

## UK Red Alert Plans Meeting

Wednesday, 5 April 2023 (14:00 – 15:00)

via MS Teams

FINAL MINUTES

Attended	
<ul style="list-style-type: none"><li>- Fateha Chowdhury (NHSBT) (FC) – Chair</li><li>- Lise Estcourt (NHSBT) (LE)</li><li>- Edwin Massey (WBS) (EM)</li><li>- Katie Hands (SNBTS) (KH)</li><li>- Kathryn Maguire (NIBTS) (KM)</li><li>- Mike Murphy (NHSBT) (MM)</li><li>- Sue Katic (NHSBT) (SK) - Minutes</li></ul>	
Apologies	
-	
	Minutes
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"><li>• FC - no feedback received regarding minutes of previous meeting – 28 February 2023 - accepted as final</li></ul>
2	<p><b>Review of guidelines - NBTC Red Cell Shortage Plan and NBTC Platelet Shortage Plan</b></p> <p>Sent to NBTC for feedback, amended following suggestions from Andy Charlton and Youssef Sorour:</p> <p><b><u>Red cell shortage plan</u></b></p> <p>Sections 6.5 and 6.6 amended, i.e.</p> <p>6.5 If an Amber shortage is declared, all requests to the transfusion laboratory should be vetted by laboratory staff and referred to hospital Haematology Specialist Registrar or Consultant if request falls outside BSH guidance.</p> <p>6.6 If a Red Phase shortage is declared, all requests to the transfusion laboratory should be vetted by hospital Haematologists (Registrar or Consultant) or other authorised persons for appropriateness and before the order(s) are placed too the local Hospital Services at NHSBT.</p> <p>Appendix 2</p> <p>Reworded in red phase</p> <p><b>Priority 1a</b> *procedures can be supported with donor blood with exceptions **</p> <p>Priority 1b emergency procedures <b>CANNOT</b> be supported with donor blood.</p>

	<p><b><u>Platelet shortage plan</u></b></p> <p>Section 6.6, and 6.7 amended. In amber promotion of BMS to vet requests, in Red phase Haematologist to vet requests as in platelet shortages.</p> <p>Appendix 3</p> <p>Re-worded in Red phase</p> <p>Priority 1a – procedures can be supported with platelets with exceptions</p> <p>Priority 1b emergency procedures CANNOT be supported with platelets if they go ahead</p> <p><b>Action: FC will circulate amended versions to the group. To be uploaded on JPAC before end of Thursday (6 April 2023) so asked for final comments by 12:00 on 6 April.</b>  <i>(post meeting note, papers circulated via email sent from FC on Wednesday, 5 April at 15:27)</i></p>
3	<p><b>NBTC blood indications app</b></p> <p>LE had not heard back regarding an update , she will email Anne Davidson.</p>
4	<p><b>Best Practice Paper</b></p> <p>FC shared outline for the paper ‘The problem of blood shortages and efforts to mitigate their impact in England’.</p> <p>Main body of paper to be 3,000 words, under several sections. These were discussed by the group.</p> <p>FC made changes during the discussions and will circulate the paper to the group for further input. The first two sections are setting the scene and should be fairly brief as the aim of this paper is to describe what has been learned during recent blood shortages and how shortage plans have been changed with advice to hospitals on what to do during a blood shortage.</p> <p>LE advised that she has been asked to write a paper with the lessons learned for the BMJ so need to make sure the two do not conflict. She said that all were welcome to join to help with that paper.</p> <p><b>Action: FC to circulate amended outline paper to the group. All to delete, add, amend as appropriate and return back by Wednesday, 12 April. Also send any amendments to affiliations.</b>  <i>(post meeting note, paper circulated via email sent from FC on Wednesday, 5 April at 15:27)</i></p>
5	<p><b>AOB</b></p> <p>LE asked the other Blood Services what their platelet stock was currently with Easter and May bank holiday weekends coming up.</p> <ul style="list-style-type: none"> <li>• Scottish Blood Service ok at present, main issues with apheresis nursing staff but no major concerns foreseen at present.</li> </ul>

	<ul style="list-style-type: none"> <li>• NIBTS stocks are extremely challenging at the moment, particularly red cells. Have been in touch with NHSBT today as only have about 1 1/2 days of O positive. Platelet stocks better than they were some weeks ago.</li> <li>• Welsh Blood Service have been trying to reduce platelet wastage as have got quite high wastage. Have been reducing stockholding, if this had not been done would now be in trouble at the weekend for platelets. OD negative is not good but predicting more before the Easter weekend.</li> <li>• NHSBT currently ok with stock levels for Easter.</li> </ul> <p>FC told the group of a Ro pilot run by Imperial and NHSBT. They did an eight week pilot with Northwick Park, shared O blood with Northwick Park and in the space of two weeks shared about 34 units which were appropriately transfused to Ro patients. NHSBT provided the transport. Aim to support this practice throughout the country. LE said that this is being looked at and discussed with logistics etc.</p> <p>LE advised that MHRA have now stated that components can be shared either between private and NHS or NHS and NHSBT. The issue is now a logistical issue for NHSBT. KH agreed that was also the issue in Scotland.</p> <p>This is something that could be added to the paper for the future.</p>
<p><b>6</b></p>	<p><b>Next meeting</b></p> <p>SK to circulate doodle poll to arrange date for next meeting, towards end of May.</p>