NHS
Blood and Transplant

The Update
November 2016

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For Action

1.1 Revisions to Iron in your diet patient information leaflet and educational resources

The revised leaflet became effective on 7 November.

These educational resources have been revised:

- NBTC Indication Codes poster
- NBTC Indication Codes bookmark
- Anti-D 'When and How Much' A4 poster
- PBM Single Blood Unit A5 flyer
- PBM Size Matters A5 flyer

Please ensure old copies are removed from circulation and order free copies from the distribution hub.

The indication codes poster is not available from the hub and can be downloaded from the Hospitals and Science website.

Denise Watson, Patient Blood Management Practitioner

1.2 Invitation to submit an abstract for the SHOT Symposium 12 July 2017

Abstracts are invited for presentations on **Best Practice or Service Improvements** at the SHOT Symposium. Two slots are available in the main programme for you to share your innovations or good practice.

Abstracts should be no longer than 300 words excluding abstract title and authors, emailed to SHOT who will then review them with the Working Experts.

Abstract structure

Deadline: 30 November 2016

Venue: Rothamsted Centre for Research and Enterprise, West Common, Harpenden, Hertfordshire AL5 2JQ

Alison Watt, SHOT Operations Manager

For Information

2.1 Choosing Wisely UK campaign launch

Choosing Wisely UK brings together a range of patient and health related organisations from across the country and was hosted at the Academy of Medical Royal Colleges, the coordinating body for the UK and Ireland’s 23 medical royal colleges and faculties.

The Academy asked the royal colleges and faculties to identify five treatments or procedures commonly used in their field, which are of questionable value and therefore the appropriateness of their use should be discussed carefully with patients before being carried out. Each was rigorously researched and cross-examined by eminent doctors in their specialty and then cross-referenced with National Institute for Health and Care Excellence, which provides doctors with guidance on treatments. NICE, as it is generally known, has been involved in the process every step of the way.

Importance for Patient Blood Management
Recommendations from the Royal College of Pathologists: 3 of the 5 recommendations related to transfusion

- Only consider transfusing platelets for patients with chemotherapy-induced thrombocytopenia where the platelet count is $< 10 \times 10^9$/L except when the patient has clinical significant bleeding or will be undergoing a procedure with a high risk of bleeding.
- Use restrictive thresholds for patients needing red cell transfusions and give only one unit at a time except when the patient has active bleeding.
- Only transfuse O Rh D negative red cells to O Rh D negative patients and in emergencies for females of childbearing potential with unknown blood group.

Recommendations from the Faculty of Intensive Care Medicine: 2 of the 4 recommendations related to transfusion

- Tests and investigations should only be done in response to answering a specific question rather than routinely. (avoid iatrogenic anaemia)
- Blood transfusions should only be given when the haemoglobin is less than 70 g/L. Blood transfusions may occur above this level where the patient is haemodynamically unstable or actively bleeding.

Choosing Wisely website

Louise Sherliker, Interim National Lead Patient Blood Management Practitioner Team

2.2 NICE guidance for fetal Rh D genotype

We would like to inform you that the NICE guidance for high-throughput non-invasive prenatal testing for fetal Rh D genotype was published on 9 November 2016.

Recommendations

- High-throughput non-invasive prenatal testing (NIPT) for fetal Rh D genotype is recommended as a cost-effective option to guide antenatal prophylaxis with anti-D immunoglobulin, provided that the overall cost of testing is £24 or less.

This will help reduce unnecessary use of a blood product in pregnant women and conserve supplies by only using anti-D immunoglobulin for those who need it.

Cost savings associated with high-throughput NIPT for fetal Rh D genotype are sensitive to the unit cost of the test, additional pathway costs and implementation costs. Trusts adopting NIPT should collect and monitor the costs and resource use associated with implementing testing to ensure that cost savings are achieved.

NHSBT offers a fetal Rh D screening service to prevent unnecessary administration of anti-D prophylaxis.

The test predicts fetal Rh D status with high accuracy from a sample of maternal blood and will improve care for Rh D-negative women in England by reducing the need to administer a blood product to healthy pregnant women. This service is only available to NHS Trusts that have signed a contract for this service with NHSBT.

Erika Rutherford, Business Development Manager, IBGRL

2.3 RCI will be changing the wording of reports for feto-maternal haemorrhage investigations

From 1st December 2016 RCI will be changing the wording of reports for feto-maternal haemorrhage investigations

RCI will no longer report the proportion of RhD positive red cells as a percentage, as is the current practice. Reporting the results in this way has caused some confusion and removal of this line will clarify the report.

RCI will continue to report the assessment of the bleed size in millilitres of packed cells.

Dr Mark Williams, Head of Red Cell Immunohaematology

For Training

3.1 Training & Education Events and Courses

Our training events are open to Hospitals and your attendance is welcomed. We look forward to meeting you.

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