



NBTC Meeting Update

28th March 2022

DR STUART CLELAND

SOUTH WEST REGIONAL TRANSFUSION COMMITTEE
MEETING

RTC Budgets

10 regions	Current allocation Budget £36768
East of England	4336
London	5865
West Midlands	4212
East Midlands	3388
Northeast	3031
Yorkshire and Humber	2322
Northwest	8064
Southeast Coast	3312
South Central	3112
Southwest	3984
Other	3964
Total	36768

7 Regions	Allocated by Number of hospitals Total 257	New budget £47252
East of England	23	4230
London	49	9009
Midlands	42	7723
NE & Yorkshire	40	7352
Northwest	39	7172
Southeast	40	7352
Southwest	24	4414
Other		Nil
Total		47525

Preventing transfusion delays in bleeding and critically anaemic patients.

Date of Issue:	17-Jan-22	Reference No:	SHOT/2022/001
This alert is for action by: NHS and independent (acute and specialist) sector where transfusions are carried out.			
Access to blood components and products is a complex safety critical issue that is relevant across many departments and professions. Implementation of this alert should be coordinated by an executive leader (or equivalent role in organisations without executive boards) and supported by their designated senior leads for medical, nursing and pathology teams.			

Actions required

Local organisations must have:

Actions to be completed as soon as possible and no later than 15 July 2022

1. Reviewed and updated policies and procedures to cover:
 - a. Rapid release of blood components and products for major haemorrhage, AIHA and reversal of anticoagulants.
 - b. Compliance with SHOT¹, NICE⁴ and BSH⁷ recommendations.
 - c. Agreed criteria where rapid release of PCC is acceptable without the initial approval of a haematologist.
 - d. Concessionary, rapid release of the best matched red blood cells for patients with red cell antibodies.
 - e. Criteria and pathways for laboratory escalation to a haematologist where transfusion is urgent, and the presence of antibodies might delay release of red blood cells.
 - f. Treatment of patients who refuse transfusion of blood components and/or products.
2. Reviewed, updated, and implemented training programmes to include:
 - a. Recognition of bleeding, importance of communication, processes for activation of major haemorrhage protocols and rapid access to blood components and products in clinical staff training programmes.
 - b. Major haemorrhage drills, simulations and debriefs into regular staff training activities, including clinical and laboratory teams.
 - c. Concessionary, rapid release of the best matched red blood cells for patients with red cell antibodies.
 - d. A process for recording participation and identifying dates for re-training.
 - e. Treatment of patients who refuse transfusion of blood components and/or products.

SHOT Cas alert

Use of RCI consultant advised

SOPS developed in wake of alert will be shared

BSH guideline on hemolytic anaemia

Use of NHSBT consultant

SHOT CAS ALERT – Barnsley NHST response

FOR PAN-REACTIVE ANTIBODIES

Lab informs medics of Ab status – advise to take emergency group O

Send sample of NHSBT for full investigation

Lab staff find most appropriate blood product based on NHSBT findings.

Lab staff inform on-call haematologist, approve un-crossmatched group O blood.

Cross match multiple units, issue most compatible

FOR KNOWN ANTIBODY SPECIFICITY

Lab informs medics of Ab status – advise to take emergency group O

Send sample of NHSBT for full investigation

Medic to call NHSBT consultant for clinical advice

Lab staff find most appropriate blood product based on NHSBT findings.

Lab staff inform on-call haematologist, approve un-crossmatched closely matched blood.

Lab staff would also blue light the patients specific red cells (if none in stock) – and crossmatch on arrival

Lab staff would also manually crossmatch multiple units and issue the most compatible units with your approval

Lab staff would also inform the medic to monitor the patient for any transfusion reaction signs.

Transfusion 2024

Lab accreditation:

- MHRA reluctant to align standards, they are law, UKAS are peer review.
- NBTC asking for evidence of discrepancies on case-by-case basis.
- Feedback by Lab Managers network

Transfusion 2024 checklist coming.

Guideline on lab safety coming, UK TLC standards will be published shortly.

Request for more labs to undertake capacity planning.

Staff shortages seen in labs nationwide.

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Haematology Trauma working group

Group meets every 3 month for 1 hour via MS Teams

Reps from:

- All London MTC's, Brighton, Southampton, Oxford, KSS and Addenbrooks

Projects:

- Audit on anticoagulation reversal in ED
- SWiFT trial: Whole blood in 10 air ambulances
- Kings: Removal of plasma units in major haemorrhage packs

Group looking to expand and have reps from other MTCs

Plasma for medicine

- General plasma shortage in Europe for medicines such as IVIg.
- Looking to move towards strategic independence and self-sufficiency.
- Increase in number of companies who are tendering for plasma fractionating.
- Aiming to have UK sourced plasma for fractionating to be able to have reasonable proportion of products sourced from UK
- Earliest we would see change is 2024.

Blood Component Development

1. Whole Blood

- RCT should commence around June this year
- Assessing safety of D+ve blood for this study, trial will start with D-ve blood initially

2. Universal plasma/platelets

- Work underway on distribution of anti-A and anti-B in population.
 - What is risk in pooled platelets compared with aphaereis platelets?
 - Can pooled platelets be assessed as high titre negative?
- Dried plasma: Large funding application has been submitted for UK sourced and manufactured product. Decision expected shortly

Blood Component Development

Original Articles

The Difference in Potential Harms between Whole Blood and Component Blood Transfusion in major Bleeding: A Rapid Systematic Review and Meta-Analysis of RCTs



Louise J Geneen^{a,b,*}, Susan J Brunskill^{a,b}, Carolyn Doree^{a,b}, Lise J Estcourt^{a,b,c},
Laura Green^{c,d,e}

DOI: 10.1111/vox.13249

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^bNuffield Division of Clinical Laboratory Sciences, Radcliffe Department of Medicine, Uni

^cHaematology/Transfusion Medicine, NHS Blood and Transplant, UK

^dBarts Health NHS Trust, London, UK

^eBlizard Institute, Queen Mary, University of London, London, UK

ORIGINAL ARTICLE

Vox Sanguinis  International Society of Blood Transfusion

Estimating the risks of prehospital transfusion of D-positive whole blood to trauma patients who are bleeding in England

Rebecca Cardigan^{1,2}  | Tom Latham³ | Anne Weaver⁴ | Mark Yazer⁶ |
Laura Green^{3,5,7}

Blood Pricing

Demand broadly flat going into next year

Occult Hep B testing implications - £2mill to test all donors.

Contract has been re-issued with new price list

Overall price increase of 6% for blood products approved by NCG for next year

Fixed capacity + variable costs to remain and aim to return to cost per item for following year

Aim of NHSBT to reduce cost base in blood by 109% over 23-27 period

O-ve: 13.5% total demand, 7% of population. Should we have differential pricing?

National Comparative Audit NICE QS138

National Comparative Audit in Blood Transfusion

Recent audits:

- FFP and cryoprecipitate in neonates and children
- Medical Use of red cells
- NICE quality standard

Planned audits 2022/23

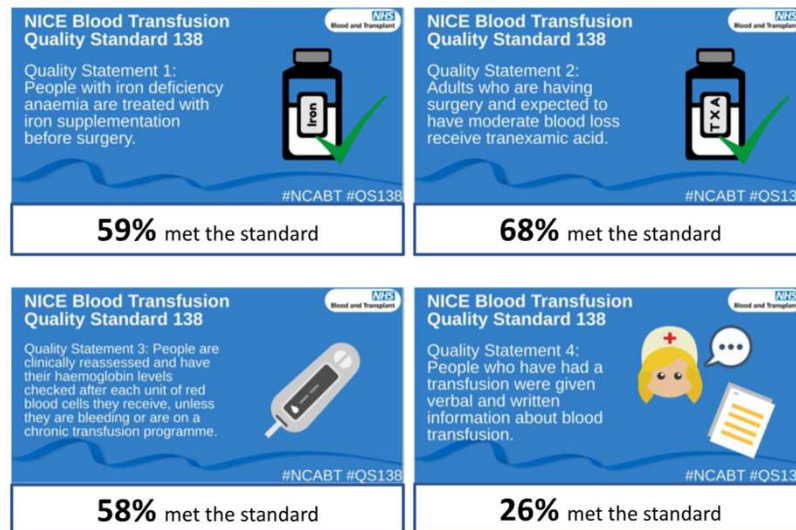
- PBM in paediatric elective surgery
- Upper GI haemorrhage
- Blood sampling and labelling
- Repeat NICE quality standard

Plans

Increased promotion of findings and QI resources

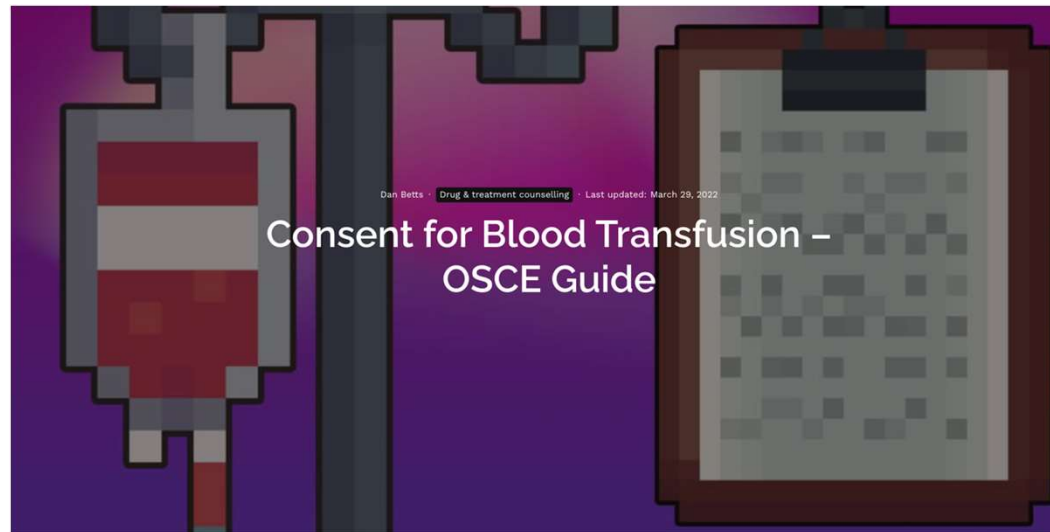
Data integration into model hospital
Reduce burden of work

Thanks to Lise Estcourt for slide



- 4th survey of PBM since 2013
- Overall response rate 75% - static
- Number of TP's has remained stable
- Some trusts don't have consultant hematologist assigned to transfusion
- Increase in sites using data to help drive KPIs/PBM initiatives

Patient information Work Group



<https://geekymedics.com/consent-for-blood-transfusion-osce-guide/>

More details

More detailed summary and reference papers will be shared separately to this meeting