

## UK Red Alert Plans Meeting

Wednesday, 6 March 2024 (14:00 – 15:00)  
via MS Teams

### FINAL MINUTES

Attended	
<ul style="list-style-type: none"><li>- Fateha Chowdhury (NHSBT) (FC) – Chair</li><li>- Lise Estcourt (NHSBT) (LE)</li><li>- Katie Hands (SNBTS) (KH)</li><li>- Kathryn Maguire (NIBTS) (KM)</li><li>- Sue Katic (NHSBT) (SK) – Minutes</li></ul>	
Apologies	
<ul style="list-style-type: none"><li>- Edwin Massey (WBS) (EM)</li><li>- Mike Murphy (NHSBT) (MM)</li></ul>	
Minutes	
1	<p><b>Welcome</b></p> <p>FC - no feedback received regarding minutes of previous meeting on 29 November 2023 - accepted as final.</p> <p>FC had written and circulated Terms of Reference to the group prior to the meeting asking for feedback. LE said that we need to think about the fact that people may need to step back from attending this meeting and if so, would need to provide a deputy. In TOR under membership, would be best to put the role, expertise and country for each representative, not names as these may change over time. The logical place for this group to report to is the UK Forum as it is UK-wide.</p> <p><b>Action: All to review the Terms of Reference and feedback via tracked changes to FC.</b></p> <p>Dr A Allameddine, Medical Director, NIBTS would like to attend these meetings in future. KM will forward contact details.</p> <p><i>Post meeting note: details received; Dr Allameddine will be invited to future meetings.</i></p> <p><b>Actions from meeting on 29.11.2023:</b></p> <p>Platelet shortage over Christmas. Unfortunately, Comms went out too late so hospitals were unable to make adjustments.</p> <p>O positive blood for unknown males. EM contacted Simon Stanworth to discuss, as Chair of the Task Force. EM was unable to join the meeting today so will be able to update at the next meeting.</p>

	<p>Uchechi Izuka said she would ask the senior management team about the possibility of selling A Neg red cells to Wales, Scotland and Northern Ireland; either to give away or at least pay the logistics costs etc. UK Collaboration to stop throwing away red cells.</p> <p><i>Update from UI:</i> Colleagues in Manufacturing Operations are setting up a Continuous Improvement (CI) event to look into this, as well as other suggestions that have come up on minimising the production of these A neg red cells. UI will provide an update once there is feedback from the CI event.</p>
2	<p><b>Stock update</b></p> <p><b><u>England Update:</u></b> In Pre-Amber on O Neg and stocks are going down; Pre-Amber for B Neg; Pre-Amber for A Neg Platelets. Not a lot has changed over the last few months.</p> <p><b><u>Northern Ireland Update:</u></b> Northern Ireland is in a very good position now after being very, very low for a year. Stocks now sitting about 7 or 8 days. Stock steady. During the last couple of weeks sitting around the 5 days and maybe in around 4 days for O Neg. The launch of the online booking system for donors, has made a huge difference. Have not required any importation from England. Platelet stocks fluctuate but ok. Currently on green phase for everything.</p> <p><b><u>Scotland Update:</u></b> Towards the end of February, Scotland has had low O Neg stocks which have been managed by pulling in more O Neg donors, fairly successfully. Three weeks prior to this did issue a Pre-Amber but saw absolutely no dampening of demand at all. In fact, the day after the Pre-Amber went out, the issues were higher than they had been for a week or so beforehand which was quite disappointing. Other than that, Scotland imported some platelets from England just after Christmas (around 3 January 2024). Supply and demand are matched pretty much rather than managing to build at any point.</p> <p>KH has just rewritten the blood shortage plan for Scotland which is undergoing final review by the Scottish Blood Transfusion Committee. Once it has the ok, it will be issued out - working with the transfusion practitioner team within SNBTS to try and make sure that all hospitals update their plans.</p> <p><b>FC was asked by the Major Trauma Group to ask this group, do Scotland, Northern Ireland and Wales promote O positive for unknown males and women beyond child bearing?</b></p> <p>KH (Scotland): We do but does not know how widely it has been implemented. The biggest Scottish trauma centre is in Glasgow and it has been implemented there and so a massive improvement in the percentage O Neg usage. They are a real success story but other places probably have been slower to adopt it. Possibly other places have been concerned about having O Pos emergency stock sitting where it might be lifted for the wrong person which seems to be one of the barriers that need to be worked through.</p> <p>Has not been implemented in the hospital KH works in.</p>

KM (Northern Ireland): Not rolled out across the region or the Royal Victoria Hospital, which is the trauma centre. They do have O Pos units in the A&E Department and will issue those for males who have come in and with unknown blood groups.

Due to the difficulties Northern Ireland had in maintaining O Neg stocks, like everybody, were regularly importing stock from NHSBT; KM put together a paper to implement a regional policy for the use of O Pos in emergencies in the A&E department and also all the massive haemorrhages within the hospitals for males and women of non-childbearing. This has been submitted to the Chief Medical Officer for endorsement, hopefully within the next four to six weeks.

Feedback received back from Hospital Transfusion Committees was that people were very apprehensive so it requires a lot of work to roll it out but it needs to happen as not sustainable.

FC (England): At Imperial Trust audited our trauma patients, 75%-80% are male and of the 20% female, 80% of them were Rh D positive so were quite confident that putting O Pos in a ratio of two to one was safe. Not had any incidences for 7 years.

Discussion on issues over the last few months about AB plasma, some of England's major trauma centres were using group AB plasma as their first line. FC explained about the measures taken to crack down on this by contacting hospitals individually with their data, has also discussed with National Trauma Leads in England and the national EPRR CRG – all promised to put in their policies as they update them to use Group A high titre negative for unknown patients.

LE: NHSBT have been asked about the possibility of an assessment about what red cell stocks are across both hospitals and the blood service. This will be a major undertaking as would like to make it a current snapshot rather than what has been used. If this does happen then it would change all the thresholds for what is Red, Amber, Pre-Amber etc and all the UK alert guidance documents that have just been updated would have to be changed again. Matt Bend from Blood Stocks Management Scheme is looking at the feasibility at the moment. This will be a large piece of work in England as there are so many hospitals to be included.

KH shared a web platform used in Scotland to show current and live stock levels which she said is very useful when deciding when to put out Pre-Amber alerts etc.

KM: In Northern Ireland also working with Blood Stocks Management to look at stock level data for hospitals. The hospitals have to input their own data so is reliant on that.

<p><b>3</b></p>	<p><b>NBTC blood indications app</b></p> <p><b>Action from last meeting:</b></p> <p>EM took to UK Forum regarding updating the NBTC Blood Indications App with Pre-Amber / Amber information. LE reported that there was a bit of confusion, at the last UK forum meeting, but if we agree that the app is useful for all four countries, ownership of the app should potentially move to the UK Forum and then any updates are paid for by the UK Forum rather than just by one Blood Service. This would need to be formally discussed within the UK Forum. As the App is currently owned by the NBTC will need to raise an invoice before the end of the tax year to ensure the update can be implemented.</p> <p><b>Action: FC will discuss with Anne Davidson to action.</b></p>
<p><b>4</b></p>	<p><b>Best practice paper</b></p> <p>Paper has been published. FC thanked everyone for their input into the writing of the paper. Close as an agenda item.</p> <p>access published article via this link: <a href="http://doi.org/10.1111/bjh.19344">http://doi.org/10.1111/bjh.19344</a></p>
<p><b>5</b></p>	<p><b>Next meeting:</b></p> <p>Wednesday, 22 May 2024 at 2pm</p>