BBT
(Better Blood Transfusion)

Department of Health *Health Service Circular (HSC)*

- **HSC 1998/224**: Better Blood Transfusion
  HTC; Transfusion guidelines and protocols; SHOT participation

  HTTs; BSMS participation; lab. accreditation; traceability; national guidelines for appropriate use

BBT3

All NHS Trusts providing blood transfusion should [have]:

- Functioning HTT & HTC
- Action plan for compliance with BSQR
- Meet NPSA competency assessment
- Policies for blood transfusion & refusal; patient identification and technologies to support this
- Participate in BSMS & NCA
- Laboratory: CPA accreditation, out of hours covers, & GMP
- Report to SHOT & SABRE
- Regular audit of transfusion practice
BBT3

..... and should [have]:

- Guidance for the use of red cells, FFP & platelets [indications]
- Establish protocols to empower laboratory staff to ensure appropriate clinical information is provided with requests
- Pre-operative assessment/ anaemia management of surgical patients
- Develop blood conservation strategies: cell salvage, point-of-care testing, pharmacological agents
- Procedure for prescription & administration of Anti-D, and training / assessment for the prevention & management of HDN
- Procedure for identification & management of maternal anaemia
- Increase patient & public involvement, ensuring patients are informed of transfusion & alternatives.
BBT3

- NHSBT & NBTC required to support HTT/Cs

- Trusts required to ensure representatives from HTC can attend regional & national committees.
Patient Blood Management
Patient Blood Management

Sub heading

- Evidence-based
- Multidisciplinary approach

Text

- Optimising the care of patients who might need a blood transfusion.
- Puts the patient at the heart of decisions
- Ensure that they receive the best treatment
- Avoid the inappropriate use of blood and blood components.
Why does it matter?

• Improves care
• Reduces inappropriate transfusion
• Ensures availability where there are no transfusion alternatives available
PBM – Key Messages

• Patient - at the heart of decision making
• Blood – conserve patient’s own blood, avoid transfusion where appropriate
• Management – organise and co-ordinate

Further information can be found at:

http://www.transfusionguidelines.org.uk

under ‘National Blood Transfusion Committee’
PBM

- Represents an international initiative in best practice for transfusion medicine; NHSBT is working with the Department of Health and the National Blood Transfusion Committee to support NHS Trusts to manage their blood use effectively.

- Evidence shows that there is inappropriate use that can be reduced and that the current trend of use is not sustainable.
PBM Key Elements

• Use of performance measures (KPIs) in transfusion

• Consent for transfusion

• Cell salvage, IV iron, and use of alternatives

• Management of anaemia

• Clinical audit/tracking of blood use

• NICE guidelines
• Consent for Blood Transfusion
In March 2010 SaBTO initiated a public consultation on patient consent for blood transfusion
Why?

- **Patient Choice**: Many patients may not wish to receive a blood transfusion and/or may wish to know what the alternatives are.
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- **Patient Choice**: Many patients may not wish to receive a blood transfusion and/or may wish to know what the alternatives are.

- **Public Health**: Recipients may not be aware that they have received blood and then go on to donate.

- **General legal and ethical principle**: Valid consent should be obtained from a patient before they are treated.
It had the following Objectives:

• Identify the preferred option for recording consent

• Explore the potential operational impact of implementing a standardised form of consent for transfusion

• Confirm what type of information patients should receive
Identified key issues in transfusion practice

- Not always given information on risks, benefits, and alternatives to transfusion, or the right to refuse transfusion

- Not always made aware that they have had a transfusion

- Those unaware that they have received a transfusion may go on to donate blood when they should not

- There is inconsistent practice across the UK
Summary of Action Plan

14 recommendations / 3 broad categories:

**Clinical practice:**
What should be done / hospital policy
Recommendations 1-6

**Governance:**
Review of clinical practice
Recommendations 7-10

**Education:**
To help support clinical practice
Recommendations 11-14
Valid consent for blood transfusion should be obtained and documented in the patient's clinical record by the healthcare professional.
2.

There should be a standardised information resource for clinicians indicating the key issues to be discussed by the healthcare professional when obtaining valid consent from a patient for a blood transfusion.
A UK Comparative Audit of consent for transfusion should be carried out, facilitated by the National Comparative Audit for Blood Transfusion
NCA 2014 Audit of Patient Information and Consent

- Patient Consent Documented: 43%
- Reason for Transfusion Documented: 37%
- Patients didn’t feel involved in decision: 21%
6.

There should be a standardised source of information for patients who may receive a transfusion in the UK
There is a list of key points that should be included in all adult patient information leaflets.
Key issues

- Discuss indications, benefits, risks and alternatives
- How transfusion is administered and importance of positive patient identification
- Provide the patient with written information
- Document the discussion in the patient’s clinical records
- Ensure patient knows that can no longer donate
Local Resources

- Transfusion Practitioner
- Transfusion Laboratory Staff
- Hospital Transfusion Committee
- YOUR Trust Transfusion policy
- The Patient Blood Management Team
- Regional Transfusion Committee

Web based Resources

- www.transfusionguidelines.org
- www.transfusionguidelines.org
- www.learnbloodtransfusion.org.uk
- www.learnbloodtransfusion.org.uk

Patient information can also be found at NHS Choices at: http://www.nhs.uk
and via Facebook, Twitter and You Tube
The majority of blood transfusions go to elective patients where there is time to discuss transfusion and the alternatives available.

It is very important that you find time to give your patient a leaflet and discuss with them the risks and benefits of receiving a blood transfusion.

**DON’T**

**FORGET**
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