



# **How do we achieve NICE Consent to transfusion?**

Discussion led by Simon  
Stanworth

Consultant  
Haematologist

NHS Blood & Transplant

# NICE Blood Transfusion Quality Standard (QS138)

## Quality statement 4 – Patient Information

“People who may need or who have had a blood transfusion are given **verbal and written information** about blood transfusion”

### Structure

**Evidence** of local arrangements

### Rationale

- It is important that people fully understand **the** benefits and risks of a blood transfusion, so they can give **informed consent**. Discussing the alternatives, and knowing that they cannot donate blood after a blood transfusion, helps people to decide if they want one. However, some blood transfusions are not planned and are carried out in an emergency. In these cases information should be given after the transfusion, including advice about the implications of the transfusion

# NICE Blood Transfusion Quality Standard (QS138)

## Verbal and written information should cover:

- the reason for the transfusion
- the risks and benefits
- the transfusion process
- any transfusion needs specific to them
- any alternatives that are available, and how they might reduce their need for a transfusion
- that they are no longer eligible to donate blood

# Regional Snapshot Survey – Consent in maternity

- Transfusion Practitioners audited 5 maternity cases that had been transfused, to identify if there was evidence that:
  - The patient had been given written information
  - The patient had been given verbal information
  - Verbal Consent had been obtained
- 7 Trusts took part
- 35 cases audited in total

# Consent Survey - Total 35 cases surveyed

## Is there documented evidence that:

### 1 - Verbal information about risks & benefits was given?

- 15 had been given the information
- 12 had not been given the information
- 8 were unknown – not documented

### 2 - Written information was given?

- 16 had been given the information
- 14 had not been given the information
- 5 were unknown – not documented

### 3 - Verbal consent to transfusion was obtained?

- 24 consent had been obtained
- 8 consent had not obtained
- 3 were unknown – not documented

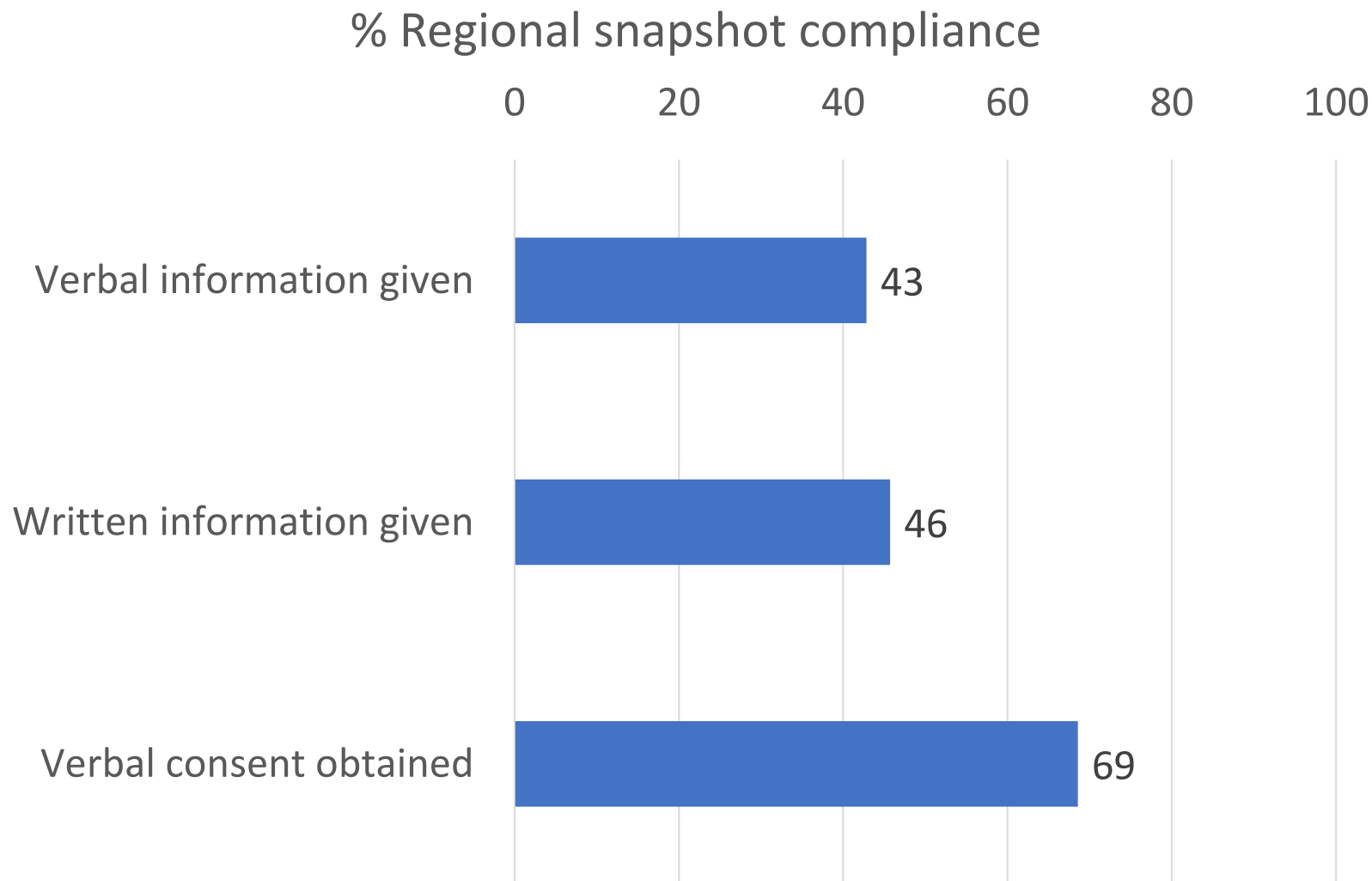
# Survey Results by Trust

Compliant cases per site (out of 5)



■ Verbal information given ■ Written information given ■ Verbal consent obtained


# Survey Results by Region (35 maternity cases)



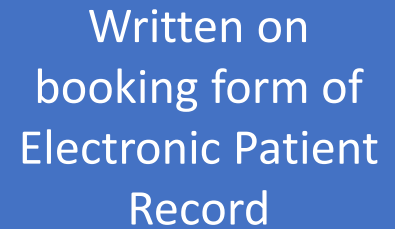
# How was each documented?



Written in  
notes




Tick box on  
consent form



Written on  
booking form of  
Electronic Patient  
Record



Circled on  
Transfusion chart



Tick box on  
Care Pathway



# Why is consent important?

- **Montgomery v Lanarkshire**

- Following a Supreme Court [judgement](#) in 2015 (Montgomery v Lanarkshire Health Board [2015] UKSC 11) there is an increased duty for a clinician to provide a patient with accurate, up-to-date information about the risks, benefits and alternatives to the proposed medical or surgical procedure. Courts now endorse and expect a collaborative approach to consent.

*“The doctor is... under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments”*

<https://hospital.blood.co.uk/patient-services/patient-blood-management/consent-for-transfusion/>

- **Infected Blood Inquiry**

- *The Inquiry will examine why men, women and children in the UK were given infected blood and/or infected blood products; the impact on their families; how the authorities (including government) responded; the nature of any support provided following infection; questions of consent; and whether there was a cover-up.*

<https://www.infectedbloodinquiry.org.uk/>

# Resources

<https://hospital.blood.co.uk/patient-services/patient-blood-management/consent-for-transfusion/>

- Electronic version of consent sticker pad and sticker
- Patient information leaflet written specifically for patients about blood transfusion