



Blood and Transplant

To Chief Executives, Medical Directors, Transfusion Laboratory Managers, Transfusion Practitioners, Consultant Haematologist with responsibility for Blood Transfusion, England EPRR

5th June 2024

Stock Position – Pre-Amber O positive and negative, B negative, AB negative, and A positive Red Cells and pre-Amber A negative platelets

Dear Colleague,

Platelets

Thank you for your support and considerate ordering over the May bank holiday. Together we have improved the position and are returning to normal ordering. However, we remind you that we remain in Pre-Amber Alert status for A negative platelets and need continued vigilance to best practice with ordering and use.

Red Cells

Following the Bank and school holidays, our predicted position across several groups shows a reduction in stocks to lower than we would want. The major IT incident affecting a pathology provider at some London hospitals is also expected to have a serious impact on our O stocks. We are asking all hospitals to take action now to avoid impact on supply to orders.

We request the following Hospital Actions:

- 1) Reduce stockholding of red cells including satellite laboratories, remote fridges, and irradiated stock if safe to do so.
- 2) Limit requests for “fresh red cells” and take a proportional share of K+ units.
- 3) Use O D positive red cells for males, and females over 50 in emergencies where their blood group is unknown.
- 4) Minimise iatrogenic anaemia, take samples from patients only if this will change clinical management.
- 5) Do not proceed with major, deferrable surgery in patients with severe anaemia until it has been properly diagnosed and treated.
- 6) Refer to [NBTC Pre-Amber guidance](#) and continue to implement [Patient Blood Management](#) recommendations including:
 - a) Use of tranexamic acid prior to major surgery
 - b) Appropriate treatment of iron deficiency anaemia with oral or intravenous iron
 - c) Appropriate treatment of vitamin B12/folate deficiencies
 - d) Single unit red cell transfusions if not actively bleeding or on a transfusion programme
 - e) Use a restrictive red cell transfusion threshold, haemoglobin of 70 g/L unless patient is bleeding, has acute coronary syndrome, or is on a chronic transfusion programme

- 7) **From 6 June**, please support us by accepting substitutions of approximately 20% A D negative red cells when you order A D positive for stock. This action will help ease pressure on A D positive red cells. We appreciate that this can cause additional work in hospitals but it is a necessary step to protect stocks and provide red cells that can be transfused and waste avoided. We will revert to normal as soon as we can.
- 8) Please ask your communications team to promote blood donation within your Trust. They can contact pressoffice@nhsbt.nhs.uk for an internal comms toolkit to support this.

Please can we stress that at this stage we are not asking you to invoke your emergency plans.

We are sorry for the inconvenience this may cause and thank you for helping us to resolve this issue. We will provide a further update next week.

We are working hard to increase collection to shore up stocks by attracting existing and new donors to come and give blood at one of our 25 town and city centre donor centres. This includes increasing the number of appointments available, directly contacting our donors and local and national media and social media campaigns. Please help us by amplifying these campaigns to staff at your Trust.

If you have any questions, please contact your Customer Service Manager. Alternatively phone our Response Desk on 0208 201 3107, 9am to 5pm Monday to Friday; we'll be pleased to help.

Please forward this letter to your consultant lead for transfusion and cascade to laboratory and clinical staff as appropriate.

Kind regards

Dr Lise Estcourt
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NHS Blood and Transplant

Professor Cheng-Hock Toh
Chair
National Blood Transfusion Committee

