

### The Update for November 2025

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

We would like to remind you that we have extended the blood group genotyping programme and will now accept samples for NHS England patients free of charge until 31 March 2026.

[Please refer to our October update for details](#)

Kate Downes - Genomics Programme Director

#### **Online Blood Ordering System (OBOS): version 10.2 will be released on Sunday 25 January 2026**

This release has updates to ensure a high level of cyber security. OBOS users will only see minor changes to how they log in: there are no other updates in this release.

The updated user guide, training presentation and practice orders will be available on the [OBOS webpage](#) on 23 January.

We welcome your suggestions for improving OBOS, please send them to [OBOS@nhsbt.nhs.uk](mailto:OBOS@nhsbt.nhs.uk)

Craig Wilkes - Lead Specialist Scientist, Process Improvement and Systems, Clinical Services

#### **NICE draft guidance proposing the wider use of tranexamic acid (TXA) to reduce the need for blood transfusions and improve patient care NHSBT welcomes this draft guidance**

TXA is a medicine that helps to control bleeding during surgery by preventing the breakdown of clots. It helps the body keep the clots it naturally forms, so there is less bleeding.

NICE's current guidance on blood transfusion, introduced in 2015, recommends TXA for adults expected to lose more than 500ml of blood during surgery. However, implementing the recommendation has been inconsistent: a 2024 national audit found that one in four eligible patients were not given TXA.

New evidence shows TXA is clinically safe and cost-effective even for patients expected to lose smaller amounts of blood. It also extends the recommendation to include children as well as adults undergoing surgery.

NICE's updated recommendations have been published for public consultation. They redraw the line between those people having surgery who should get TXA and those who should not, simplifying decision-making for clinicians.

Instead of having to estimate how much blood a patient is expected to lose, the draft recommendations say TXA should be offered if all the following conditions are met:

- surgery is being performed in an operating theatre
- there is a risk of bleeding
- the procedure will breach the skin or mucous membrane

The updated guidance also advises considering TXA in children using the same criteria.

In 2024, leading doctors writing in the British Medical Journal estimated that full implementation of NICE's 2015 guidance could prevent 15,000 major surgical bleeds, avoid 33,000 blood transfusions, save 45,000 hospital days, and reduce NHS costs by millions of pounds annually.

[Read the updated draft guidance](#)

We welcome this draft NICE guidance on the wider use of TXA, which has been shown to reduce the need for transfusions. Blood saves lives but every transfusion carries a risk, and a blood transfusion is often not the best option. The safest transfusion is often no transfusion.

We promote the use of TXA through our Patient Blood Management team, and we ask hospitals to support this new draft guidance. As well as providing better patient care, reducing unnecessary blood use also helps us protect blood stocks.

The use of TXA is a major clinical campaign point for NHSBT over the Amber alert, hospital blood use, and the Infected Blood Inquiry (IBI).

Lise Estcourt - Medical Director for Transfusion

### **Serious Hazards of Transfusion (SHOT)'s November newsletter is now available**

November's newsletter highlights new resources on Transfusion Safety Standards, a series of webinars, the new Royal College of Pathology's (RCPATH) learning portal, and other important updates.

[Read the newsletter \(907KB\)](#)

[Sign up](#) to receive the newsletter every month.

SHOT team

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

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