

The Update June 2016

For Action

- 1.1 New OBOS version 7.2.3 release**
- 1.2 NCG Planning for 2017**

For Information

- 2.1 Sp-ICE - Important Browser Information**
- 2.2 Updated Guidance on Training and Assessment in Blood Transfusion and the National Standards for the Clinical Transfusion Process**
- 2.3 Provision of Ro Blood for Sickle Cell Disease**
- 2.4 Annual SHOT Symposium 2016 – Last chance to register**
- 2.5 Revised patient information leaflets**
- 2.6 Pooled Granulocyte – change to storage pack**

For Training

- 3.1 Training & Education Events and Courses**

For Action

1.1 New OBOS version 7.2.3 release

The latest version of OBOS, 7.2.3 is due for release in July. This version will give users the ability to search Specialist Stock Orders (HLA/HPA) using patient name or NHS number.

The release is scheduled for:

- **Training system from Friday 1st July 2016**
- **Live system on Friday 22nd July 2016**

On each of these days Pulse will be unavailable between 19:30 and 23:30

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

I'd like to take this opportunity to remind you that we recommend OBOS is used with Microsoft Internet Explorer IE6, IE7 or Firefox 3.5. No other browsers are supported for use. When using unsupported browsers, users have reported an impact on normal functionality such as losing the 'Create Order' tab.

We are currently looking at developing the system to automatically collate data on which browsers are used to access the system. This will provide continuous information that we can use to develop the system to be supported by a wider range of browsers.

Full details of update 7.2.3 will be available in the OBOS user guide (INF414). Release notes will be available before the release date and will be found via the links in the footer on both systems and on the Hospitals and Science website at <http://hospital.blood.co.uk/products/index.asp>

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

Craig Wilkes, Regional Customer Service Manager-South West

1.2 NCG Planning for 2017

The first meeting of the National Commissioning Group takes place on 1st July this year

Last year you may recall that our Customer Service team issued out a survey which asked about the potential application of a differential price as a means of managing the demand for Group O D negative red cells which would cover all the additional donor marketing and testing costs associated with maintaining adequate donors. During the last 12 months, demand for red cells overall has fallen once again by 4.6% but the demand for this blood Group has stayed close to 12.4% of total demand compared to our donor population of between 7-8% depending on the region. This means that we are having to call in donors more frequently and this can affect the number of donors who decide to stop donating. We have not experienced any shortages this year but the periods around bank holidays are challenging and we are constantly having to find new donors to sustain this level of demand. It is therefore likely that we will want to have further discussions with all hospitals including hospitals in the private sector about the best way to manage this group and reduce waste across the blood supply chain this year. Differential pricing is still an option being discussed at the NCG. We would welcome any further feedback on this option ahead of the meeting next month.

Demand for Group A D negative platelets has grown by 14.7% over the last 12 months and we have responded by increasing the number of donations collected in our apheresis units and we are also collecting more red cells so we can make additional pooled platelets. This has led to an excess of red cells of this group and we are aware that the age profile of this group has been less than ideal on occasions. We need to get a better understanding of this demand change and members of our PBM and Customer Services teams will want to talk to all hospitals about this demand over the summer. We have particular challenges mid week and hospitals always respond really well when we tell you that we have less than optimal stock levels usually generating a dip in demand over the following 24 hours of around 14% which helps stocks recover. We need to work with hospitals to understand if this demand can be identified in advance so we can adjust our manufacturing and collections in line with what is happening with patients. To date differential pricing has not been discussed here and we feel that the use of other blood groups may be more appropriate here for example Group A D pos for male patients.

Hospitals supplied by Sheffield will be aware that we are using information supplied by hospitals to adjust routine delivery schedules. Hospital logistics will form part of the NCG discussions this year. As hospitals work to manage down their costs many moved to collecting blood. This means that we have had to find ways to cut costs within NHSBT and have had to increase the number of deliveries made by couriers. We know that hospitals would like us to invest in our logistics services but the shift to collections has significantly reduced our logistics income via ad hoc charges impacting on our ability to offer the type of bespoke service that many hospitals would like. We therefore need to work with you to develop a new model which reflects the move towards 24/7 service provision which encourages use of planned routine deliveries that meet your needs but which also cover the costs. We have used your feedback and we are currently working

with Cranfield University on potential new charging models including the introduction of a charge for the click and collect service which many hospitals have moved to.

Demand for HEV tested components is still settling down and we will look at the prices for HEV testing at the second NCG meeting in November.

Members of the Customer Services and PBM teams will be talking to individual hospitals about each of these areas over the summer months. We are working hard to hold our blood prices but we need your help and I would welcome any feedback from hospitals in terms of how we can work together to optimise the blood supply and contain costs. Please provide any feedback to me directly via the following e-mail address NHSBT.customerservice@nhsbt.nhs.uk

Teresa Allen, Assistant Director - Customer Services

For Information

2.1 Sp-ICE - Important Browser Information

It is recommended to use Sp-ICE with Microsoft Internet Explorer IE7 or IE8; no other browsers are supported for use. When using unsupported browsers, users have reported an impact on normal functionality such as losing the individual patient search function and only being able to access reports via "View Latest Reports" or "View Reports by location". By the end of 2016 there will be a new version of Sp-ICE that will have a much wider and up to date choice of supported browsers.

Heather Aplin, Lead Customer service Manager – Projects

2.2 Updated Guidance on Training and Assessment in Blood Transfusion and the National Standards for the Clinical Transfusion Process

This guidance has been produced by a working group of the National Blood Transfusion Committee (NBTC) to replace the Safer Practice Notice, [SPN14], *Right Patient Right Blood* following abolition of the National Patient Safety Agency. It was produced in collaboration with Transfusion Practitioners across England and supported by NHS England. The guidance was ratified by the NBTC in March 2016; further work is underway to reconcile the recommendations with Skills for Health and find a home for them in NHS Improvement (the successor to the National Patient Safety Agency). A link to the guidance can be found here:

<http://www.transfusionguidelines.org.uk/uk-transfusion-committees/national-blood-transfusion-committee/responses-and-recommendations>

Dr Jonathan Wallis, Chair of NBTC and Dr Kate Pendry, Secretary of NBTC

2.3 Provision of Ro Blood for Sickle Cell Disease

We began a project in 2014 to make better use of Ro (cDe) blood and to reduce substitutions that use rr (cde) Red Blood Cells (RBC). We recognise there is a significant hospital demand for fresh Ro blood, used for Sickle Cell Disease (SCD) patients receiving transfusions, to meet the BCSH recommendations.

Since the project begun, the demand for RBC for SCD patients has increased as these patients are moved from manual exchange protocols to automated procedures. To make better use of Ro donations we have made some changes:

1. We are treating Ro, HbS Negative RBC as a short-dated product and aiming to move these components to appropriate Stock Holding Units (SHU) by day 2 after donation.

2. These components are separated from our general stock until day 10. Then are then made available as general stock to ensure wastage is minimised. This helps us to meet patient's requirement for fresh units, as we do for SCD patients with other phenotypes.
3. Hospitals can assist us by providing early notification of planned SCD transfusions. We can identify these orders and find suitable units up to 48 hours in advance. Units are sourced and moved, if required, for delivery in time for the planned transfusion. In the future, we are hope to improve this further by introducing better IT solutions to identify these orders early.
4. Although we are making much better use of these donations, Ro stock is insufficient to meet hospital demand. This is worsened by a considerable ABO mismatch between the donor Ro population and SCD patients with the Ro phenotype. We are addressing this with targeted donor marketing to expand the ethnic base of our donors and are actively recruiting from these communities.
5. We recognise that substitutions are still required and aim to inform you when they occur. We have introduced a substitution matrix (DAT2948) to select Ro before rr and this may mean you will receive a mixture of suitable units. We recommend that Ro RBC are supplied to SCD Ro patients: 19% of Ro donations come from similar communities as Ro patients with SCD, but less than 1% of rr donations come from these communities, suggesting a Ro unit has an increased chance of matching the extended phenotype of a Ro patient with SCD.

Substitutions	O Ro	A Ro	B Ro	AB Ro
1st	O rr	O Ro	O Ro	A Ro
2nd		A rr	B rr	O Ro
3rd		O rr	O rr	B Ro
4th				A rr
5th				AB rr
6th				B rr
7th				O rr

Richard Whitmore, Customer Service Manager – Tooting

2.4 Annual SHOT Symposium 2016 – Last chance to register

The Annual SHOT Symposium 2016 will take place in Manchester at the Lowry Theatre, Salford Quays on **Thursday 07 July 2016**.

We have a stimulating programme for the day <http://www.shotuk.org/wp-content/uploads/SHOT-Symposium-Programme-20161.pdf>, including a keynote speaker, Professor Erik Hollnagel talking on Resilience in Healthcare. There will also be an interactive session for everyone to get involved and examples of 'best practice', steps that have been taken to improve transfusion safety.

The delegate fee is £90 this year - please complete the application form which is available on the SHOT website (<http://www.shotuk.org/events-2/annual-shot-symposium/>) - we look forward very much to welcoming you in Manchester.

Alison Watt, SHOT Operations Manager

2.5 Revised patient information leaflets

The Patient Blood Management Practitioner Team have revised the following patient information leaflets, effective from 1st June 2016:

- Will I need a blood transfusion?
- Will I need a platelet transfusion?
- Will my baby need a blood transfusion?
- Will my child need a plasma transfusion?
- Information for patients needing irradiated blood

Please ensure that all old copies of these leaflets are removed from circulation. Copies of the revised leaflets can be ordered free of charge from <https://hospital.nhsbtleaflets.co.uk>

Denise Watson, Patient Blood Management Practitioner – Education Team

2.6 Pooled Granulocyte – change to storage pack

We have introduced a new pack used to process our Pooled Granulocyte component.

The specification and availability will not change but you will notice the new packs are different in shape and have one giving port. Images can be found on the Hospitals & Science website at <http://hospital.blood.co.uk/products/>

Please forward this information to any member of staff that may handle this component.

If you have any queries concerning this change please contact your local Hospital Service department or Customer Service Manager.

Luba Kosmirak, Lead Specialist Manufacturing & Hospital Services

For Training

3.1 Training & Education Events and Courses

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

If you have any queries regarding the above, please 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



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