

UK Red Alert Plans Meeting

Wednesday, 29 November 2023 (14:00 – 15:00)
via MS Teams

FINAL MINUTES

Attended

- Fateha Chowdhury (NHSBT) (FC) – Chair
- Lise Estcourt (NHSBT) (LE)
- Katie Hands (SNBTS) (KH)
- Edwin Massey (WBS) (EM)
- Mike Murphy (NHSBT) (MM)
- Uchechi Izuka (NHSBT) (UI)
- Sue Katic (NHSBT) (SK) – Minutes

Apologies

- Kathryn Maguire (NIBTS) (KM)

Minutes

1

Welcome

FC - no feedback received regarding minutes of previous meeting on 2 November 2023 - accepted as final.

Uchechi Izuka (UI), Assistant Director - Business Development & Strategy • Transfusion, invited to the meeting to report on the current blood stocks situation.

2

Current Blood Stocks

Following the letter that the group had sent to the BOLT Team regarding low stock levels, UI had been asked to join the meeting on behalf of Paul O'Brien, Head of Blood Supply.

UI shared an email showing Stock Projections week of 27th November which were presented at the Blood Supply meeting on 28 November.



Stock Projections
week of 27th Novemt

UI explained that when the letter from this group was sent, NHSBT was in the red banding for both O neg and B Neg, around 2.5 to 3 days' supply. Things have significantly improved since then and should continue to improve.

A Pre-Amber alert was not declared at that time for several reasons. It was going into November and colleagues in donor experience and blood donation felt very strongly that collection typically improves in November; they were forecasting improved outlook on stocks and were generally showing that stocks were going to stabilise rather than continue to decline.

That was the reason why NHSBT decided not to declare a Pre-Amber at the time, daily/weekly stock projections would have shown this trend.

UI reported that stocks did grow through November, we are now looking at going into winter with Christmas and bank holidays. We are forecasting that we will start to see that sort of growth taper off and things will start to decline.

However, on an overall stock level, we would have sufficient to take us through the whole bank holiday period, which is where we tend to see challenges, with lower level of collections. Hopefully things will start to improve again from January after the bank holiday weeks.

UI also shared that there is some vulnerability on the B groups and O Pos. Not too worried about AB neg because actions were discussed on the call yesterday with some tactical intervention which should quickly change this outlook. The focus needs to be on the B and O groups so that we don't see similar levels of stock vulnerability as we had in October, but the outlook here is showing that we would still be able to avoid going into Pre-Amber stock levels prior to Christmas and being able to start to rebuild stocks again in January.

UI asked for any questions.

MM said that the figures looked worryingly low. He said that often around Christmas and the New Year blood usage is low because activity in the hospitals is low; this is taken into account in the figures. So the question was, what information is going to be sent to the hospitals so that they can take actions that they should be taking.

UI said that there is another blood supply meeting on 15 December when a decision will be taken on what information to send to hospitals. This is to give time to see if any current interventions make a difference. If no different Comms would be sent to hospitals during w/c 18 December.

LE also voiced a concern over low platelet stocks last Christmas, should Comms be sent out to avoid the same situation this year.

UI said that Comms would be planned for red cells and platelets. The blood supply meeting on 15 December is being used as a stage gate as you would then see any appointments booked in and see whether there would be enough to meet supply.

The group voiced concern that this date may be too late to send useful information to hospitals so the dates should be earlier than 15 and 18 December. The hospitals need to be given advanced information, especially taking prophylaxis patients into account. Forward planning would allow hospitals to spread out demand. Review meetings are weekly so this can be monitored each week to see whether Comms needs to go out earlier. There is always standard Bank Holiday Comms sent out anyway.

MM pointed out that hospitals would welcome clear representation of the situation to let them know if there might be a shortage so that they can take appropriate action. If they are not informed then many hospitals might not do anything. So if it looks as though there is going to be a problem, then early communication will help everybody.

In a Pre-Amber alert, hospitals would be asked to do quite a lot to help reduce stock levels and if advised would take notice. Maybe instead of advising we are in Pre-Amber, hospitals could be asked to think about stock levels leading up to Christmas and bank holidays to avoid any shortages. Send something out from

Customer Services maybe, hospitals tend to ignore standard Bank Holiday Comms as they have seen them so many times before.

The red/amber/green shown on the email that UI had circulated are the internal NHSBT levels, not the alert levels, e.g. anything below 4.5 days is red whereas red in in our alerts it is one day.

Even if stock levels do not head towards Pre-Amber phase there should be quite a lot of information sent and maybe say that we will go into Pre-Amber or Amber if hospitals do not take care with their stock levels.

FC thanked UI for the update.

FC reported that the O positive group have put together a report. Within this there are areas around the country where O positive blood isn't used for unknown males. FC has looked at the BSH guidelines which don't specify the use of O Pos. FC also mentioned emergency plasma FFP and cryo group, as the demand planning team have highlighted to her over the last month that there are particular hospitals where there is a really high demand for group AB, FFP and cryo. FC has contacted four of the highest offenders and discovered that they're using it for major haemorrhage, for trauma as standard.

FC has been in touch with the national trauma leads and Chris Moran, who Chairs the National EPRR group, to ask for their support in sending out a message to unify policies.

This was also discussed at the NBTC Emergency Planning Working Group and someone made a comment that actually in the BSH Major Haemorrhage guidelines it does not state the emergency go-to group. FC wondered if perhaps we ought to contact the authors of the guidelines and ask if they could add an addendum or something similar. MM said that he has been contacted by Julie Staves and this is also a concern from the Transfusion Laboratory Managers Group. The problem seems to be from the Clinicians rather than the Labs. FC suggested asking Simon Stanworth about this as Lead Author of the guideline.

Action: EM will contact Simon Stanworth to discuss, as Chair of the Task Force. FC will send EM an email regarding this.

It could be a concern that this will take some time as has to go via the Writing Group. FC hopes not, she had contacted Coventry and North Bristol Hospitals and has had feedback that they will be changing their policies.

FC shared a spreadsheet showing the usage, LE said that this showed that some of the hospitals she had contacted regarding this had reduced their usage. Highest users are Kings, Guy's and Coventry. Discussion followed on the figures. Could put more information on plasma on the Hospitals website. Scotland and Wales do not have problems with plasma.

Scotland Update:

KH updated on stock levels in Scotland which are a bit precarious at the moment as not managing to meet the plan in terms of collection. Demand is up a little bit, but not dramatically, not getting it collected. Group O and Group A red cell stock at the moment is within what would be classed as Pre-Amber No announcement as yet, will see where we are tomorrow (30 November) and see if things have

	<p>gone with a bit more reinforcement of those groups from a collection point of view. At the moment it's just really tight due to staffing levels, donor illness and possible weather forecasts for next week.</p> <p><u>Wales update:</u></p> <p>Wales had put in place a Pre-Amber for O Neg and A Neg.</p> <p>EM reported that in Wales, they have thought it might be useful to have a group working on this for a UK collaboration on sharing unused blood and wonder whether it's something that could go through the blood stocks management. In England, even when there's shortage like this, England throws away a lot of Group A red cells. EM's understanding is that this is to meet the sort of gross skew towards Group A platelets that are present in England. Wales don't have such a big skew towards A and people are more comfortable to use Group A and O, particularly, pooled platelets and PAS. In England some places order 70% of their platelets as group A.</p> <p>EM wondered whether there's some kind of Four Nation initiative that could be done. Last year Wales were short of A Neg, bought some from England which were going to be thrown away. Could then concentrate on collecting O Neg, O Pos etc</p> <p>LE agreed this would be a good idea and some information is being added to the platelet guidelines. These will not be out for a while.</p> <p><i>Action: UI will 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.</i></p>
2	<p>NBTC blood indications app</p> <p>Email regarding the costs for updating the App was shared prior to the meeting. This is to update with Pre-Amber / Amber information. Can be optional per region. Can be discussed with Anne Davidson for any further information.</p> <p>This could go to the UK Forum's next meeting to make people aware and then be discussed in detail at the meeting after that.</p> <p><i>Action: EM will take to the UK Forum meeting.</i></p>
3	<p>Best practice paper</p> <p>Paper has been submitted, still waiting for response.</p>
4	<p>Next meeting:</p> <p>Wednesday, 6 March 2024 at 2pm</p>