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A D negative Platelets

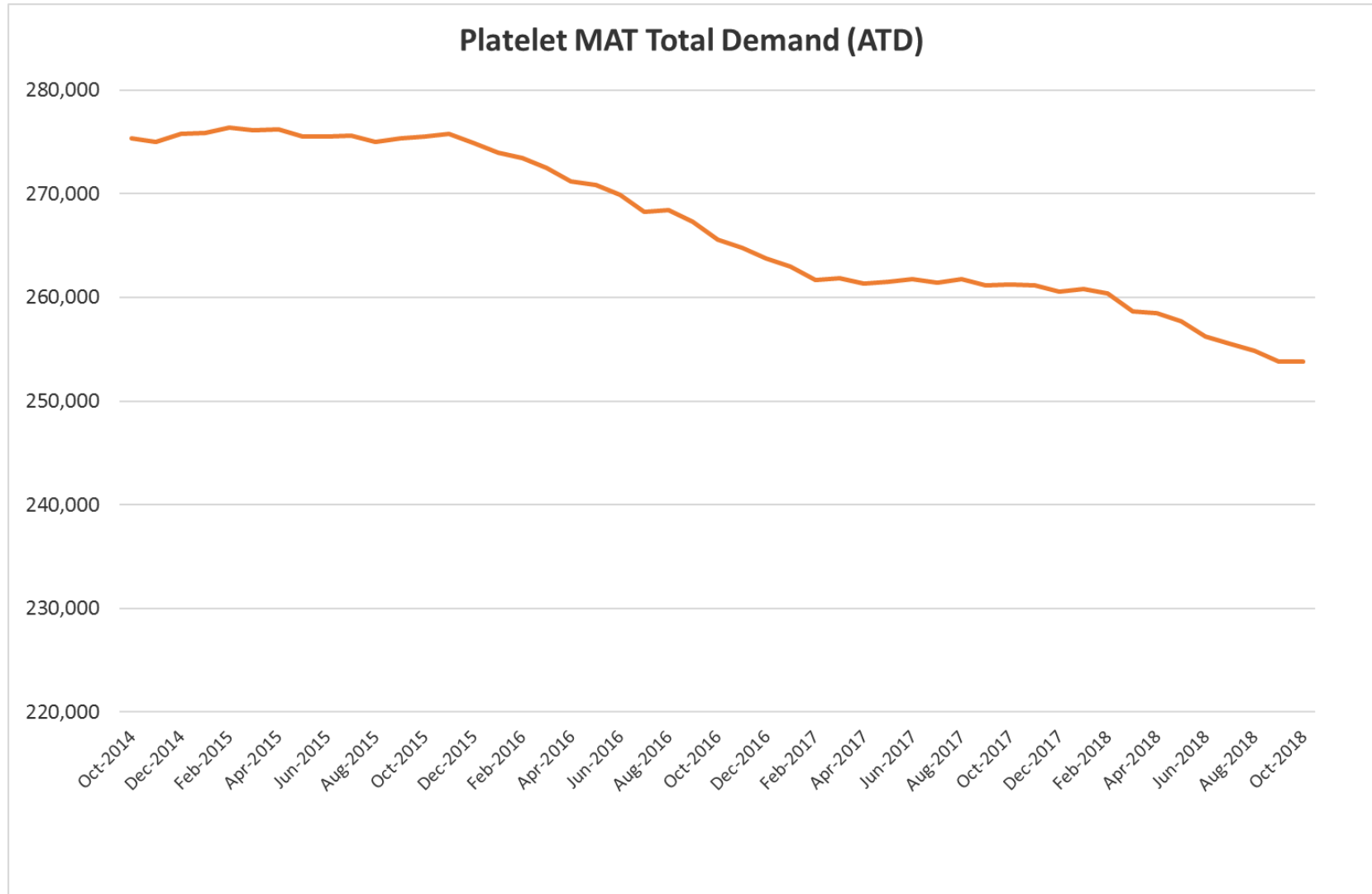
Why we need to act now

Gemma Fawke
PBM/BSMS Practitioner

Platelet Demand

- The average Platelet demand is going down
 - BSH guidelines/ NBTC codes
 - Better understanding of appropriate use
 - Surgical advances
 - Education - PBM Team, Hospital & Sciences website etc.

Total Platelet MAT demand

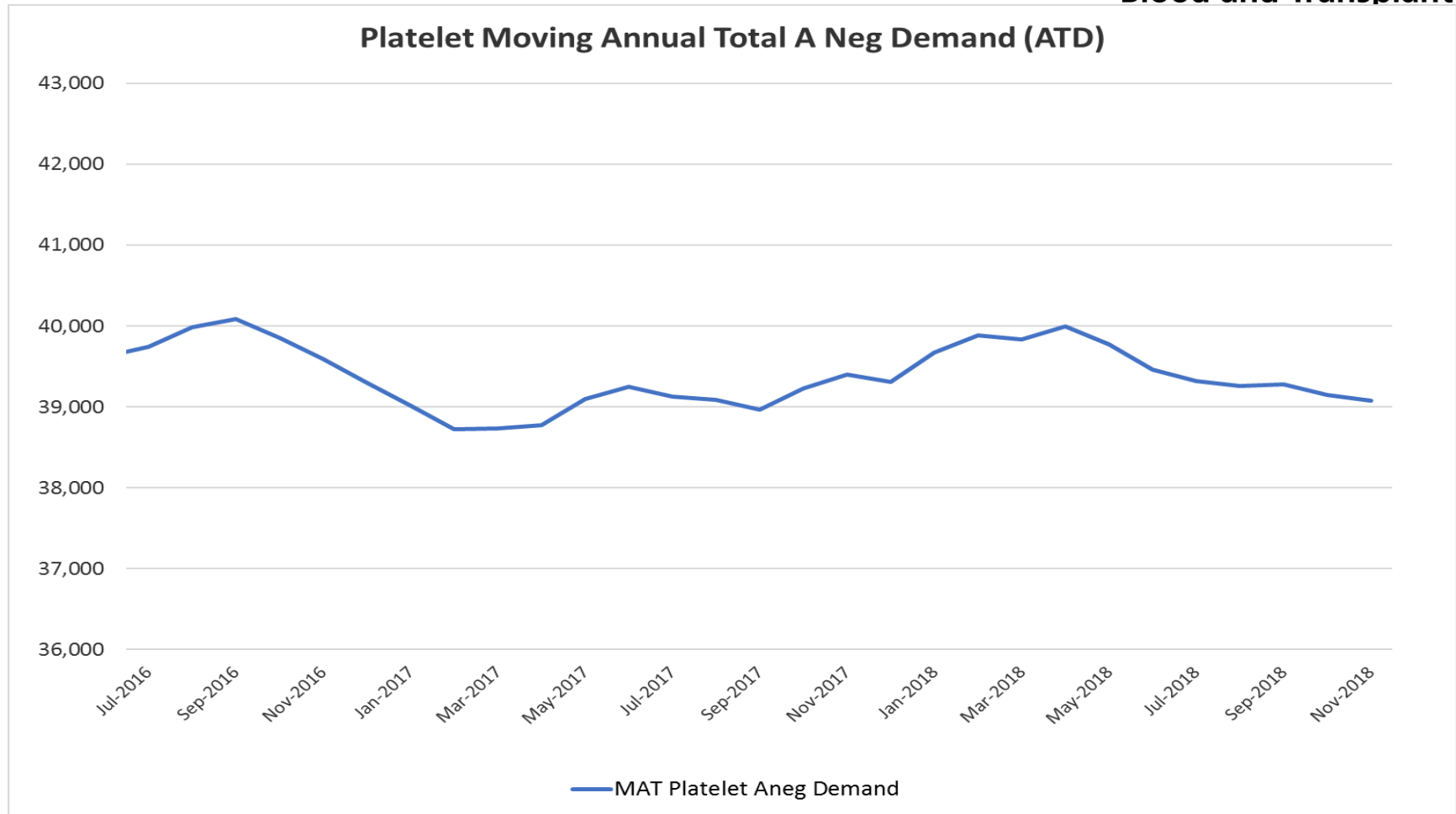


- The overall platelet demand continues to decrease.

A D neg Platelet Demand

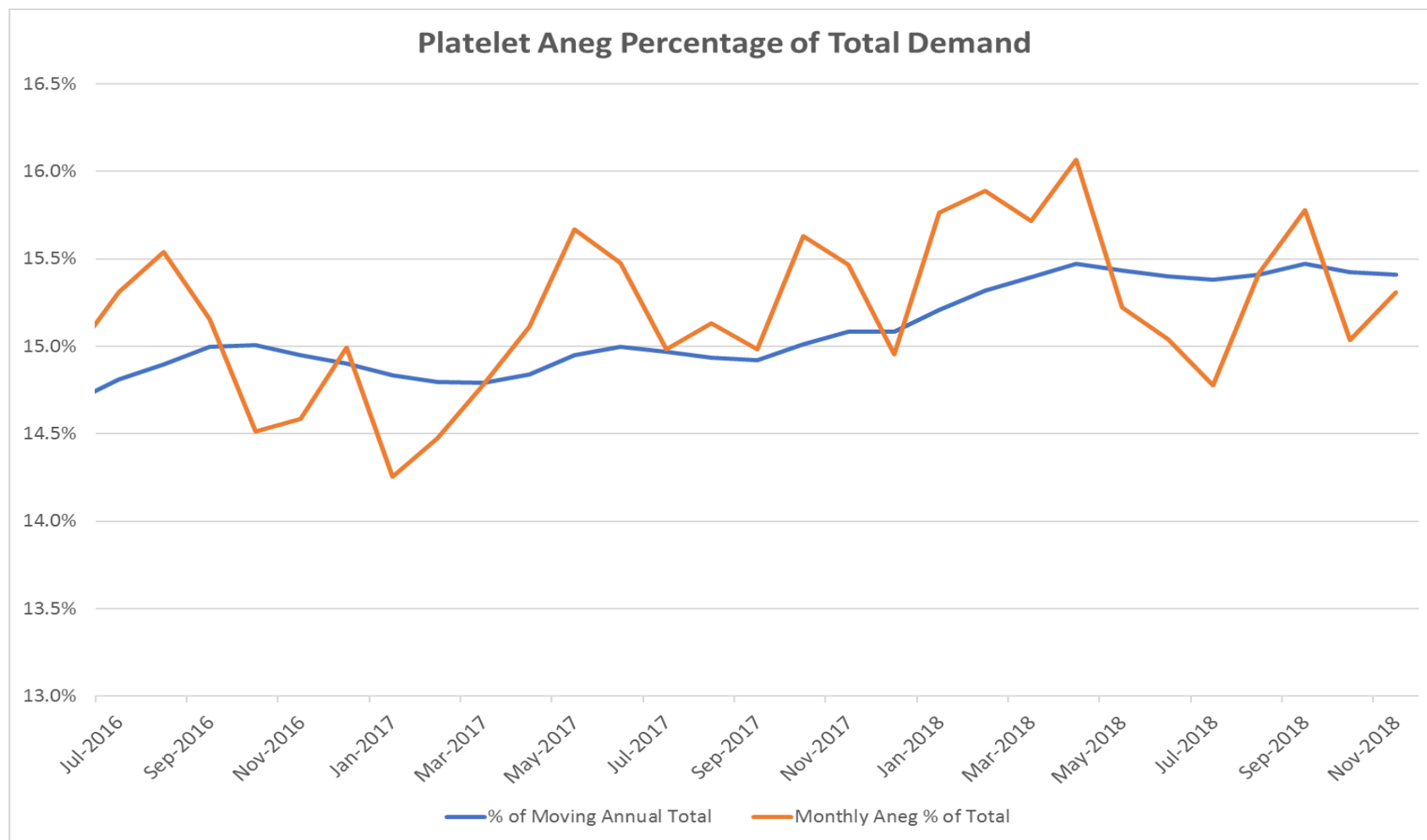
- A D neg platelet demand remains *consistent*
 - Stock platelets tendency to be A D neg
 - Preferential group as can 'give to anyone'
 - Lack of understanding re use of other ABO groups
- 70% A D neg platelets are produced through apheresis (vs. pooled) because of limited demand for A D neg RBC. This is more expensive.
- Demand for CMV negative (~17.5%) and HT neg places an additional burden on the supply chain.
- Despite high apheresis collections, NHSBT over collect and have to waste A D neg RBC to meet platelet demand.

A neg platelets MAT demand



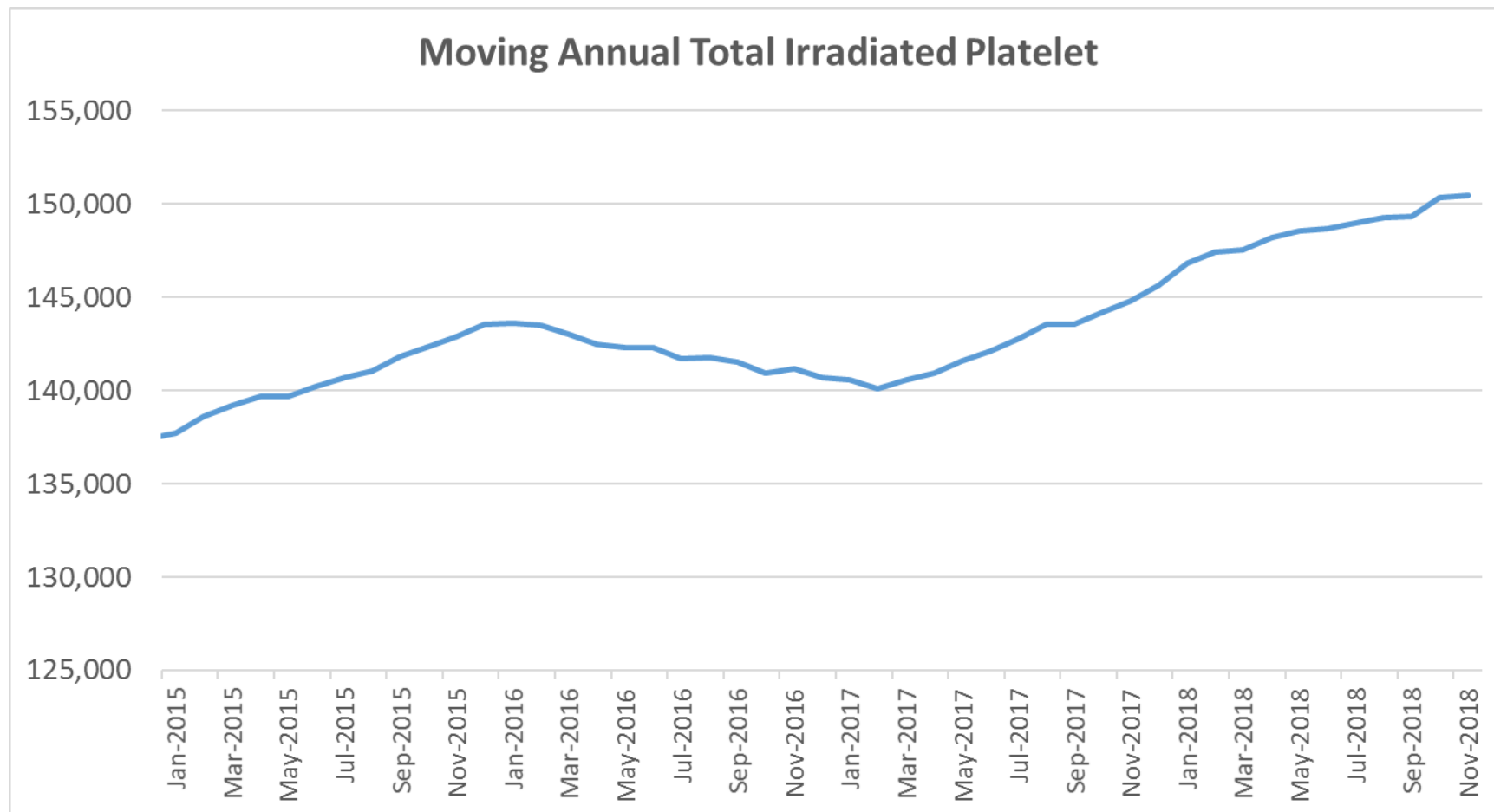
- Demand for platelet A neg (MAT) steadily increased from April 2017 with a peak in April 18. Since then, it has been slowly decreasing but on average is relatively consistent.

A neg Platelet demand as % of total platelets



- The moving annual demand proportion remains c15.5% since April 2018

Platelet Irradiated Demand



- While overall Platelet demand has been declining slowly, irradiated demand has been increasing since Jan-17.

Why do we need to act now?

1. Current average National demand for A D neg platelets is 15.5%
 - Donor population for A D neg is ~8%
2. **Not necessary** to hold A neg platelets as stock
 - Do you need stock platelets? Can you share?
 - Can you use other groups to A D neg? What are the specialities?
3. Demand for A D neg platelets means surplus A D neg RBC

If we continue, the demand for A D neg platelets will become unsustainable.

NHSBT Stock Example



	Red Cells			Platelets
	STOCK	ISI	TARGET	STOCK
O Pos	11266	7	10170	459
O Neg	3193	5.3	3701	167
A Pos	8585	6.4	8479	686
A Neg	3222	8.9	2297	252
B Pos	2887	8.1	2226	94
B Neg	645	5.5	691	42
AB Pos	683	7.3	608	53
AB Neg	250	8.7	231	4
Total	30731	7.2	28403	1757

- NB surplus A D neg RBC stock

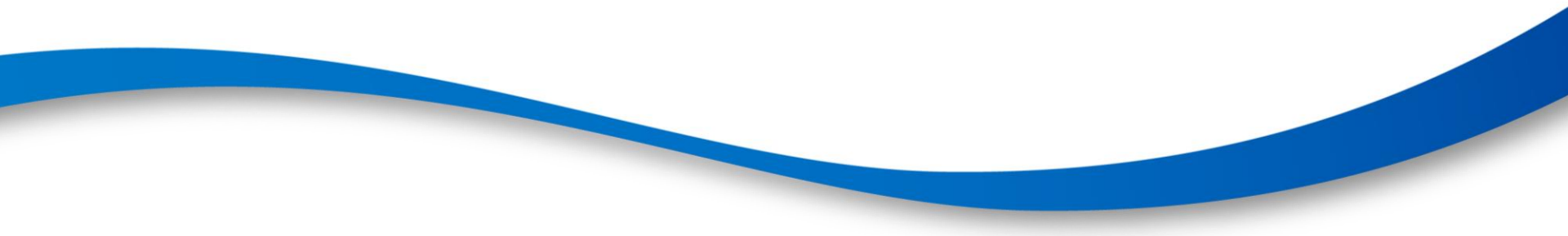
Supporting Guidance



NBTC Components Workshop

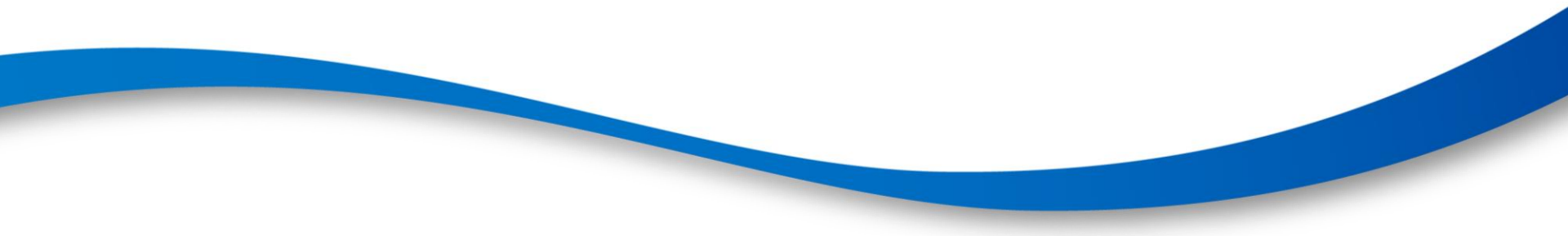
19th March 2018

A D neg recommendations, hospitals should:

- Re-examine local policies and **avoid default ordering of A D neg platelets for stock** or otherwise.
 - Consider use of D pos platelets for D neg patients not of child bearing potential (use Anti D Ig if D pos platelets are used for D neg patient of child bearing potential).
 - Educate local clinicians on SABTO recommendations for CMV negative components.
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Guidelines BSH Platelets

December 2016


- RhD negative girls or women of childbearing potential should receive RhD negative platelets. If unavailable, RhD positive platelets can be given with anti-D prophylaxis.
 - For RhD negative boys under 18 years of age, those who already have anti-D antibodies and transfusion-dependant adults, the platelets of choice are RhD negative. RhD positive platelets should be given if RhD negative platelets are unavailable or to prevent wastage of RhD positive components. Anti-D prophylaxis is not required.
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Why do we match platelets?

Blood and Transplant

- Reduces destruction of transfused platelets
 - Approx. 20-25% increased increment with ABO matched platelets
 - D match seems to have no effect
- Risk of haemolytic reaction
 - Due to donor antibodies
 - Actual risk unknown
- Risk of red cell immunisation
 - Residual RBC ~0.3uL per unit

What are NHSBT doing?

- Continuous work on donor recruitment / efficient donations
 - Education – Platelet algorithm / Conserving A neg Platelets Poster
 - Hospital & Science website – Platelet Toolkit & signposts to BSH guidelines/NBTC codes
 - National Platelet Action Group – understand & improve platelet use
 - London Platelet Action group
 - BSMS bespoke projects & roadshows
 - PBMP support & targeted A neg approach
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Continuous recruitment, more awareness for donors & efficient donations

Donors by region

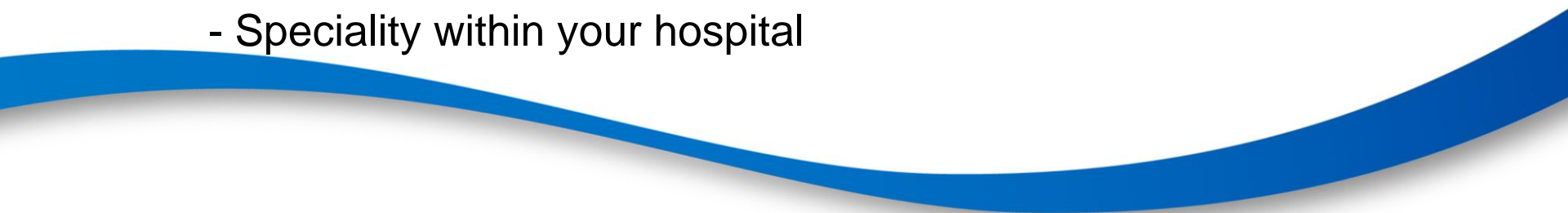
North East	16,994	15,815	23,602
North West	51,771	44,794	63,610
Yorkshire & The Humber	36,242	28,307	41,737
East Midlands	35,740	30,608	41,615
Wales	7,246	2,261	2,765
West Midlands	35,155	30,674	40,312
Eastern	47,189	39,482	51,980
South East	71,031	65,800	82,671
South West	46,275	44,700	57,729
London	63,891	55,179	67,669
	2015/16	2016/17	2017/18




What can you do?

- Firstly – start by auditing A D neg platelets, consider reviewing:
 - Ordering patterns and why?
 - What is being requested & issued?
 - **Where do A D neg platelets end up?...**

Things to consider:

- Delivery time/frequency
 - Do you share stock?
 - Speciality within your hospital
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What can you do?

- Need to understand A D neg platelet use before change (local audit)
 - Small tweaks can have a huge impact
 - Discuss & ask for support at HTC
 - TLM/Transfusion Lead/HTC chair engaged
 - Lab involvement & education
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PLAY YOUR PART!

NHS

Blood and Transplant

NHS

Blood and Transplant

SAVE

1

O D Neg

A WEEK



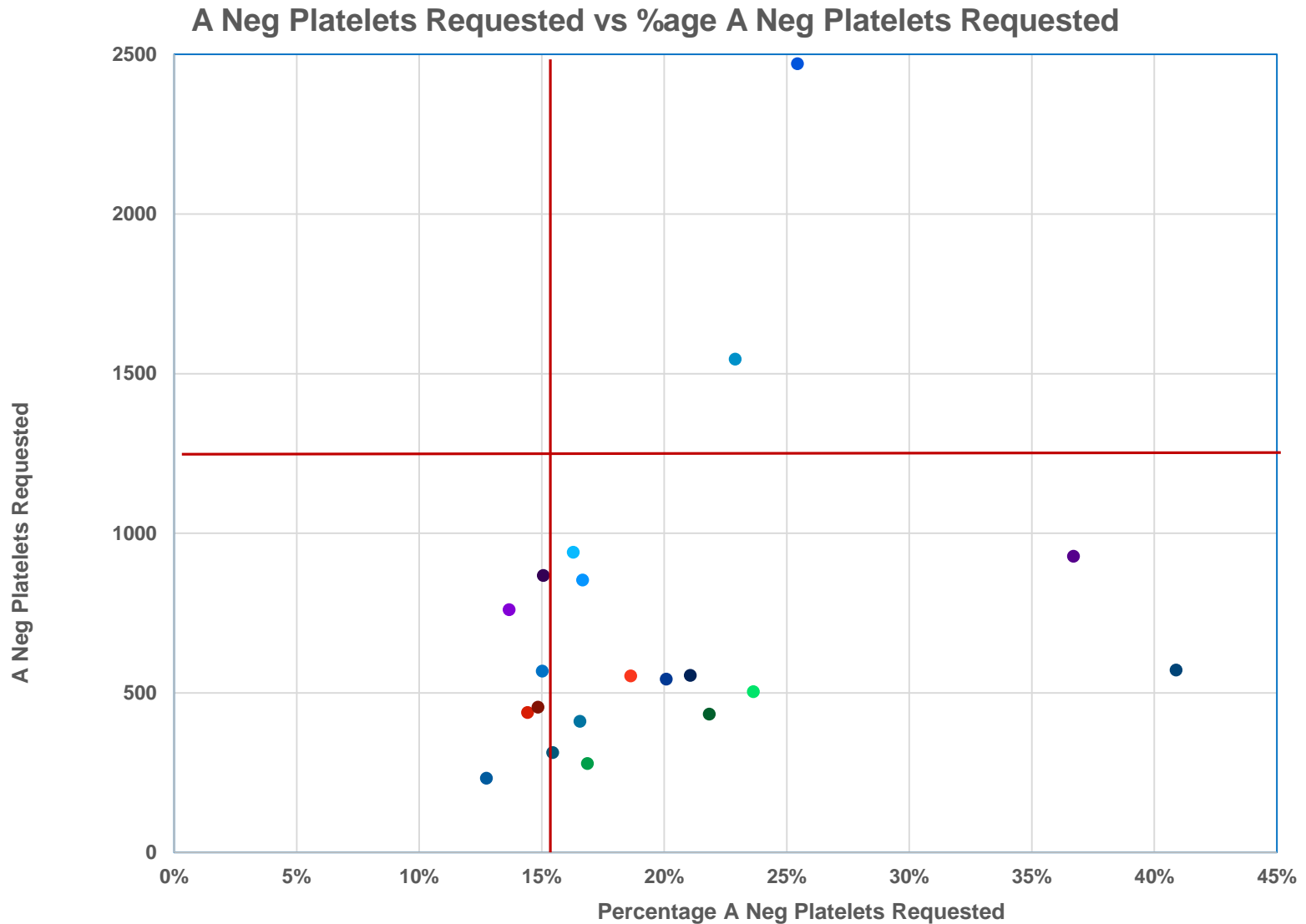
**It only takes one to
make a difference**

For more information or to access resources
from the “Toolkit” visit hospital.blood.co.uk
or contact your local Transfusion Team

“Save one O D Neg” Campaign

- ***134 Trusts***
- ***Estimated O D Neg savings:***
 - ***6968 units a year***
 - ***581 units a month***

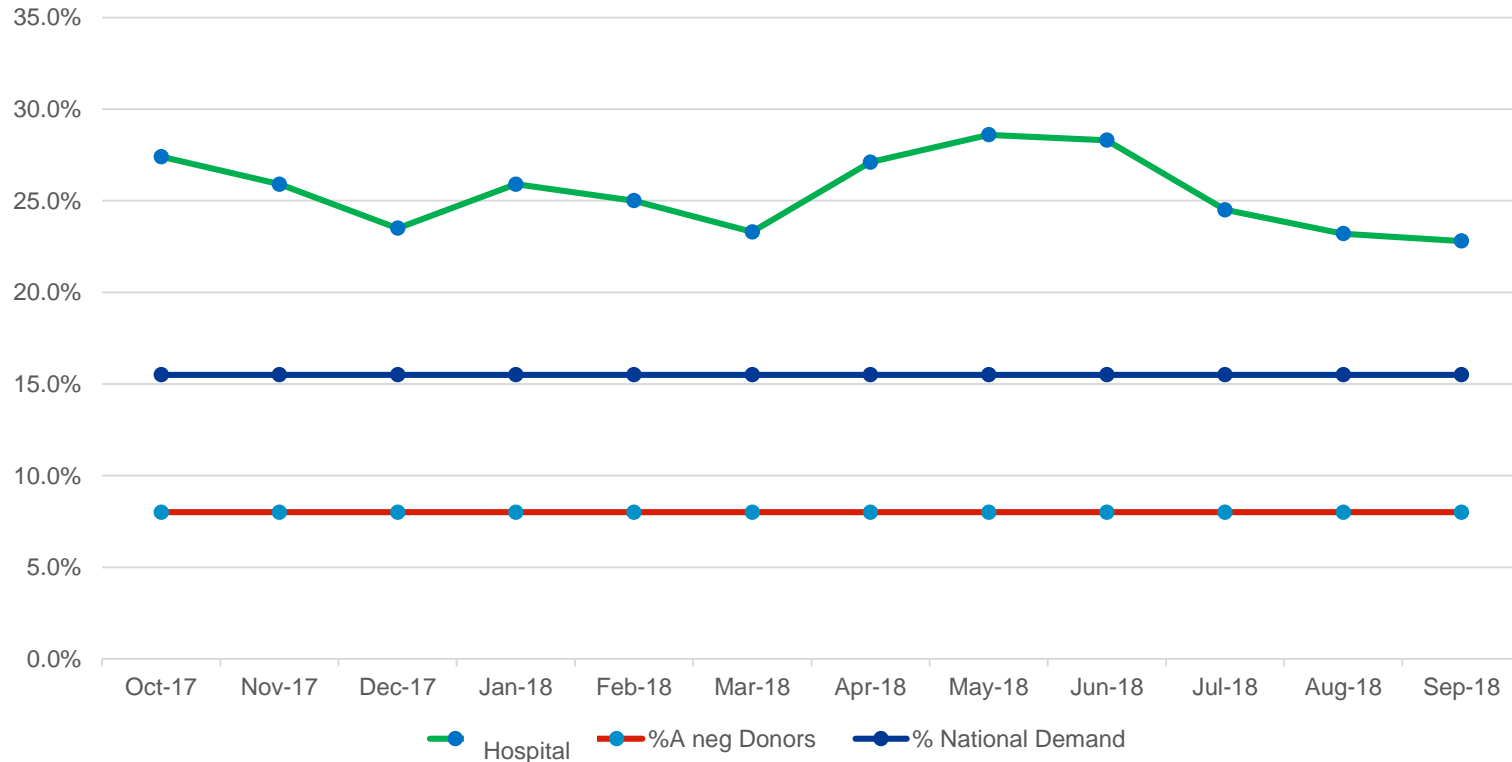
National Data



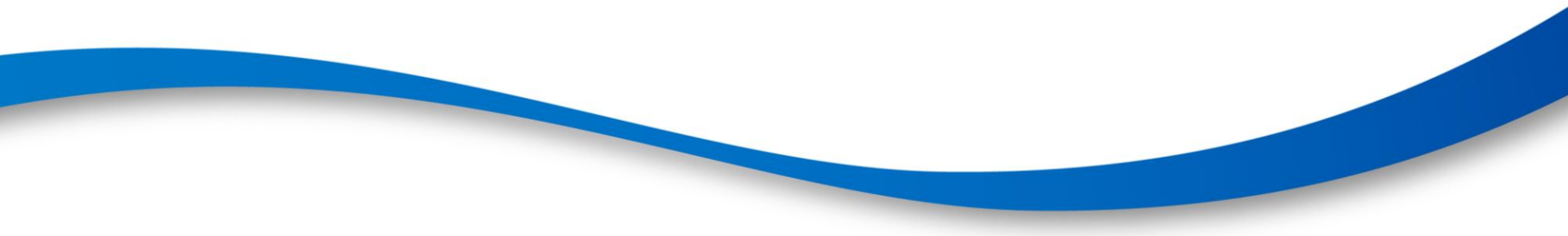
September 2018 National Data

Example Hospital in London

12 months A D neg % Platelet Issues



Next Steps

- ❖ Initial conversations with hospitals
 - ❖ Supporting audit practice underway
 - ❖ Educational material – slide set/resources
 - ❖ Collaborative approach
 - ❖ Share learning outcomes & best practice
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