NHS
Blood and Transplant

The Update
April 2016

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For Action

1.1 Introduction of three new FFP product bar codes

At NHSBT we are committed to the continuous review and improvement of processes in order to meet the demand for components. We have identified a new automated method for collecting and processing plasma components which should increase availability. This development requires the generation of three additional FFP component codes.

The specification, indication for clinical use, storage and handling requirements, along with the protocol for placing orders via OBOS all remain the same as the current FFP components and the development does not replace any existing components.

We have started to collect and process components labelled with the new barcodes and to allow hospitals sufficient time to update internal policies and LIM systems we aim to stock build components for release by general issue from **30th May 2016.** However, there may be occasions when a small number of components are released early if required to meet demand.

Please ensure that the barcodes below are added to your laboratory systems reference tables. Copies of the bar codes and component descriptions can also be found on the Hospitals & Science website for you to print and use at http://hospital.blood.co.uk/products/

The only difference that you will notice on the labelling is the addition of (L553), Pack 1 (L554) or 2 (L555) as shown in the table below.

PULSE product code	Product Barcodes	Description
L553		Fresh Frozen Plasma Leucocyte Depleted (L553)
L554		Fresh Frozen Plasma, Leucocyte Depleted Pack 1 (L554)
L555		Fresh Frozen Plasma, Leucocyte Depleted Pack 2 (L555)

If you have any queries or comments please contact your local Customer Service Manager.

Craig Wilkes, Regional Customer Service Manager South West
Lindsay Bissell, Head of Donation Technology - Blood Donation

1.2 Questions about blood transfusion and blood donation? We want to hear from you
Who can take part?

Patients, carers, and healthcare professionals

If you have ever had a blood transfusion, or need one; have been, or are, a blood donor; are a family member, or carer, of someone who has had, or needs, a blood transfusion; have an interest in strategies to avoid blood transfusions, including from the Jehovah's Witness community; or work as a health or social care professional involved with blood transfusion or donation... we want to hear from you.

Why should I take the survey?

The Blood Transfusion and Blood Donation survey will - for the first time - identify your most pressing unanswered questions about the therapeutic use of red blood cells, platelets and plasma in patients of any age and in any hospital department, across the whole clinical pathway from blood donation through to recovery from transfusion, as well as treatment strategies that provide alternatives to using blood. This will ensure that future research can be prioritised according to the needs of patients, carers and health professionals.

This exciting initiative will be overseen by The James Lind Alliance, a non-profit making organisation funded by the National Institute for Health Research, ensuring the exercise produces an unbiased result, with equal weighting given to the views of the different participating groups. So whether your interest is personal or professional …your opinions will count.

How do I take part?

The survey is available at http://tinyurl.com/h6jf52l or contact the James Lind Alliance Project Manager at the Oxford Biomedical Research Centre to request a paper version (voicemail 01865 223298, e-mail sandra.regan@ouh.nhs.uk).

The survey takes about 10-15 minutes to complete, so please take this opportunity to influence future research in this important area.

Professor Mike Murphy

1.3 An affordable and comprehensive DNA test to diagnose rare inherited diseases

The NIHR BioResource in partnership with Genomics England has reached a milestone of 10,000 DNA samples from rare disease patients and their relatives having been analysed by whole genome sequencing (WGS). This is the first step of the 100,000 Genomes Project having been delivered successfully.

Many colleagues, possibly including yourself, have enrolled cases and we would like to thank them for these efforts. These efforts have led to rapid service innovation bringing immediate benefits to the care of patients with inherited bleeding, thrombotic and platelet disorders (BPD); these are:

- 1550 and 450 BPD cases of unknown and known molecular aetiology enrolled, respectively
- 1200 DNA samples genome sequenced and 500 samples analysed on the ThromboGenomics high-throughput sequencing (HTS) platform comprising 76 known BPD genes
- A clinically accredited laboratory in the UK for WGS analysis to support gene discovery in rare diseases

The NIHR BioResource will have delivered conclusive genetic diagnosis reports for more than 200 BPD patients by May and the research findings have been reported in 6 original manuscripts and 2 reviews (see below). Dozens of further genes with a signal that can explain the clinical symptoms of recruited BPD participants are being observed but additional patients with causal variants in the same gene are required to nail these as definitive BPD genes.
We would like to ask you:

- To continue to enrol eligible BPD patients for WGS analysis
    - Contact the study coordinator Dr Sofia Papadia (sp605@medschl.cam.ac.uk) for details
    - If a patient has previously been enrolled in the GAPP study then they need to be consented to the NIHR BioResource – Rare Diseases and a fresh sample will be required
- To make use of the ThromboGenomics HTS test for patients with an assumed BPD diagnosis
    - Information on how to submit a sample can be found at www.thrombogenomics.org.uk

Willem H Ouwehand, Professor of Experimental Haematology

For Information

2.1 Blood Component Temperature Excursion

NHSBT may very rarely issue blood components which have been through an internal temperature excursion. Provided this is handled as part of a controlled process, and does not exceed the limits, this is permissible through the Red Book “Guidelines for the Blood Transfusion Services in the UK”.

Such excursions can occur only once, and units that have been subjected to an excursion are now being flagged internally so that further excursions will exclude the unit from being issued.

Equipment failure may also occur in hospitals, and a risk assessment made about the affected blood components. To support hospitals in this process, we can now provide (on request) a list of components flagged within NHSBT so that affected units may be discarded if necessary.

A presentation is available on the Hospital and Science Website explaining the full process.
Link: http://hospital.blood.co.uk/media/28221/temp-excursion-v5.pdf

Please note this does not relate to individual units (or several units) that may exceed the "30 minute rule" in transport to the patient. This excursion is solely related to equipment failure.

This process will be live from 16th May 2016.

Elaine MacRate, Blood Stocks Management Scheme Manager

2.2 Customer Satisfaction
Every three months we survey half our hospital customers to check how well we are doing toward our aim of delivering great service. The survey provides vital information to help us make sure we are meeting your needs and lets us know where we are doing well or could improve. We report the results right up to our board and at a local level your customer service manager uses the survey to support you directly.

The latest survey confirms that we offer a high standard of service across the majority of our provision to hospital transfusion labs. You are telling us that you've seen improvements in the RCI service as well as with ad hoc and emergency deliveries. Customer Service Support is very well regarded.

We also understand that you are less happy with the courier service. We have regular meetings with our couriers and we are addressing a number of areas where the service can be improved. We are also doing a lot of work to improve our routine deliveries.

I really appreciate that our survey is one more thing coming your way and for this reason we keep it short and send it two times a year. I, and your local customer service manager, would really appreciate your support when we next send you the survey. It really will only take a few minutes of your time.

Please email me if you would like to discuss any aspect of the service we provide or to let me know about your ideas for improvement. Of course, your local Customer Service Manager is on hand to assist you, to understand your needs and make sure we at NHSBT deliver to world class standards.

You can find a summary of the survey here
http://hospital.blood.co.uk/customer-services/voice-of-the-customer/

Chris Philips, Head of Hospital Customer Service

2.3 Blood Stocks Management Scheme Educational Roadshows
This year the focus for the Educational Days will be 'Supply Chain: End to End'. Every year we look at ways of driving best practice around inventory management within hospital laboratories, so this year we will explain why this is important not only for the blood services, but also to your

hospital too. We will be looking at the information that VANESA can provide to help your laboratory reduce wastage. The roadshows will be held across three days, Birmingham (8th June), Sheffield (15th June) and London (22nd June).

For an application form and more information, please contact bsms@nhsbt.nhs.uk

Elaine MacRate, Blood Stocks Management Scheme Manager

2.4 Extension of the post-thaw shelf life of FFP for Major Haemorrhage

In advance of its publication on the British Journal of Haematology (BJH), a PDF version of the British Committee for Standards in Haematology (BCSH) addendum related to the extension of the post-thaw shelf life for FFP to enable rapid provision of FFP for the management of unexpected major haemorrhage has been posted on the BCSH website (http://www.bcshguidelines.com/index.html).

We will shortly be starting the process to manufacture FFP with revised labelling to reflect these changes. We anticipate that hospitals may start to see the first units with revised labelling on or after Tuesday 26th April 2016.

Existing stocks of FFP with *current* labelling, either in hospitals' own stockholding or from existing stocks issued by NHSBT, can be used as described in the BCSH addendum without re-labelling.

As with earlier advice, please note that this change does not apply to MB FFP, the post-thaw shelf life of which remains at 24 hours at 4^0 C

Please pass any queries on this change to your local Customer Services Manager who will be pleased to liaise with the NHSBT implementation team to provide any clarification required.

Alastair Hunter, Frozen Component Manager

2.5 HEV negative components- further information

Further information following the introduction of HEV negative components on 14th March 2016:

HEV components for neonates and infants under the age of one year:

- If you are ordering an adult component for a neonate or infant under the age of one year then you will need to specify that this needs to be HEV negative at the time of request.
- This information has been added to the HEV information for healthcare professionals information sheet and can be found at http://hospital.blood.co.uk/products/hepatitis-e-screening/

Component labels and HEV

- As previously announced NHSBT will not be testing all components for HEV. If the component has been tested and is HEV negative this will be indicated on the component label.
- Components that have a 24 hour expiry will not have HEV negative on the label due to a need to overwrite the time and date of expiry. However, we can confirm that it is mandatory for these components to be HEV negative. This includes the following components:
    - Hyper Concentrated Platelets / Irradiated Hyper Concentrated Platelets

    - Irradiated Exchange Red Cells
    - Irradiated IUT Red Cells
    - Irradiated Clinical Buffy Coats
    - Irradiated Apheresis Granulocytes
    - Irradiated Pooled Granulocytes
- Methylene Blue (MB) treated frozen components are already screened for HEV during manufacture in Austria and are not labelled HEV negative.

Louise Sherliker, Operations Manager (PBM team)

For Training

3.1 Training & Education Events and Courses

A full list of NHSBT training events, which are open to hospital personnel, is available on our website at: http://hospital.blood.co.uk/training/index.asp

If you have any queries regarding the above, please do not hesitate to contact your local Customer Service Manager, Patient Blood Management Practitioner or either of us using the details below.

For further information please visit the NHS Blood and Transplant hospitals website on: http://hospital.blood.co.uk/

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