

UK Red Alert Plans Group Meeting

Wednesday, 19 March 2025 (11:00 – 12:00) via MS Teams

FINAL MINUTES

Attended	
<ul style="list-style-type: none">- Fateha Chowdhury, Consultant Haematologist (NHSBT) (FC) – Chair- Lise Estcourt, Medical Director Transfusion (NHSBT) (LE)- Katie Hands, Associate Medical Director (SNBTS) (KH)- Kathryn Maguire, Consultant in Transfusion Medicine (NIBTS) (KM)- Mike Murphy, Consultant Haematologist (NHSBT) (MM)- Edwin Massey, Medical Director (WBS) (EM)- Elisabeth Davies, Clinical Scientist (WBS) (ED)- Sue Katic (NHSBT) (SK) – Minutes	
Apologies	
<ul style="list-style-type: none">- Allameddine Allameddine, Medical Director (NIBTS) (AA)- Indu Thakur, Blood Health Team Consultant (WBS) (IT)	
	Minutes
1	<p>Welcome/Apologies</p> <p>Minutes of previous meeting on 27 November 2024 - accepted as final.</p> <p>Matters Arising:</p> <p>Minutes and Terms of Reference are now on the JPAC website. UK Red Alert Plans Group</p> <p>EPRR Document (Emergency Preparedness, Resilience and Response guidance for UK Hospital Transfusion Teams (2025)): Discussion on whether the document should remain as England only or incorporate the other Nations as well. All agreed to keep the document as it is, England only. FC will make changes with feedback received and more clarity.</p>
2	<p>Stock Updates</p> <p><u>Scotland Update:</u> O Pos Red cells close to 2 days stock last week, patient demand led. Received import from NHSBT and units from Northern Ireland, thanked both for support. All other stocks good.</p> <p>Following Scotland's recent need for stock, KH asked about the possibility of central communication for blood stocks availability. This information is available in the email sent out daily but NHSBT Central Planning</p> <p><u>Wales Update:</u> All stocks look good currently, slight pressure on B Neg. Good attendance planned at blood donation clinics this week.</p> <p><u>Northern Ireland Update:</u> Stocks good, 7 days overall. O Neg 4 days, A Pos about 3 days. Platelets good.</p>

	<p><u>England Update (LE/FC):</u></p> <p>Still in Amber alert for red cells. Although stock levels higher, have an issue with lack of resilience with O stocks. Being helped by hospitals using 3-4% less than predicted. Predicting stock declining over the next few weeks but hope to maybe come out of Amber in May. Platelets in Green but now seeing an increase in demand to more normal levels and that is putting additional pressure back on A Neg platelets.</p>
3	<p>NBTC Blood Components App</p> <p>Doing test scripts, hoping to test the App in mid-April onwards. Tracey Tomlinson has done all the quality documents, had circulated the change control documents for comment following the last meeting.</p>
4	<p>MTC/HEMS use of emergency components</p> <p>In October 2024 concerned about red cell stock levels, started liaising with HEMS medical directors regarding the possibility of a red alert for O Neg and for them to discuss with their teams possibility of carrying O Pos. By February they had discussed with labs but could not agree how to do the switch to O Pos.</p> <p>Two surveys were undertaken. The first, HEMS Blood Components Usage Survey in October 2024 showed majority carrying O Neg with two carrying O Pos. After discussions with HEMS medical directors, further survey in February 2025, HEMS Emergency Stock. Second survey includes some data from Scotland and Northern Ireland, all carrying O Neg. Three HEMS teams in Scotland, two air based and one land based.</p> <p>Discussion followed:</p> <p>MM asked whether the data had been fed back around the country and also suggested that it would be suitable for publication. This would help to encourage HEMS units to switch from carrying O Neg to O Pos.</p> <p>Wales is a single service with three locations, with blood coming from neighbouring health board, two in the South and one in the North. All carry 2 OD Pos and two OD Negs on their air ambulances. They are a very proactive group.</p> <p>Scotland -there is a Scottish transfusion support for trauma group which has representation from the pre hospital services and blood banks that supply the major trauma centres as well. KH has been in discussions with them. The air based team who are based in Glasgow currently carry 3 O Neg and have available two boxes of three. They have requested that more blood be made available, this is now under discussion with a request for them to use O Pos. There is willingness to change but challenges are logistical.</p> <p>FC has also had discussions with lab managers that supply some pre-hospital units and their concerns are logistical, about carrying two boxes and wasting a lot of FFP.</p> <p>Survey also undertaken with major trauma centres in England with good response, to ask whether they use O Pos and what group with regards to platelets. Two children's hospitals don't use O Pos which is understandable. Hull Royal Infirmary say they have a LIMS problem and may be able to switch once sorted out. In England have been working really hard to try and get people away from group AB plasma, both FFP and Cryo. Hospitals were also asked whether</p>

	<p>they were using fibrinogen in their protocol, the survey showed the majority do not have fibrinogen in their protocols but do now use TEG and rotems.</p> <p>Northern Ireland - just carrying O Neg. Apart from the Royal Victoria Hospital and the A&E Department, everybody else uses O Neg upfront. Still waiting to get an endorsement from the Chief Medical Officer about the use of O Pos red cells in emergency transfusion for males and females of non-child bearing potential. KM has completed a paper and submitted to them over a year ago through the pathology network and blood transfusion specialty forum. Still waiting for an answer.</p> <p>Across Wales - have moved to using OD Positive. Fibrinogen concentrate is the standard for obstetric haemorrhage, but not for other forms of haemorrhages at the moment in Wales. Have moved suppliers to the first one to be licensed in the UK for acquired fibrinogen deficiency which can be stored at room temperature for a considerable period of time.</p> <p>MM asked whether there been any instances of transfusion of O Neg to a woman with child bearing potential from centres that have only been carrying O Pos on the HEMS? NHSBT have had feedback from Southampton HEMS, carry both O Neg and O Pos and have been for five years in which time they had one woman who required both bags and did not develop an antibody.</p>
5	<p>AOB</p> <p>For awareness – LE advised of a high level group being set up in England called the joint Blood Stocks Working Group including Department of Health, NHS England, the MOD and NHSBT. This is to work out blood supply resilience longer term. Also how to improve blood use within hospitals, decrease wastage and work out how much blood we need to hold from a business continuity, resilience perspective, which is of more concern for the military at the moment.</p> <p>EM asked whether the UK Red Alert Group should either merge or be a sub group of a Four Nations Resilience Group which appears to be working in parallel to the UK Red Alerts Group. It was suggested that this be brought up at the next meeting for discussion which would give people time to decide whether they felt it a good idea. All felt that it would be helpful to know the remit of the resilience group before making any decision.</p> <p>Action: EM to find TORs for the resilience group to circulate.</p> <p>The UK Red Alert Group is very much based around making sure that the four nations are practising the same with regards to transfusion. It is not just about stock management; it is about making sure guidelines and clinical practice are the same. FC asked whether this should continue. All agreed there is still work to be done.</p>
6	<p>Meetings for 2025:</p> <p>Wednesday, 23 July at 2pm Wednesday, 26 November at 2pm</p>