

# RTC chairs meeting

## March 2015

- Informed consent (South central)
  - Pilot still in progress
  - Nursing > medical staff compliance
  - Can be difficult to find in notes
  - Considering developing format for paediatrics/neonates

# O Neg survey

- N = 125 (50% response)
- 65% sites hold > assumed ideal of < 10.5%
- Best practice requires
  - Regular review of stockholding
  - Awareness of where blood is being used
  - Confidence in stock replenishment
- To collect % O neg transfused to O pos due to time expiry
- Review appropriateness of O neg transfused in emergencies
- Is ABO incompatible used because no group specific
- Analyser time
- Frequency of O neg stock rotation

# National Blood Transfusion Committee

March 2015

# NBTC & NHSE meetings

1. Transfusion to be included in relevant specialist commissioning documents
2. Mechanism to update existing guidance eg. NPSA SPN14 required (?NHSE patient safety team)
3. NICE transfusion draft guidance (May 2015)
4. PBM
5. Inclusion of transfusion in data collection by national registries

# Consent (NCA results)

- Elective transfusion in adults only
- 81% recorded indication for transfusion
- 42% documented consent
  - 80% prescribers/ consent (F1 & F2)
- 38% patients informed re risks and alternatives
- 20% patients given PIS
- BUT 75% patients thought had enough information

# Consent actions

1. Strengthen policies: systematic approach required
2. Increased education for junior doctors
3. How can information be disseminated to patients more effectively?

NBTC asking each region to review consent practice:

What works best?

What does best look like?

# NPSA SPN14

- Standards still under review
  - Standards for health not fit for purpose
  - Collaborative working to rebadge: £10k
- Draft standards to be drafted by TP to be brought to September NBTC

# PBM

- Single unit transfusion in stable medical patients (Kings) in progress
- Implementation of NW pre-op anaemia strategy
- Cinisys collaboration
- AFFINITIE
- HES& transfusion data: feasibility study
- Standard transfusion requesting
  - Standard request for order comms



# Laboratory aspects

- 2 sample rule (May 2014)
  - 44% adopted
  - 28% not adopted (and no immediate plans)
- MHRA
  - Risk based approach
  - 2 sample rule = best practice

# Clinical aspects

- Risk of bacterial contamination
  - N = 3 platelets (staph aureus)
- SABTO considering risk of HBe
  - 1 in 3000 donations
  - Increased risk of chronic carriage if recipient immunosuppressed (organ/stem cell transplants) with risk of hepatic fibrosis/liver cirrhosis
  - ?testing