

NHSBT Amber Alert Actions Survey – Summary of Key Findings



Background

An Amber Alert for red cell shortages was actioned by NHSBT on 12th October 2022, remaining in place until the stand-down was communicated to hospitals on 8th November 2022, alongside a request to return to a *Pre-Amber* phase for management of red cells.

During the Amber Alert, hospitals across England undertook significant additional work to reduce red cell demand leading to an 18% reduction in the number of red cells issued to hospitals. This significant response by hospitals helped to mitigate the impact on patients.

A survey was developed by NHSBT to help us further understand which of the actions taken by hospitals had a positive impact on reducing red cell usage/demand. The survey also included questions on the resources provided for hospitals and communications to them, and the extent to which these had helped to support implementation of local Emergency Blood Management Arrangements. The overall aim of the survey was to inform the ongoing development of NHSBT plans to maintain blood supply resilience and to forecast demand over the coming months.

The survey was launched the day after stand-down and was open between 9th November and 23rd November 2022. There was acknowledgement that Hospital Transfusion Teams had been exceptionally busy over the Amber Alert period and therefore the survey needed to be quick to complete. It was too early to ask hospitals to undertake the work required for the submission of quantitative data for many of the data points, therefore, to aid analysis of subjective responses, a 7-point Likert scale* was used, where applicable, with additional options to select 'not known', or an alternate response where applicable.



*A 7-point Likert scale is thought to provide a good balance between having enough points of discrimination, without providing too many response options.

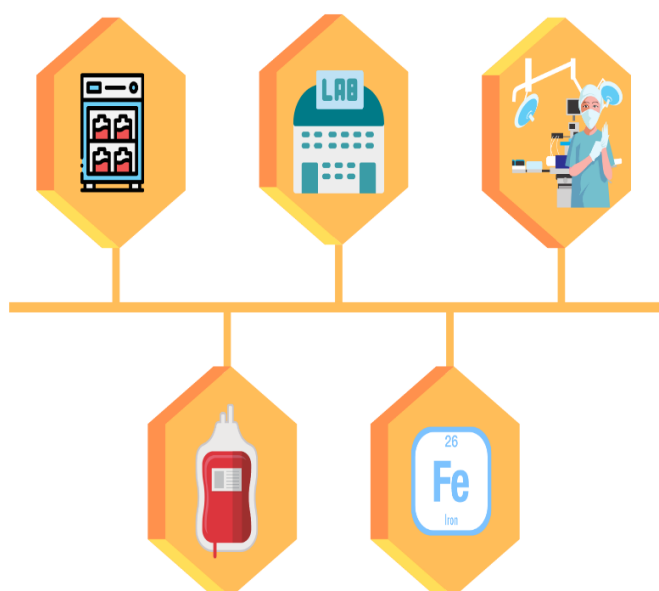
Response Rate

The survey was sent to all hospitals that are direct customers, n=251. Overall, 90 sites responded, a response rate of 35.9% (90/251). Hospitals were categorised according to their red cell use as per the Blood Stocks Management Scheme (BSMS), the response was much higher from very high (54.3%) and high (48.1%) users. The respondents account for approx. 45% of total red cell issues in England.

There were insufficient responses to draw firm conclusions from this survey, however, those received do support many of the stock reduction assumptions and informal intelligence NHSBT had received on the local measures implemented by hospitals during the blood shortage.

Key Findings

- **Maintaining Laboratory Reductions to red cell stock levels** - 73% of responding hospitals had positive responses towards the maintaining the reductions they had made.
- **Support and engagement from hospital senior management and senior clinical staff** - 89.3% of respondents felt that the input of senior management / clinicians had a positive impact on reducing red cell requests/demand within their hospital.
- **Delaying or rescheduling surgery** – In relation to the positive impact of actions, this question had the highest proportion of responses that fell into the *Neutral* and *Not Done Locally* categories [44%], with a further 16% responding that they *disagreed* that this action had a positive impact on reducing red cell requests/demand.
- **Monitoring, and review of red cell requests** - 77.7% of respondents agreed that monitoring, and review of red cell requests and challenging where appropriate, had a positive impact. A similar percentage [78.7%] were positive about the impact of stricter adherence to red cell triggers and increased use of single unit transfusion followed by review [73.3%].
- **Patient Blood Management [PBM] measures** - Overall, there was a positive response regarding the sustainability of gains made in relation to PBM initiatives, and/or better adherence to clinical indications for transfusion, beyond the Amber Alert [84.7% of respondents].
- **National Blood Transfusion Committee [NBTC] Emergency planning guidance and resources** - this question elicited a strongly positive response, with 90.3% of respondents selecting the *Agreement* categories.
- **NHSBT Communications** - A high percentage of responses were in the *Agreement* categories for this question [92.6%], indicating that many responders felt that NHSBT helped to support them implement their Amber Alert actions.



Recommendations From This Survey

Report recommendation	NHSBT action to date
A planned stakeholder event with both internal and external participants, including hospital clinical and management representation from outside of Hospital Transfusion Teams, would be beneficial to build on the learning from this survey, the Amber Alert and to inform any updates to National Emergency Planning documents.	<ul style="list-style-type: none"> • Collaboration with internal and external stakeholders has continued post amber alert and fed into the reviews and recommendations made in the National Blood shortage plans. • It has been agreed that lessons learnt from the Amber Alert Actions Survey should be disseminated to all stakeholders to help identify areas for improvement throughout the supply chain
The National Red Cell Shortage Plans should be reviewed and updated to include additional guidance on measures to be taken for medical patients during an Amber Alert and to provide greater clarity on the approach for surgical patients.	<ul style="list-style-type: none"> • The NBTC National Red Cell and Platelet Shortage plans have been reviewed and updated with input from key stakeholders. • The updated plans were approved by the NBTC and have been published on the NBTC Recommendations webpage.
Despite the significant challenges for hospitals introduced by the Amber Alert, responses and feedback has shown that this period has helped advance PBM, and appropriate use measures being embedded within hospitals. The results and feedback within this survey should be reviewed so that ongoing actions to maintain these benefits can be prioritised.	<ul style="list-style-type: none"> • The NHSBT PBM team strategy and workplan are currently being reviewed. The findings of this survey will help inform areas where the PBM team can support hospitals maintain advances in PBM measures that were achieved because of the shortage. • The new automated QS138 Quality Insights audit tool has now been launched in England by the PBM team. This is available for to hospitals to use, free of charge, to support quality improvement initiatives linked to the NICE Quality Standard.
Review and update of BSMS blood shortage support document to aid any future component shortages.	<ul style="list-style-type: none"> • BSMS have produced a document which covers all components; the Blood Shortage Alert Inventory Management Guidance and the Blood Shortage Alert Inventory Management Audit Tool can be used for reviewing inventory management practices in a shortage. These blood shortage support documents are available on the BSMS website.
Communication pathways for key hospital contacts should be reviewed, to ensure that there is a clear pathway for urgent correspondence, which is visible both internally and externally.	<ul style="list-style-type: none"> • The internal NHSBT National Blood Stock Management and Shortage Protocol has been updated, this includes defined the communication pathways.
The findings of this survey should be reviewed to target any key areas where additional information gathering/national audit activity should be focused, with the aim of strengthening measures to support long term blood supply resilience.	<ul style="list-style-type: none"> • The outcome of this survey has been reviewed by multiple stakeholders within NHSBT and used to update both NHSBT processes and NBTC guidance documents.
The process for Ad-Hoc delivery charges should be reviewed to evaluate if there are any measures that can be taken to financially incentivise hospitals to maintain reduced stock levels, over the current pre-amber phase and beyond.	<ul style="list-style-type: none"> • This was reviewed by the NHSBT Emergency Planning group. NHSBT would consider introducing temporary incentives if another blood alert was called. The incentive offered would be determined on a case-by-case basis depending on the severity of the incident.