

Dear colleague,

As the 31 October approaches, we are aware that information about our preparations and how we interact with customers should be clear, alongside advice on how we would like customers to link with NHSBT services. In doing this we are taking account of Government planning assumptions and guidance.

Hospital Transfusion Laboratories should continue to interact with us as they do now, and should not change their stock-holding of blood or blood components. Hospitals should also expect that NHSBT will operate as normal, including arrangements for reference services, unless Transfusion Laboratories are contacted specifically to change arrangements such as delivery times to respond to local circumstances.

Transplant centres should expect NHSBT to operate in the usual way with current allocation schemes being used to allocate organs. NHSBT is also liaising with the Human Tissue Authority (HTA), to ensure that appropriate agreements are in place with EU organisations to allow for the movement of organs to continue after 31 October 2019.

Tissue products and stem cells should also continue to be ordered and requested as normal, and it is important that hospitals do not stockpile tissues.

Other functions provided by NHSBT supporting blood, tissues and organs, such as red cell reagents, reference diagnostics and therapeutic apheresis services will continue as normal.

NHSBT remains fully integrated into Department of Health and Social Care (DHSC) and NHS planning arrangements, and a part of NHS England (NHSE) arrangements for response, including continuing to lead on transfusion and transplantation in the National Supply Disruption Response (NSDR).

NHSBT collects blood from donors in England and does not export or import outside the United Kingdom for the vast majority of red blood cells, platelets and plasma. We import and export very small quantities of rare red blood units for specific patients. We import from the EU around 6.5% of the plasma units issued in the UK, for patients born after 1996 as a precautionary safety measure. We are aware that guidance for the cohort of patients born after 1996 has recently changed, but plans are in place to maintain stock as hospitals change their practice.

The vast majority of the UK's organ transplants are carried out with organs from UK donors. Only a small number of transplanted organs from deceased donors, around 0.5% a year, come from European countries.

NHSBT is planning for this situation and we will seek to avoid any disruption to the supply of blood components and movement of samples to and from hospitals in that area.

If new customs arrangements are implemented, NHSBT will seek to avoid any disruption to the continued movement of substances of human origin across borders

# Blood and Transplant

as required to support clinical need. We have been working with transport providers and partners to help to ensure continuity of supply.

If you have additional concerns or questions, please direct these through your local Hospital Customer Services Manager.

We would also encourage you to liaise with the representative from your Trust on your Local Resilience Forum, who will be reviewing existing business continuity plans, in light of EU Exit.

Kind regards,

Ian Bateman  
Director of Quality

Catherine Howell, OBE  
Chief Nurse Diagnostic & Therapeutic Services

