

The Update February 2016

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For Action

1.1 Update on Extended Blood Group Testing for patients with Sickle Cell and Thalassaemia Disorders

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

- 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.
- There will be no charge for this testing when it is done as part of the initiative.

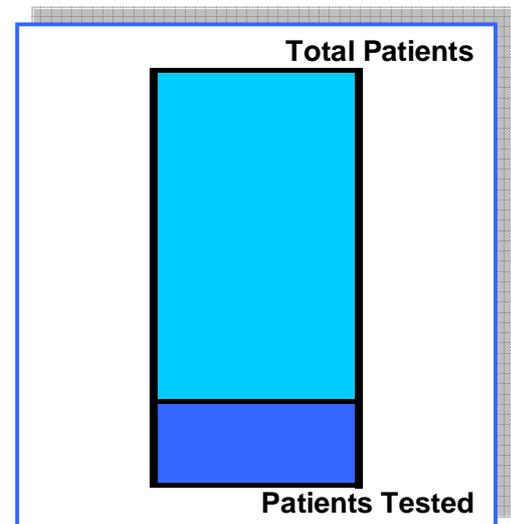
This work will support the creation of the database of genotyped blood group information for patients in England with these disorders. This information, and access to the Sp-ICE database, will enable better matched red cell products and potentially safer transfusions.

NHSBT is offering this testing at no extra cost to hospitals until the end of June 2016.

More than 3000 samples were received by the end of January however the rate of referrals has now fallen. It is hoped that many more samples from the estimated 15,000 people affected by haemoglobin disorders will be submitted before July.

A significant number of patients remain to be tested and we encourage you to continue to submit samples for testing as part of this initiative to provide the widest possible benefits to this patient group.

Mark Williams, Head of RCI



For Information

2.1 From 1st March 2016 NHSBT Filton plans to reduce the amount of CMV screening it performs

Following the introduction of SaBTO guidance on CMV usage and after a successful trial at the Manchester Centre, we will start to reduce the number of units that are screened at Filton. The reason for this is to guarantee that we continue to provide best value by keeping the price of blood to a minimum, whilst ensuring there is sufficient CMV screened components available.

We continually review our stocks to ensure that we are able to provide the correct specification of component for patients and are confident that, with a reduction in our screening, we will still be able to meet demand.

You will still receive a proportion of CMV negative red cells with your routine stock order, but this will be reduced. If you require CMV negative components for specific patients, please select this at the point of ordering on OBOS.

If you have any queries regarding the above, please do not hesitate to contact your local Customer Service Manager or Hospital Services Manager.

Rhian Edwards, Customer Service Manager (South West)

2.2 Updated SHOT Reporting Definitions, including reference to HEV negative components

The updated SHOT Reporting Definitions for 2016 are available on the SHOT website www.shotuk.org

One major change to these definitions relates to HEV negative components. Following a recommendation from SaBTO, Blood Services will shortly begin to provide HEV screened negative blood and components. Once HEV negative components are available, failure to provide these to patients as indicated in the SaBTO guidelines will be reportable to SHOT in the category IBCT-SRNM (incorrect blood component transfused-specific requirement not met). Near Miss incidents will also be reportable where the HEV-related error is noticed prior to transfusion.

Alison Watt, SHOT Operations Manager

2.3 Forthcoming extension to post-thaw expiry of FFP

Work is currently underway within NHSBT related to the extension of the post-thaw expiry of FFP for use in the treatment of major haemorrhage (MH).

The UK Standing Advisory Committee on Blood Components (SACBC) has considered a request from NHSBT to review the current post-thaw expiry of FFP. This request originated from hospital customer feedback and came against a backdrop of changing clinical need and changes to the British Committee for Standards in Haematology (BCSH) guidance on MH.

JPAC (the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee) approved an extension of the post-thaw expiry of FFP in accordance with clinical guidelines from 24 hours to 120 hours (5 days) when stored between 2-6°C.

This change only relates to UK-sourced adult plasma and does not extend to imported MBFFP, the post-thaw expiry of which remains unchanged at 24 hours.

JPAC are working with BCSH to develop an addendum to the existing BCSH guidelines. A copy of the JPAC review can be found in the Documents Library on the Transfusion Guidelines website or by clicking the following link:

<http://www.transfusionguidelines.org.uk/document-library/supporting-papers>

Changes to the Red Book (Guidelines for the Blood Transfusion Services in the UK), NHSBT's Component Portfolio and component labelling will also be required and NHSBT is in the final stages of implementation.

A brief Q&A was emailed to hospital colleagues which may be helpful for further information. Colleagues can also speak with their Customer Service Manager who will liaise with NHSBT's implementation team to clarify anything not included in these documents.

This change requires the co-ordinated activity across a number of bodies and organisations. We anticipate that this change will become live in March 2016 and this will be confirmed in a follow-up email as all activity is finalised. Up until that point the post-thaw shelf life remains at its current 24-hours.

Alastair Hunter, Frozen Component Manager

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 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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