NHS
Blood and Transplant

The Update
January 2018

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For Action

Register for SHOT symposium 2018

Registration is now open for the event to be held in Manchester at the Lowry Theatre, Salford Quays. The deadline to submit an abstract is 27 April.

Alison Watt - SHOT Operations Manager

Subscribe to receive email notifications from the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC) website

You can now subscribe to receive email notifications for updates made to guidelines published on the website, including:

- Red Book
- Handbook of Transfusion Medicine
- Geographical Disease Risk Index
- Donor Selection Guidelines
- Information published in the Document Library including position statements and supporting papers

Register here

Caroline J Smith, Joint UKBTS Professional Advisor Committee (JPAC) Manager

For Information

Si Graham joins the SHOT (Serious Hazards of Transfusion) team

We welcome Si as the new SHOT Clinical Incidents Specialist. Si has over 32 years nursing experience in accident and emergency and acute medicine, and has worked for NHSBT since 1999 in blood donation, tissue donation and clinical support.

Alison Watt - SHOT Operations Manager

IBGRL fetal RHD screening user guide has been updated

The Molecular Diagnostics department would like to inform Trusts which have implemented, or are in the process of implementing, the fetal RHD screening test that we have made changes to our user guide.

Previously, samples from women who have allo anti-D antibodies were excluded but we are now excluding samples from women with allo anti-G antibodies. This change was made following a case with an historical anti-D was concluded to be an anti-G, following a full investigation by RCI which included patient genotyping to determine the antibody specificity.

For women with anti-D or anti-G the consequences of both false negative and false positive results are significant. The diagnostic test can often identify D variant genes (in either mother or fetus) and reports can be tailored to give a recommendation for treating the fetus as D positive or D negative. This is not the case for the screening test which will instead produce a report stating the test result is inconclusive and the pregnancy should be treated as if the fetus is D positive.

The screening test is not validated for women with anti-D or anti-G alloantibodies, for this reason the user guide states:

> "This guide concerns fetal D blood group testing for pregnant women who have not made anti-D (or anti-G) and who require the test to determine their need for antenatal anti-D prophylaxis"

Kirstin Finning, Head of Molecular Diagnostics - IBGRL

Blood pack validations
The contract with our current blood pack suppliers is due to end shortly and we are now undertaking the tender process for pack supply from May 2018 onwards.

We last communicated to you about this in August 2017 when we let you know Phase 2 validations would be starting in September. This is still in progress. Due to increased numbers of the packs being used in the validation process, you will be more likely to see them in circulation from February.

They have a slightly different appearance to those you normally see. The specification to which the blood packs are produced is extremely tight and the majority of the changes are minor and cosmetic.

However, there is a significant difference to FFP packs from one of the suppliers: they contain more air than you normally see. During phase 1 validations these packs were issued to a small number of hospitals who have confirmed there were no issues with them. Please ensure hospital staff are aware of this and inform us if you experience any problems with storage or use.

All packs currently in use for blood products may be affected by these validations. Validation packs may appear at any UK hospitals.

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

Jane Davies, Lead Specialist - MDT

New component labels
We informed you in our November Update of some changes to our labels in the future. We will change to a transition phase label primarily. We would like to reassure you that the transition label will contain all the information you require in the same format as those labels in use currently.

The changes you will see are; the layout and positioning of barcodes, removal of the short DIN label (used by NHSBT), and the addition of two other barcodes; a 2D data matrix barcode including an ISBT128 component code, and a QR code.

Features of the transition phase label

- The donation number label will continue to be displayed using ISBT128 format.
- The following labels; ABO and Rh, component code, expiry date/time, and CMV status (where applicable) will continue to be displayed using Codabar format.
- 2D data matrix barcode. This is the key alteration and is included in the transition phase as part of the plan in moving to a final state label.
- QR code. This code provides component specification details and will be included on the transition and final state label.

The 2D data matrix barcode

Please note that your LIMS systems do not need to have the ability to read the 2D data matrix barcodes in the immediate future within the transition phase. They will need this functionality before we move to the final state label.
Where you have the functionality currently, you can take advantage of this label.
The aim is to provide you sufficient time to implement changes to your LIMS to include the ISBT128 component codes so that you are able to benefit from the 2D data matrix functionality.
We acknowledge that many of you will continue to use the Codabar format component code whilst you manage the change within your hospital to accept the new 2D data matrix barcode and ISBT128 component barcodes. The transition labels, once implemented, will be in circulation for up to three years dependent upon component type.

Final state labels

The date for the final state label will be later than the recommended go live date (of February 2019) by JPAC. This is to enable a sufficient period for consultation with you and time for you to implement the required changes to your LIMS, blood tracking and other systems.

Specification for the future labelling of blood components prepared in the UK

The technical specification is currently being updated by the Standing Advisory Committee on Information Technology (SACIT) and will be circulated when available.

If you would like our future communications to be sent to your LIMS and blood track supplier, please provide their contact details.

EDN and VMI systems will continue to use Codabar component codes until the final state label is introduced.

Both transition state (using both Codabar and ISBT128 component codes) and final state (using ISBT128 component codes only) labels will remain in circulation for a period after the final state go live. Your systems will need to manage both labels.

Please feedback any queries to craig.wilkes@nhsbt.nhs.uk

Craig Wilkes, Regional Customer Services Manager - South West

Manually washed red cells in place of automated washed red cells
In our November Update we advised you of a delay to the launch of this component. We are now able to confirm our implementation schedule. We will launch the new component in Filton on 7 February 2018, followed by Colindale on 19 February. Manchester will go live in March. Both old and new components will be issued during the switchover period. Please continue to order these components on OBOS as current practice.

Jane Davies, Lead Processing Specialist

For Training
Our training events are open to Hospitals and your attendance is welcomed. We look forward to meeting you.

Chris Philips
Head of Hospital Customer Service

Tel: 07889304517
Email: chris.philips @nhsbt.nhs.uk