



Ian Trenholm

Welcome to the new edition of the nhsbt newsletter

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Ask the doctor

Nurse Sarah Fawcett answers some of your more unusual questions about giving blood

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We couldn't do it without you

All about the first of our new-style donor recognition and medal presentation events held in Brighton's Grand Hotel in April.

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Digital developments

How we're striving to use online technology to make donating an even simpler process for you.

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All about Alison Hammond

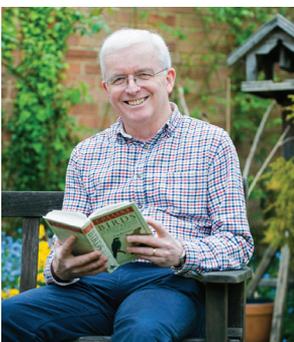
Read why This Morning's Alison Hammond is a dedicated blood donor and supporter of the Organ Donor Register - plus share in her "Strictly" experience.

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Making every donation

Rebecca Gerrard, head of our Patient Blood Management Practitioner Team, explains how they ensure that patients needing transfusions get the very best care.

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A testing time for Chris

When two routine tests at blood donation sessions showed his iron level was low Chris Stanton decided to find out more. It's very lucky that he did.

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IAN TRENHOLM

Thank you for all your support



Welcome to the summer 2015 issue of The Donor magazine.

I would like to say a big thank you to you all for helping us to maintain healthy blood stocks over the past six months. As always, your dedication to blood donation shines through and I am proud to work for an organisation with such loyal donors.

You'll have noticed that we often have campaigns encouraging new blood donors to come forward and National Blood Week, which took place recently, is the biggest campaign we do.

This year, we have been working with a number of different partners, brands and organisations to raise awareness of the need for new blood donors through our "Missing Type" campaign. The 'Missing Type' campaign, which encourages people to remove the letters A, O and B (the letters that make up the blood groups) from their names, highlights that if not enough new people donate blood and these 'types' were to go missing in years to come, there wouldn't be enough blood available when patients need it.

The campaign, which started with support from Waterstones, NOW TV, Green & Black's and Odeon Cinema, quickly gathered momentum online. By the time I wrote this, other big names such as O2, Nandos, Mothercare, British Gas and Santander also got involved.

Although the numbers are still being crunched, I'm pretty sure this is the most successful National Blood Week we have ever had. I would like to thank everyone who got involved and helped us spread the word about how simple it is to donate for the first time.

Thank you for your commitment to blood donation and I hope to welcome you back to a session soon. Together we can help save lives.

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ASK THE DOCTOR

Donating blood

Sarah Fawcett, one of our nurses, answers your questions about the sharp end of donating blood



Q I know donating blood involves needles, but should that mean it's painful?

A 'Just a sharp scratch'... How often do we hear this when we donate blood? Indeed I've often said it myself; mainly to inform the donor that the needle is going to be inserted, after the anticipated wait whilst arm cleaning takes place. As a donor, I know this feels nothing like a scratch- but how would you describe it? Between us we could probably come up with lots of adjectives, however painful should not be one of them. Whilst everyone's perception of pain is different, donating blood should not be a painful experience at any stage of the process.

Q What should I do if the needle doesn't feel right?

A The donor carer inserting your needle will be observing you at all times during the process and will ensure that you are comfortable before she leaves your side. Do remember that whilst the needle insertion may be 'uncomfortable' it should not be painful; if it is please tell us immediately.

Q Sometimes the needle does feel painful though, why is that?

A Anticipation and anxiety can greatly affect a person's experience of any event. We have recently examined the donation environment to address and reduce the impact of known stressors for donors. The donor carers with you today will happily listen to your previous experiences and take care to make your donation as comfortable as possible.

Q Do I really have "difficult" veins?

A That's one of the stranger things we often say to donors! How can a vein be difficult? Everyone's arms are slightly different, with muscle and tissue structures affecting how

easy the vein will be to find and then access. As you will have noticed, we find the vein by feel then clean the site and leave it to dry. Experienced donor carers are skilled at creating a mental map or picture as to the depth and angle of the vein so they can accurately insert your needle.

Q Can I do anything to help myself give blood more easily?

A Yes you can. Please make sure that you have lots to drink in the 24 hours before you donate. And remember, as we move into the warmer months, if you feel thirsty you are already becoming dehydrated.

Q Sometimes you can find the vein but the blood doesn't flow quickly. Why is this?

A Occasionally the flow of blood can be restricted or stopped mid donation. The donor carer looking after you will enquire if the site is painful. If it is not, a needle adjustment may be carried out which usually involves a slight rotation to reposition the needle within the vein. This should rectify the issue.

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DONOR RECOGNITION SCHEME

We couldn't do it without you



A DAY TO REMEMBER

Donors in Brighton were the first to enjoy one of our new donor recognition events

Last year we launched our new scheme to recognise the vital contribution donors make when they give blood. In April donors in Brighton were invited to the very first of our new style donor celebration events.

Twenty seven donors gathered at the Grand Brighton Hotel to receive their commemorative

medals for making 100 or more whole blood donations.

Derek Williams was one of those given a medal. He's been donating blood for over 50 years, starting back in 1964 at the West End donor centre while he was working at the Foreign and Commonwealth Office in London.

"Giving blood is vital to the good of the community," said Derek. "Those who have received blood are testimony to the ongoing need for people to roll up their sleeves".

The donors and their guests heard a poignant address from Claire and Richard Baldwin, the parents of Harvey Baldwin.

Harvey's story

Harvey needed blood and blood products over many months as part of his treatment for acute myeloid leukaemia. Sadly, Claire and Richard lost their son on the 30th October 2014. He was eight years old.

Harvey received a total of 35 units of red cells and 56 units of platelets during his 18 months of illness.

Their son's memory lives on through the 'Harvey's Gang' initiative, which started at Worthing Hospital where Harvey was treated. The hospital has named a blood grouping machine after Harvey, and now other patients needing treatment for blood-based conditions will join 'Harvey's Gang' when life-saving equipment is named after them in hospitals all across Europe, the Middle East, and Africa.

Mum Claire Baldwin said, "There were many times that a stranger saved Harvey's life. Blood donors played a major part in keeping my son alive throughout his treatment, and for that Richard and I will be eternally grateful. (The event) was a wonderful opportunity for us to meet and thank an exceptional group of people."

Blood donors Anne Carroll and Gary Faulkner, who have both given over 100 times, were also amongst the donors recognised at the event.

Making a difference

Anne said, "It felt really special to be thanked at the ceremony. As a nurse I've given lots of transfusions to patients in my professional capacity, but to hear Harvey's story was powerful and made me realise just what a worthwhile thing donating blood really is. The event made me take a step back and realise just what it means to people. It brought home the importance of giving blood regularly. It's a little thing for me to do and yet makes such

a difference to others.”

Gary felt the event provided a fitting recognition to the regular donors who have donated so often for the benefit of others.

“I first donated in Bahrain in 1968 whilst I was serving in the navy aboard HMS Zulu,” he said.

When Gary returned to the UK, he carried on the donating, and has now given

blood more than 100 times. He said, “To be formally thanked made me feel immensely proud. I was honoured to be in the company of Claire and Richard and the other blood donors - it made me realise just what a difference my donations have made. My medal has taken pride of place in my cabinet - along with my golfing trophies!”

Asked what he’d say to people to motivate them to donate blood he said, “I’d encourage people to start donating and keep on giving blood as long as they can – it’s one of the most worthwhile things you can do.”

Derek Williams said he was also humbled after listening to Claire and Richard.

“It was incredibly touching to hear about Harvey’s life, and it brought home to me just what a difference each and every donation can make to those who need blood.”

Derek, pictured with his wife Marilyn who herself has donated over 75 units, added that he plans to keep on donating as long as he can and was proud to have attended the event.

“It was a very much enjoyed day, in a totally appropriate location. My medal will take pride of place and the ceremony served to remind me of the enormous difference that blood donors can make every time we donate”.



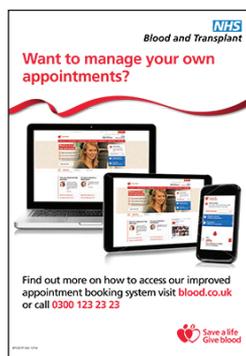
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DIGITAL DEVELOPMENTS

New features promise to make our online services even better for donors

Since blood.co.uk was re-launched with a fully self-servicing area in November 2013, we have seen over 690,000 donors sign up to use this new facility and 130,000 donors download our mobile app version. New features such as a real time search and book facility for appointments has led to nearly two million transactions so far.

We have just started a further phase of development to the online service. Over the last few months we have been upgrading the infrastructure of the site to ensure the thousands of donors who visit it each day have a positive experience. This will also help to ensure we can scale up to one million plus users in the near future.



Listening to you

Your views are very important to us and we have been reviewing feedback we’ve received through your letters, emails, survey responses and face to face at sessions. From all this a variety of feature enhancements to the online service and mobile app have been developed to help improve your user experience with us. Look out for more updates in The Donor as we carry on improving and upgrading blood.co.uk.

The future is paperless

We know you like the self-service aspect of our online search and book a session service. Our next target for improving your experience of giving blood is taking the paperwork out of it. The Modern Paperless Donor Journey (MPDJ) project is looking at just that - removing paper from the administration of the donation process.

As a donor you will be used to receiving a letter a week or so before your donation, which contains the Donor Health Check (DHC). We ask you to complete this before your session. The reverse of this form is the Donation Record, which is used by our donation teams to record each stage of the donation process.

One of the objectives of the paperless project is to replace this form with a digital questionnaire. You’ll be able to complete this before attending the donation session and

it will enable you to identify any reasons that may prevent you from making a donation.

When the service is launched, donors who have registered with our online service will be able to complete their DHC at blood.co.uk or on their choice of internet-enabled mobile device.

Some of the key benefits of taking the DHC online include the facility to tailor and adapt the questions e.g. according to the sex/age of the donor. Other advantages are:

- Ability to provide online help for questions
- Ability to provide links to online information on medication or travel that may prevent donations
- Significant reduction in the cost of mailing out the DHC
- We'll update you on progress in future editions of The Donor.

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CELEBRITY PROFILE

All about Alison Hammond



This morning presenter Alison Hammond talks about giving blood, organ donation and stepping out on *Strictly Come Dancing*

What inspired you to become a blood donor?

My niece Jasmine was diagnosed with Kawasaki disease when she was three years old (see box). This meant she had problems with her heart. At the beginning, her condition was managed with prescription drugs but we knew that in the future she was going to need a heart transplant.

She was treated at school and the first aid she received there helped keep her heart beating and ultimately saved her life.

Jasmine was then put on the waiting list for a new heart and had a transplant within two weeks. Once she was over the worst of it, I immediately joined the NHS Organ Donor

Register. I then thought about what else I could do which could help to save lives and decided to give blood quite soon after.

You have supported our campaigns in the past, why is it important to you to support the 'Give Blood' message?

I am a huge supporter of the NHS in general. If it wasn't for them and the work they did for my niece, well it just doesn't bare thinking about. Blood donation is something I feel very passionate about and I'm always talking to people about it whenever I have the chance. I love the feeling I get after donating; you never know whose life you might have saved.

You also want more people to think about blood and organ donation, don't you?

As a black woman, I know that as a community we are not as supportive of blood and organ donation as we need to be. I am keen to help raise awareness of blood and organ donation to help change this. I'm not sure what it stems from, whether there are cultural or religious reasons but for me, saving a life is an amazing thing and I would urge everyone to join the Organ Donor Register and take time out to give blood.

Where do you go to donate?

I give blood at the New Street donor centre in Birmingham. I was invited to re-open the centre in June last year and it looks great following the refurbishment. You can watch all your favourite shows – like This Morning – on the TVs and the staff are amazing too. I like to watch people when they are donating platelets sometimes as well. It's so inspiring. When I opened the centre I met a lady with sickle cell disease. She needs monthly transfusions to improve her quality of life. It really is amazing how blood donation can help save and transform the lives of so many people.

You were in Strictly Come Dancing last year, how was that experience?

I absolutely loved it! I was lucky enough to be paired with Aljaž Skorjanec and I had a great time with him. We got on so well.

I'm usually the first on the dance floor and the last to leave and I like to think I can dance but nothing prepared me for Strictly. I soon realised that it's much harder than you think it is, especially the ballroom dancing, I really struggled with that.

So what have you got planned now?

Well after a nice break with my son and my partner it's back to the day job for me. This means going back to This Morning where I have been a presenter for the past 10 years and I absolutely love it.

LIFE STORY

1975 – Born in Birmingham

2002 – Took part in the third series of Big Brother

2002 – Started working at This Morning

2005 – Gave birth to her son on her birthday

2014 – Met "the love of her life"

2014 – Appeared on Strictly Come Dancing.

Kawasaki Disease

- Kawasaki disease is a rare autoimmune condition that mainly affects children under five. It is also known as mucocutaneous lymph node syndrome.
- Kawasaki disease cannot be prevented but if it is diagnosed and treated promptly, most children will make a full recovery within six to eight weeks.
- It is thought the disease is triggered by an infection, although the exact cause is not fully understood.
- Aspirin and intravenous immunoglobulin (a solution of antibodies) are the two main medicines used to treat Kawasaki disease.
- Patients are usually treated in hospital because of the risk of serious heart complications. These occur as a result of the inflammatory effect that the condition has on the blood vessels.
- Affected children may have permanent damage to their heart muscles or valves the flaps that control the flow of blood. They will have regular check ups with a cardiologist so that their condition can be closely monitored.
- A child that has had heart complications as a result of Kawasaki disease may have an increased risk of heart attacks and heart disease.
- In the UK around eight in every 100,000 children develop Kawasaki disease each year.

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MEET THE EXPERT

Making every donation count

We are committed to using donated blood as carefully and safely as possible. In 2012 we launched our Patient Blood Management (PBM) programme to put these aims into action. Rebecca Gerrard, who heads up the PBM Practitioner team, talks about her role



Q What is 'Patient Blood Management?'

A Patient Blood Management (PBM) is about providing the best care for patients who might need a blood transfusion. It involves nurses, doctors and scientists working together to provide the most up to date treatments for patients to ensure that blood components are given only when they are really needed and that they are given safely. The emphasis is on improving outcomes for patients through avoidance of blood transfusions if possible and the use of alternatives to transfusion where they are indicated and available. It is about making the best use of resources so that

savings can be diverted to other parts of the NHS and it supports the aim of NHSBT to be a world class organisation.

Q How does PBM help patients?

A Recent studies suggest that if PBM is followed, and transfusion is reduced or avoided, patients have fewer complications, faster recoveries and shorter stays in hospital.

Q How does PBM affect blood donors?

A PBM makes the most of each and every donation and ensures that these precious donations are reserved for the patients who really need them.

Q What are blood transfusions used for?

A Around 67 per cent of blood is used for medical patients, 27 per cent in surgery and 6 per cent in obstetrics and gynaecology. The use of blood for patients having surgery has fallen over the years as surgical techniques have improved and less blood is lost, for example, through the use of keyhole surgery.

Q Is the use of blood transfusions increasing or decreasing?

A Hospitals are using two to three per cent less blood each year as we learn more about how best to treat patients and new technologies and drugs become available. However, this trend may change as much of the blood is given to patients over 65 years of age and as the population increases and people live for longer with chronic conditions, we may start to see a rise in use again in a couple of years. The demand for platelets however, has not reduced thanks to a steady increase in treatments for patients with conditions like cancer.

Q Is blood transfusion safe?

A Yes, the risk that a blood transfusion will make you ill is very low. Compared to other everyday risks, the likelihood of getting an infection from a blood transfusion is tiny and no proven bacterial transfusion-transmitted infections were reported in 2013. All blood donors are unpaid volunteers and the risk of viral infections has almost been eliminated as a result of careful donor selection and testing. All transfusions also have to be carefully checked against the patient's details to make sure they get the right blood for them.

Q Are there alternatives to blood transfusion?

A In some cases there are alternatives to having a blood transfusion, for example giving patients iron if they have iron-deficiency anaemia. Cell salvage can also be used to save blood during operations; this is a way of collecting the blood that is lost during surgery so that it can be given back to the patient. It is sometimes called autologous blood transfusion.

Q What does the PBM team do?

A The PBM team consists mainly of regionally based senior nurses and scientists who work with hospitals to help them implement the latest national guidance on PBM. We work very closely with a small team of senior doctors that work for part of their time in NHSBT and part in a large hospital looking after patients with blood disorders. We also support blood transfusion committees, transfusion-related audits and provide hospital staff and patients with educational tools such as leaflets and posters to promote key PBM messages.

Q What's a typical day like for you?

A There is no typical day, every day is different.

Q How did you come into this job?



A I trained as a nurse in the 1980s and gained experience in haematology, renal and intensive care nursing and worked as an infection control nurse before joining the National Blood Service in 2003.

Q What's the best part of your job?

A I really enjoy my job! Knowing that we are making a difference to the care of patients is number one for me but I also have the pleasure of working with many enthusiastic and motivated people both inside NHSBT and in the hospitals.

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PATIENT STORY

A testing time for Chris

Heading for his 100th donation, Chris Stanton had no idea how a routine blood test would change his life.

Chris Stanton had been a keen blood donor ever since he turned 18. His parents had donated blood and Chris thought that giving blood was a good thing to do for the community. He'd been giving



blood with no major interruptions since 1971 and was heading towards his 100th blood donation. But then a routine finger prick test changed the course of his life.

At the beginning of 2013, Chris became eligible for the NHS Bowel Cancer Screening programme. Following an inconclusive first test, Chris was later given the all clear when he went to the doctors.

Low iron levels

He'd booked his 85th blood donation appointment in May 2013 and went along to it as usual. Unfortunately, he couldn't give blood on the day as his iron levels were too low.

Chris said, "I was always a keen blood donor and I was upset that I wasn't able to give on the day. Having never had any problems donating previously I thought I would wait for a little while and try again in a few weeks."

And that is exactly what he did. The next month, he again tried to donate blood and was again told that it would not be possible as he was anaemic.

Visit to GP

"As I had been turned away twice in a row, I thought I'd better go and get it checked out at the doctors. I didn't feel any different from normal and had put tiredness down to my age so hadn't really thought much of it beyond that. My GP referred me to a specialist where tests revealed I had bowel cancer."



Fortunately the bowel cancer was caught at an early stage and Chris was able to have surgery and has now been given the all clear.

Said Chris, "I didn't need to have chemotherapy or radiotherapy as all the tumour had been caught and removed in time to prevent it from spreading. It is a shame that I can't donate blood now, but I appreciate all NHS Blood and Transplant have done to enable me to donate over the past 50 years. I especially thank them for having the safeguards in place that enabled my condition to be identified.

"I have always been a passionate supporter of blood donation and I can't believe how much has changed since I started. I remember when blood was collected in glass bottles!"

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