

Frequently Asked Questions

Please note: NHSBT supplies blood components and therefore all statements will apply to these and not blood products.

Queries specifically related to clotting factors and other blood products should be referred to NHSE or the prescribing doctor.

NHSE public facing information will be available on nhs.uk.

General

What measures have been put in place since to make blood transfusion safer?

Find answers to common questions about the Infected Blood Inquiry on our website.

<https://www.nhsbt.nhs.uk/who-we-are/transparency/infected-blood-inquiry/frequently-asked-questions/>

Direct Patient Queries

What should I do if I am contacted directly by a patient?

Queries related to transfusion records or medical records of individual patients or details of which patient receives a particular blood pack is not held by NHSBT. This information is held by the hospital at which the transfusion took place, and enquiries should be made directly to the hospital who should be able to provide this information to individuals upon request. Please note, if these are transfusions from many years ago, patient records may not be available.

Hospital queries

How should concerns regarding previous transfusions be addressed from:

Patients? Patients should be advised to discuss any concerns with their healthcare provider.

Hospital staff? Patient transfusion episodes should be confirmed via the relevant hospital transfusion department.

What is the internal process at NHSBT for referring hospital concerns regarding previous transfusions, e.g., information required and department for referral?

Referrals can only be made on behalf of a clinical team and should be sent to NHSBTCustomerService@nhsbt.nhs.uk.

Queries regarding historical transfusions potentially linked to the IBI should be forwarded to the microbiology team MicrobiologyServices.ClinicalOffice@nhsbt.nhs.uk or nhsbt.transfusionmicrobiology@nhs.net for the attention of Emma Watkins or Heli Harvala.

Queries from clinical teams about more recent transfusions or lookbacks should be forwarded to the main micro e-mail: Microbiology Services Clinical Office MicrobiologyServices.ClinicalOffice@nhsbt.nhs.uk or nhsbt.transfusionmicrobiology@nhs.net

Further information on managing suspected infections is available at [Reporting adverse events - Hospitals and Science - NHSBT \(blood.co.uk\)](#)

Our patient received a transfusion prior to 1991. Should they be tested for a possible infection transmission?

Patients should be advised to discuss this with their GP. The Department of Health and Social Care has provided GPs with guidance on managing and supporting these requests.

Our patient needs blood but is refusing, what should we do?

The clinical team caring for the patient needs to discuss treatment options. Each hospital should have a local policy on managing patients who refuse blood which they can access via their HTC.

The Association of Anaesthetists have also published a guideline titled 'Anaesthesia and peri-operative care for Jehovah's witnesses and patients who refuse blood', which hospital colleagues can refer to. This can be found at [Anaesthesia and peri-operative care for Jehovah's Witnesses and patients who refuse blood | Association of Anaesthetists](#)

Our patient has informed us they have contracted Hep B following a blood transfusion, how can we advise them about the safety of their previous transfusion and future transfusion, what advice needs to be given to them and from who?

Please see information at <https://www.nhsbt.nhs.uk/who-we-are/transparency/infected-blood-inquiry/frequently-asked-questions/>

If there appear to be no other risk factors and after discussion with the local medical team, please report as a suspected transmission using forms on the hospital and science website. If the patient has no obvious risk factors and/or transfusion is a possible source, NHSBT will investigate.

Can our patient have blood from a relative?

There is a position statement on the JPAC website which covers pre-donated autologous and directed donations. <https://www.transfusinguidelines.org/document-library/position->

[statements#:~:text=COVID%2D19%20Vaccines%20and%20Blood%20Transfusion%20\(including%20Pre%2Ddeposit%20Autologous%20and%20Directed%20Donations\)%20\(July%202023\)](#)

A BSH guideline on the use of predeposit autologous donation has also been published [Guideline on the use of predeposit autologous donation \(b-s-h.org.uk\)](#)

Can our patient their request to only receive their own blood?

Some hospitals will be able to offer cell salvage services. The local HTC should be able to advise on what cell salvage services are available within their trust.

Further information on cell salvage can be obtained from the UK Cell Salvage Action Group [UK Cell Salvage Action Group \(transfusionguidelines.org\)](#)

Pre-deposit autologous donations is only available in exceptional circumstances where no allogenic units are available e.g. patients with rare antibodies clinically significant antibodies which no suitable donors in the UK donor pool or International Frozen Blood Banks. There is a position statement on the JPAC website which covers pre-donated autologous and directed donations. [https://www.transfusionguidelines.org/document-library/position-statements#:~:text=COVID%2D19%20Vaccines%20and%20Blood%20Transfusion%20\(including%20Pre%2Ddeposit%20Autologous%20and%20Directed%20Donations\)%20\(July%202023\)](https://www.transfusionguidelines.org/document-library/position-statements#:~:text=COVID%2D19%20Vaccines%20and%20Blood%20Transfusion%20(including%20Pre%2Ddeposit%20Autologous%20and%20Directed%20Donations)%20(July%202023))

A BSH guideline on the use of pre-deposit autologous donation has also been published [Guideline on the use of predeposit autologous donation \(b-s-h.org.uk\)](#)

How do I know whether the blood I am receiving has been imported?

NHSBT no longer routinely imports blood components from outside of the UK.

Some FFP was imported between 1999 and 2021 as a precaution against vCJD. However, this was only imported from countries who follow the same strict safety requirements as NHSBT. As a future precaution, this FFP was also virally inactivated using methylene blue treatment.

On rare occasions red cells may be imported from International Frozen Blood Banks for patients with very rare red cell antibodies. This will only happen under exceptional circumstances when suitable UK donors with the rare blood group needed are not available. Where this is required NHSBT will only import the red cell component from countries that follow the same strict safety requirements as followed in the UK. Due to the rarity and complexity of these cases, the clinicians treating the patient will have been informed of the need to import rare frozen blood and the treatment plan should have been discussed with the patient.

Resources

What resources will NHSBT/PBM be making available to support the public, particularly information around risk/benefit and consent?

There are a number of resources available to the public.

- Patient information leaflets (28 languages; easy read and audio versions):

<https://www.transfusionguidelines.org/transfusion-practice/consent-for-blood-transfusion/consent-information-for-patients>

- Infection risks

<https://hospital.blood.co.uk/diagnostic-services/microbiology-services/epidemiology/>

- Shot patient information page.

<https://www.shotuk.org/patients/>

What resources do the PBM team/NHSBT have to support education of clinical colleagues?

- Patient information leaflets

<https://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/>

- Blood Essentials

<https://hospital.blood.co.uk/patient-services/patient-blood-management/education/#:~:text=Blood%20Essentials%20%2D%20new%20transfusion%20educatio%20and%20reference%20tool%2C%20April%202024>

- JPAC Healthcare pages

<https://www.transfusionguidelines.org/transfusion-practice/consent-for-blood-transfusion/guidance-for-healthcare-practitioners-involved-in-this-role>

- Consent eLearning

[https://hospital.blood.co.uk/patient-services/patient-blood-management/education/#:~:text=New%20Blood%20Transfusion%20Training%20\(BTT\)%20elearning%20programme%20%2D%20from%20October%202022](https://hospital.blood.co.uk/patient-services/patient-blood-management/education/#:~:text=New%20Blood%20Transfusion%20Training%20(BTT)%20elearning%20programme%20%2D%20from%20October%202022)

- Consent infographic

<https://nhsbtbe.blob.core.windows.net/umbraco-assets-corp/33417/pbm-project-may-2024.pdf>

- Blood Assist (also available as an app on play/apple stores)

<https://www.bloodassist.co.uk/terms>

- PBM toolkit

[https://hospital.blood.co.uk/pbm-toolkit/#:~:text=Patient%20Blood%20Management%20patient%20consent%20and%20information%20\(PDF%20252KB\)](https://hospital.blood.co.uk/pbm-toolkit/#:~:text=Patient%20Blood%20Management%20patient%20consent%20and%20information%20(PDF%20252KB))

- QS138 Quality Insights Audit tool

<https://hospital.blood.co.uk/audits/qs138-quality-insights-audit-tool/>

- General blood transfusion education

[Transfusion Training Hub](#)

- SHOT patient information webpage

[Patient Information - Serious Hazards of Transfusion \(shotuk.org\)](#)

Where can I find the current TTI risk stats?

<https://hospital.blood.co.uk/diagnostic-services/microbiology-services/epidemiology/>

What can/can't we say when we talk about patient information to hospital colleagues as part of our day-to-day role?

If asked about the IBI, please sign post hospital colleagues to the information available at [Infected Blood Inquiry - NHS Blood and Transplant \(nhsbt.nhs.uk\)](#)

General conversations about PBM, patient consent and safe transfusion practice should continue as before.

What should we do if we hear hospital colleagues mis-quoting the events of the IBI?

Politely raise that you do not think that the statement they made was correct and refer them to the information available at [Infected Blood Inquiry - NHS Blood and Transplant \(nhsbt.nhs.uk\)](#)

Clinical - general questions re: guidelines and policies

Please can we have specific consent resources for paediatrics and patient / parent PILS?

Our “Amazing you” and “Voyages on the microsub discovery” comics are specifically designed for children, these supplement the “Receiving a Blood Transfusion” leaflet which was designed with

patients and their families, carers, and guardians in mind. All these leaflets are designed to facilitate the shared decision-making process, but cannot replace the discussions between patients, their parents/families, and their medical team; these discussions are essential to ensure the information is tailored to the specific situation and needs of the individuals concerned. As part of the review process for our leaflets we consider any feedback received and requests for new or additional versions.

Where is the national guidance for patients who decline transfusion to support our clinical practice?

Each trust should have their own policy in place for managing these patients. This should be available via the local HTC.

The Association of Anaesthetists have also published a guideline titled 'Anaesthesia and peri-operative care for Jehovah's witnesses and patients who refuse blood', which hospital colleagues can refer to. This can be found at [Anaesthesia and peri-operative care for Jehovah's Witnesses and patients who refuse blood | Association of Anaesthetists](#)

Why is consent not enforced at a higher level in Trusts for transfusion? The guidance is best practice which usually results in transfusion practitioners trying to implement them rather than it being cascaded from higher level within Trusts where there is more influence to adhere to consent.

This is not within NHSBT control. NHSBT continues to escalate the need for robust consent processes and have produced a number of resources to support this as shown in this infographic. Queries should be referred to the NBTC via the RTC Chair

What communication will NHSE provide to support implementation of recommendations across all clinical areas?

NHSE will release communications once recommendations from the final report is available.

How can we make consent for transfusion a priority in our hospital and embed it into day-to-day practice?

All staff need to continue to escalate the need for robust consent processes within their own hospitals, RTC, NBTC, ICB and other forums.

Information is available at [Infected Blood Inquiry - NHS Blood and Transplant \(nhsbt.nhs.uk\)](#)