienced Transfusion Practitioners*' has been revised and updated

The new Patient Information Leaflets are available to order FREE from Access 24 [ww3.access-24.co.uk](http://ww3.access-24.co.uk) and the revised Educational Resource is available to download from

the same location. For details of your login and password please contact The Customer Service Support Team on 01865 381010.

You can also find more details on the Hospital and Sciences website via the following link <http://hospital.blood.co.uk/patient-services/patient-blood-management>

**Kairen Coffey, PBM Education and Audit Lead**

### 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>

200 places are fully funded by Health Education England and are available free of charge to hospital staff.

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/>

On behalf of NHSBT we would like to thank you for all your support and feedback during the year and to wish you all a Happy Christmas.



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