

NHSBT Hospital Blood Supply Chain 2017/18

Red Cell Demand

Demand for red cells has reduced by 5.1%, ending 2017/18 at 1,445,400 units.

Demand for O D Negative red cells has reduced by 3.1%, ending 2017/18 at 176,300 units.

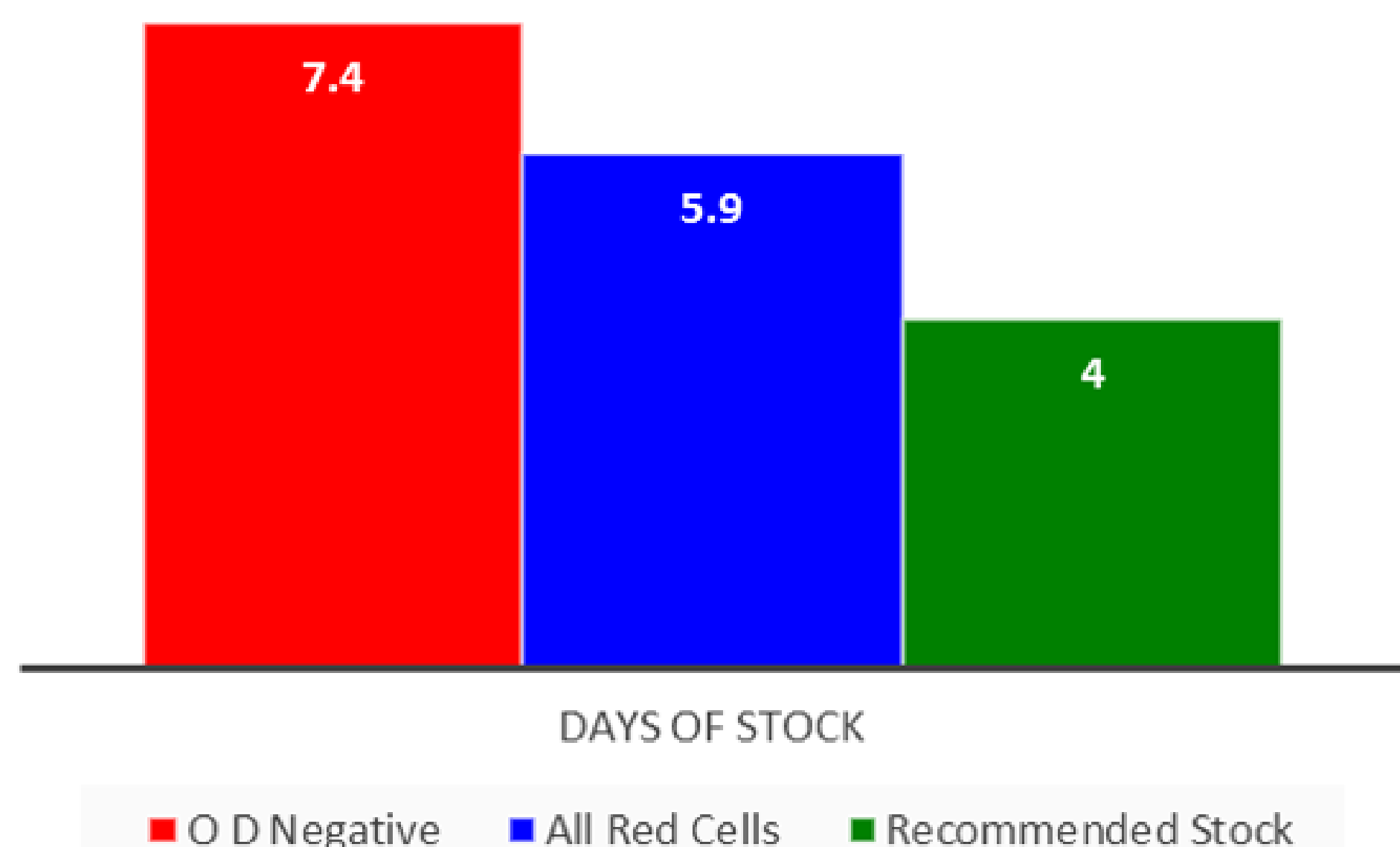
Demand for O D Negative red cells currently make up 12.1% of the total demand (approximately 7% in general population).

A shortage of Ro red cells for patients with sickle cell disease is driving the substitution of Ro red cells for O D Negative red cells. A growth in demand for Ro red cells has been seen in the last few years.

Red Cells held by hospitals

- Hospitals held an average of 5.9 days of red cell stock.
- The stock of O D Negative red cells held by hospitals was on average 7.4 days.

Hospital - days of stock



TOP TIPS

- Hospitals should review their stock levels frequently with a view to decreasing red cell stock to no more than 3/4 days of stock, particularly for O D Negative red cells.
- Hospitals should review the specification of O D Negative emergency units and adhere to the [BSH guidelines for management of major haemorrhage](#). It is not necessary to specify C, E Negative, CMV Negative or Sickle Negative red cells.
- O D Negative, K Negative red cells are only required for females < 50 years old.

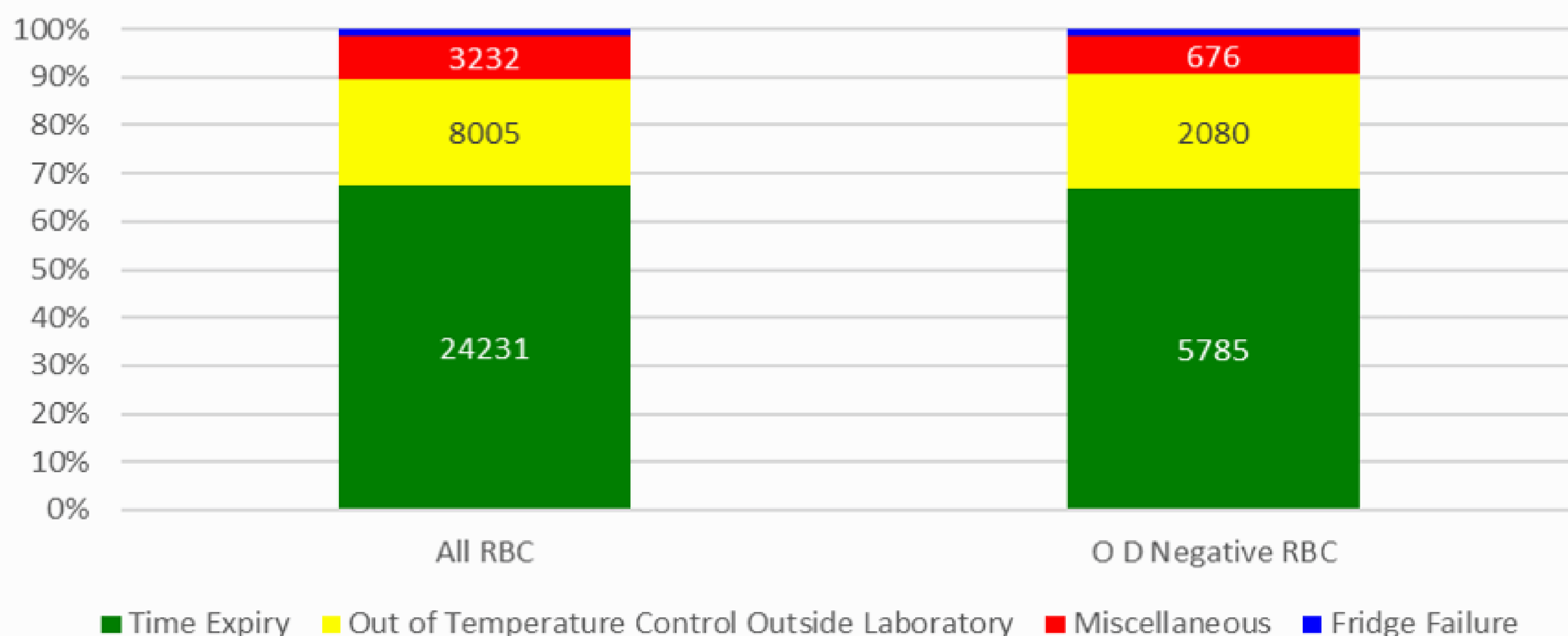
Red Cell Wastage

35,931 (WAPI* 2.5%) units of red cells were wasted within hospitals. This equates to £4.6m.

8,669 (WAPI* 4.7%) units of O D Negative red cells were wasted within hospitals. This equates to £1.1m.

* Wastage As Percentage of Issues

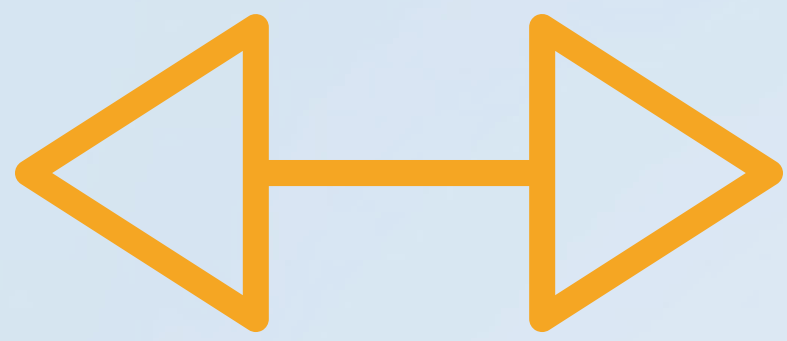
Red Cell Wastage Breakdown



TOP TIPS

- Nationally 2.5% of red cells and 4.7% of O D Negative red cells are wasted in hospitals. Given the number of warnings of potential shortages issued to hospitals from NHSBT, this amount of wastage should be addressed. Hospitals should set a Key Performance Indicator for wastage. A starting point could be the national wastage as a percentage of issues (WAPI).
- Hospitals should review and implement the [60 minute rule \(Change notification 33\)](#). This has the potential to improve wastage of red cells in the OTCOL category.

Platelet Demand



- Demand from hospitals for platelets has reduced by 1.2%, ending 2017/18 at 258,700 units.
- Demand from hospitals for A D Negative platelets has remained relatively stable during 2017/18 at 39,800 units.
- Demand for A D Negative platelets currently make up 15% of the total demand (approx. 8% in general population).

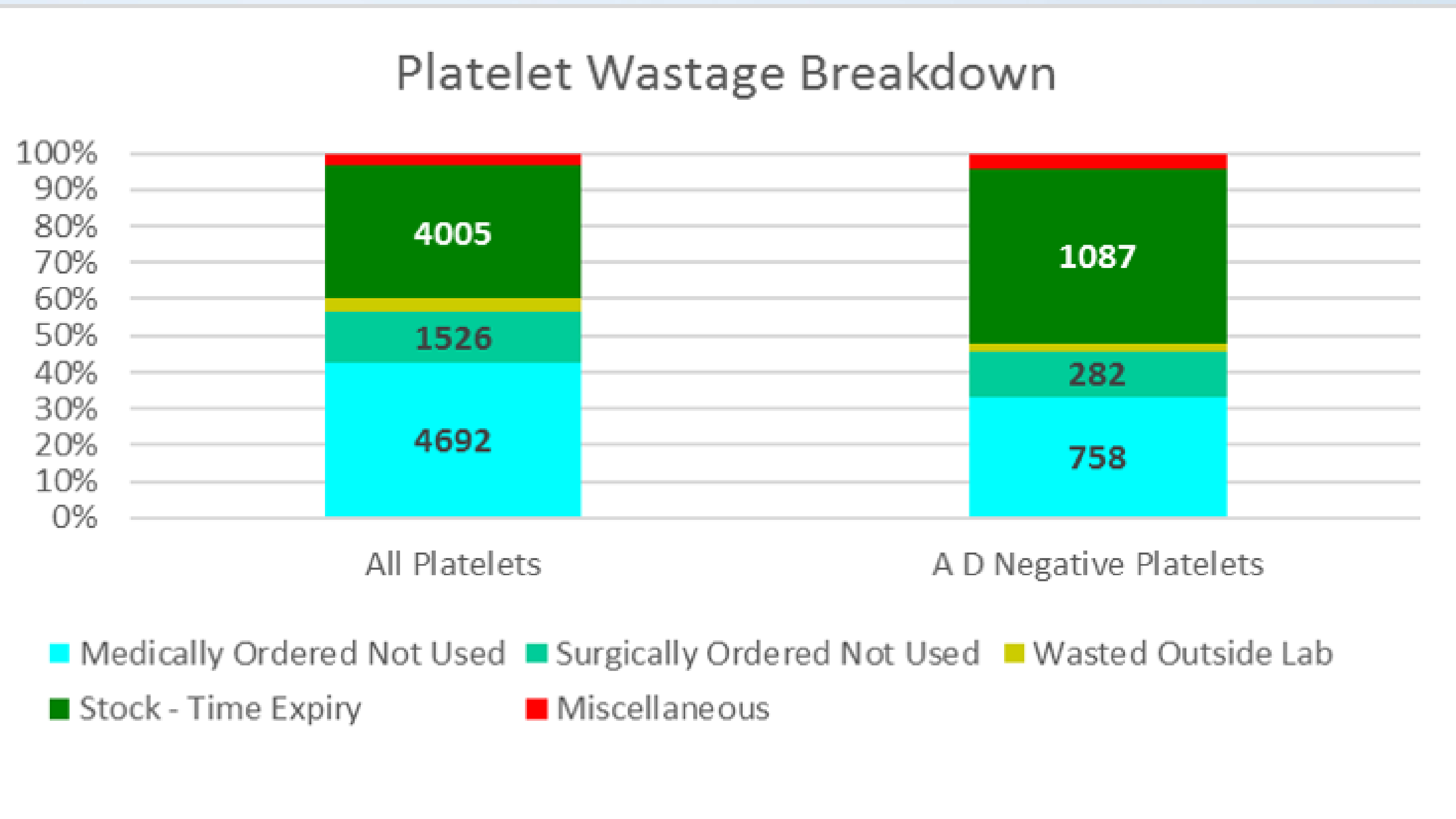
Platelet Wastage

11,013 (WAPI* 4.3%) units of platelets were wasted within hospitals. This equates to approx. £2m.

2,227 (WAPI* 5.3%) units of A D Negative platelets were wasted within hospitals. This equates to £425,000.

WAPI has not changed from 2016-17.

* Wastage As Percentage of Issues



TOP TIPS

- It is not necessary to hold A D Negative platelets as an emergency platelet stock. Hospitals should review and hold groups other than A D Negative.
- It is usually not necessary to specify CMV Negative and/or apheresis for emergency platelet stock.

Frozen Component Wastage

↑ FFP wastage increased by 21.1% in 2017/18 when compared with 2016/17, ending at 20,514 units.

↑ Cryoprecipitate wastage increased by 29.9% in 2017/18 when compared to 2016/17, ending at 1,879 units.
The majority of wastage occurs when FFP/Cryoprecipitate is thawed and not used (TTMH, TNTMH, PTPRO categories).

Time expiry of FFP and Cryoprecipitate is minimal.

Note:

The increase in wastage is due to an increased number of hospitals submitting data in 2017/18.

Where can I find out more information?



The BMS website -
<http://www.bloodstocks.co.uk>

The Hospitals and Science website for both platelet resources and O D Negative red cell toolkit -
<http://hospital.blood.co.uk/patient-services/patient-blood-management/>

A practical guide for the haematological management of major haemorrhage -
<https://b-s-h.org.uk/guidelines/guidelines/haematological-management-of-major-haemorrhage/>

60 minute rule (Change notification 33) -
<https://www.transfusionguidelines.org/red-book/change-notifications>

Any queries please contact bsms@nhsbt.nhs.uk