January 2024

OUR MOST VULNERABLE BLOOD COMPONENTS...



...and stock management practices to maintain the supply for all, for this winter and beyond.







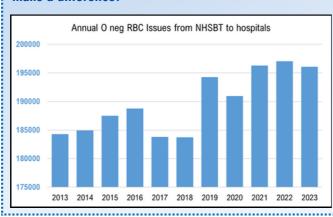






O Neg RBC issues have been increasing year on year with levels over the last 3 years the highest ever recorded. A contributing factor is the need to substitute where requirements cannot be met within blood group.

Over-specification of orders (not just for O Neg units) leaves units that are perfectly suitable for use on the shelf and at risk of being discarded due to time expiry. Reducing stock by even 1 unit of 0 neg can make a difference.

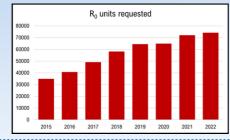


What you can do:

- Consider O Pos for emergency stock
- K negative may be sufficient specification for emergency stock
- Only order CDE negative (rr) where required rather than for stock
- Visually highlight short-dated units to try and avoid wastage.

REG

R₀ units are used for transfusion support of patients with sickle cell disease. Demand for R₀ units is increasing year on year, however, the donor population with this phenotype is not increasing at an equivalent rate. Therefore, substitutions (usually with O Neg or B Neg) are required to support hospital demand for Rounits.



What you can do:

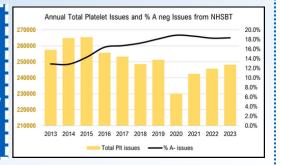
- Request units only for named patients who are R₀
- Accept suitable unit substitutions
- Follow the <u>new guidance</u> by removing the max life requirements for patients over 1 year old.



Whilst overall platelet issue totals decrease, there are increasing numbers of A Neg platelet issues. A Neg platelets are sometimes viewed as the 'universal' donor, however, the best platelet option for a patient is an ABO matched platelet.

What you can do:

- Order ABO matched platelets where possible
- Consider A Pos (HT negative) platelet units for
- Do not over-specify orders (e.g. HT negative, CMV) negative) and consider whether this is a patient requirement or for convenience.





S



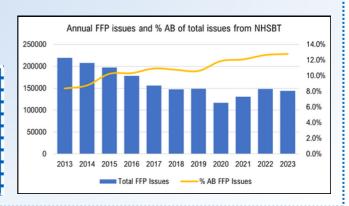


Only 4% of the donor population is group AB, whilst AB plasma issues are 12% of total FFP issues.

plasma is considered 'universal', however, group A plasma (HT negative) is equivalent for use in bleeding patients.

What you can do:

- Stock and use group A (HT negative) plasma for emergency use for patients with unknown blood group
- Use AB plasma (FFP and cryo) for AB patients only.





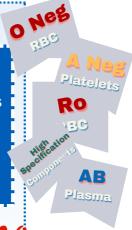
'High specification' refers to additional unit attributes e.g.

- HT negative
- CMV negative
- Apheresis platelet
- Antigen negative
- D phenotype specific (rr)
- · Fresh units/max life
- K negative

Unnecessary requests for multiple additional specifications creates a limitation on the supply for patients who truly require them. Over specification creates wastage of perfectly good units that may not meet multiple requirements.

What you can do:

- Only order units with a high specification for named patients and not for general stock.
- Think is this an appropriate request and is it based on patient need?





BSMS COMPONENT REPORT UPDATE

We have been working with the Blood Transfusion Research Unit (BTRU) to review and plan some improvements to our monthly component reports.

Our goal is to use evidence-based best practices for feedback to ensure our reports are providing the best experience to our participating hospitals. This includes improvements like providing a summary overview, providing suggestions for actions that can be taken and adjusting some of the existing features to improve the clarity. We want to make these reports more suitable for you and incorporate elements to help you review and present your data.



We have engaged with our report recipients but would always value more feedback from those who use our reports to review stock and make improvements. Please email BSMS@nhsbt.nhs.uk with any feedback and suggestions regarding improvement.



HOSPITAL VANESA DATA ENTRY

September 2022 - August 2023

- Data Submission Analysis
- 12 Month Summary

What is 'complete VANESA data entry'?

entries/month

We recently reviewed hospital data entry rates, and wanted to say thank you to all hospitals who have entered blood stock and wastage data into Vanesa. Whilst BSMS data entry isn't mandated, it is considered good practice.

Hospital data is valuable to the blood service and to hospital peers participating in the BSMS, to enable good inventory management practices and help blood services maintain a consistent supply through using real hospital data.

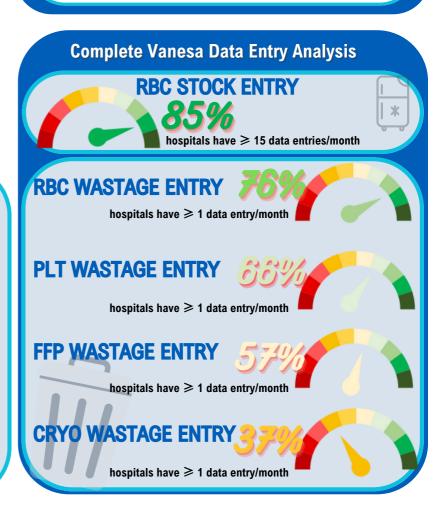
We found 19 hospitals had entered RBC stock data every day for 12 months - so an extra thank you to these hospitals for your dedication.

365 Days of **Hospital Name** Alexandra Hospital Redditch Barnsley Hospital **Stock Data CHG Ealing Hospital** Conquest Hospital *19 [8%]* Eastbourne District General Hospital Epsom General Hospital hospitals Harrogate District Hospital Lewisham Hospital entered data Newham University Hospital Nuffield Hospital Newcastle every day for 12 South Tyneside District General Hospital SPIRE Parkway Hospital months! St Helier Hospital St Mary's Hospital, Isle of Wight The James Cook University Hospital University Hospital of North Durham Watford General Hospital Worcestershire Royal Hospital Wycombe General Hospital

100% RBC stock entry = ≥ 15 data

PLT, FFP and Cryo Stock entry = Although submission of stock data for other components is valuable, there is currently no guidance in place for entry requirements.

 100% RBC, PLT, FFP and Cryo wastage entry = ≥ 1 entry/month



A big **Thank You** for your support in 2023.

We will be running more dates for our <u>BSMS Education Event in 2024</u>. Please contact us via email with any queries - <u>BSMS @NHSBT.NHS.UK</u>