NHS
Blood and Transplant

# The Update for October 2025

## NHS England funded programme for blood group genotyping of Haemoglobinopathy patients - programme extension and change in acceptance criteria

We have extended the blood group genotyping programme and will now accept samples for NHS England patients free of charge until 31 March 2026.

To accept and test as many patient samples as possible, we have changed the acceptance criteria for the request form (FRM7257) and the labelling of samples. While we will continue to ensure that the integrity of patient and sample identity are maintained, some criteria have been changed.

We are reviewing samples and forms that were previously rejected and will perform testing on these if they now meet the updated labelling criteria.

For future patient referrals, the essential acceptance criteria is:

- the form and the sample have three matching identifications
- the consent box on the form is ticked to indicate the patient has consented to testing as part of the NHS England and NHSBT Sickle Cell, Thalassemia, and rare anaemia blood group genotyping programme
- the date the sample is taken is on either the form or the sample
- the sample is signed

For more information about the programme visit blood group genotyping webpage.

Kate Downes - Genomics Programme Director

## The joint NHSBT/UKHSA Epidemiology Unit publish their 2024 annual review: 'Safe Supplies 2024: Collaborating for safety'

'Safe Supplies 2024: Collaborating for safety' is the latest annual review from the NHS Blood and Transplant (NHSBT) and UK Health Security Agency (UKHSA).

Since 1995 the Epidemiology Unit has collaborated with UK and Ireland blood services, UKHSA, the NHS, academia, and other partners, to help safeguard blood recipients and support donors.

The Unit monitors and reports national data on blood-borne infections, estimates transfusion risks, and scans for emerging threats. Through research and behavioural studies, it has informed policy across blood donation and public health. This year's review highlights how close collaboration throughout 2024 helped to achieve this.

Find out more about the work of the Unit

Tali Yawitch - Scientist, Joint NHSBT/UKHSA Epidemiology Unit

**Join the Patient Blood Management (PBM) virtual conference for PBM awareness week on 10 November at 10am**

We invite you to join our free webinar and hear insights from global leaders, the latest on informed decision-making, consent, and the shift to considering blood as a vital organ. Whether you're new to PBM or experienced in implementing and delivering PBM in clinical care, this session will support you in delivering evidenced-based best practice. The conference is free to attend.

Please share with your colleagues.

Register now


Samantha Timmins - PBM Practitioner, PBM Team.

**Blood Transfusion Shared Care Form - updated irradiated / specialist blood components and specialist treatment communications document**

The form is a patient safety initiative to improve shared care transfusion practices between trusts and laboratories and was developed by Helinor McAleese from Barts Health NHS Trust. A range of groups and professionals has vigorously reviewed it. and is endorsed by the National Blood Transfusion Committee (NBTC) and Serlous Hazards of Transfusion (SHOT).

The form covers all aspects of shared care, and we encourage laboratories to use it when communicating shared care needs between laboratories, and between clinical teams and laboratories.

The form is an editable PDF; however, we recommend you download it before completing and saving to your hospital's document repository system. Guidance about completing the form is included within it. The form is available on the NBTC's website here, Documents and resources for transfusion laboratory managers.

Kate Maynard - Senior Transfusion Practitioner, Croydon Health Services NHS Trust, Co-chair National Shared Care Working Group.

**Management of patients expressing an altered form of the D antigen in combination with the $R_0$ phenotype (D+ C- E-) - advice from Red Cell Immunohaematology (RCI)**

RCI practice is continually evolving to integrate developments in technology and knowledge. As a result of technological advances, the reporting of patients with anomalous D typing who express the C- E- phenotype was changed. This patient cohort is unlikely to be weak D type 1, 2 or 3. These weak D types do not make immune (allo) anti-D and should therefore be regarded as D variants due to the theoretical possibility of forming allo-anti-D. There remains insufficient data regarding the probability of D alloimmunisation in patients who express an altered form of D and are C- E-, but this group is considered a low clinical risk.

It has recently been identified that a number of cases, whilst reported as per the policy at the time of testing, would now be reported differently. Therefore, RCI offer the following advice for the management of patients expressing an altered form of the D antigen in combination with the $R_0$ phenotype (D+ C- E-):

- Given the low probability of D alloimmunisation, a recall of patients for repeat testing is not deemed clinically necessary
- During routine testing, any cases previously reported by RCI as D+weak, C-, E- should be referred to RCI for retesting if possible
- Laboratories in receipt of conflicting reports (D+weak, C-, E- versus D variant, C-, E-) should regard patients as D variants (and therefore D negative) for transfusion and perinatal care
- There is no change in guidance for midwives. D+weak patients should not be administered anti-D prophylaxis
- The British Society for Haematology's guidelines for pre-transfusion compatibility procedures in blood transfusion laboratories should be followed if there is any doubt over a patient's D status, with anomalous D results regarded as D negative until confirmed otherwise.

We acknowledge the policy change was not communicated effectively and apologise for any confusion this may have caused.

Wisdom Musabaike - Assistant Director, Red Cell Immunohaematology

**Delayed elfh hub transfer to the Learning Hub**

Following our previous notifications, NHS England have informed us (29 October) that the transfer of our eLearning modules to the new learning hub/zone platform will now not take place until November 2025.

NHS England are still unable to provide a specific date for the transfer but will give us two weeks advance notice. Once this notification is received from NHS England we will inform you as soon as possible.

We appreciate that it may be necessary for you to recommence staff transfusion training in the intervening period, but please remember that all module progress and historical data will be lost during the transfer.

Note: Organisations that use AICC access or the Electronic Staff Record (ESR) platform will not be affected. eIntegrity users will be informed directly if and when their access will be disrupted.

Details of how to access our eLearning modules on the new platform will be shared once the transfer is complete.

Anne Davidson - Education Lead, Patient Blood Management

**The Update is produced by Hospital Customer Service on behalf of NHS Blood and Transplant**
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