



## SCOTTISH EXECUTIVE

Health Department  
Directorate of Service Policy and Planning

NHSHDL(2003)19

Health Planning and Quality Division  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

Dear Colleague

1. **BETTER BLOOD TRANSFUSION PROGRAMME;**
2. **AVAILABILITY OF IMPORTED FRESH FROZEN PLASMA FROM SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE; and**
3. **SNBTS INFORMATION LEAFLETS ON BLOOD PRODUCTS**

### Summary

1. Annex A to this letter provides details of the Better Blood Transfusion Programme which is now being progressed across NHSScotland.
2. Annex B advises of:
  - ∞ provision of imported Fresh Frozen Plasma from the Scottish National Blood Transfusion Service for the treatment of patients born after 31 December 1995 as a further precaution against vCJD.
3. Annex C advises of:
  - ∞ SNBTS information leaflets about blood products.

### Action

4. Addressees should ensure:
  - ∞ this letter and attached annexes are brought to the attention of all appropriate clinical and nursing staff and Hospital Transfusion Committees within their area of responsibility.

### Addresses

#### For action

Chief Executives, NHS Boards  
Chief Executives, NHS Trusts  
Chief Executive, Golden Jubilee  
National Hospital  
Medical Directors, NHS Trusts  
General Manager, State Hospitals  
Board for Scotland  
National Director, SNBTS

#### For information

Chief Executive, Common Services  
Agency  
Chief Executive, NHS Education for  
Scotland  
Chief Executive NHS Health Scotland  
Directors of Public Health  
Chief Executive, NHS Quality  
Improvement Scotland  
Local Health Councils

### General enquiries to:

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SE Health Department  
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### Enquiries about the Programme:

Mr Fraser Fergusson,  
Programme Director,  
Ellen's Glen Road,  
Edinburgh EH17 7QT  
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Fax: **GRO-C**

#### E-mail:

fraser.fergusson@**GRO-C**

- ∞ Clinicians, NHS Trusts and Boards collaborate with the Programme Director in taking forward the programme;
- ∞ that clinicians make appropriate use of the imported FFP SNBTS product: and
- ∞ that staff are strongly encouraged to use the blood products information leaflets provided by SNBTS.

Yours sincerely

**IAN GORDON**

Director of Service Policy and Planning

## ANNEX A

## BETTER BLOOD TRANSFUSION PROGRAMME

## Background

1. It is widely acknowledged that there is scope for reducing the amount of blood used by the NHS and for ensuring that donated blood is used in a clinically appropriate way.
2. The desirability of establishing a programme to achieve this was the subject of a conference convened in October 2001 by the four UK Chief Medical Officers. A Scottish programme was subsequently discussed and approved for roll out across NHS Scotland at the meeting of NHS Board and Trust Chief Executives on 8 August 2002, with financial support from all NHS Boards.
3. The programme has the full support of the independent SNBTS Clinical Users Group and is in line with the SIGN guideline No 54 “Perioperative Blood Transfusion for Elective Surgery” (<http://www.sign.ac.uk/pdf/sign54.pdf>). It **aims** to:
  - ∞ ensure that plasma derivatives and blood components are only used when the risk to the patient of not using them is greater than the risk of using them;
  - ∞ ensure that plasma derivatives and blood components are administered correctly and according to safe standard procedures;
  - ∞ reduce the amount of blood used in red cell transfusions by 10% by 2006.
4. The **main methods** proposed to achieve the aims are:
  - ∞ An educational programme aimed at increasing the knowledge of staff and changing the culture surrounding the prescribing of blood; and
  - ∞ Establishment of a system for collecting and analysing transfusion data for prompt feedback to clinicians.

## Programme components

5. The main inputs required to achieve the programme aims are:
  - ∞ Provision of 15 Transfusion Specialists
 

[to undertake baseline practice assessments, implement staff training, develop explicit local transfusion guidelines and reporting systems for blood ordering, administration and prescribing – including monitoring of wastage and error rates. These posts will be advertised shortly and will be open to a wide range of non-medical clinical staff, including nurses, biomedical scientists, operating department practitioners, pharmacists etc.]
  - ∞ Introduction of tailored information system software
 

[to enable the easy collection and analysis of transfusion data for prompt feedback to clinicians and Hospital Transfusion Committees. This would involve the construction of a merged record that is a by-product of routine clinical practice (held on the existing hospital patient administration system)]

and data extracts from the local hospital laboratory system (and in some cases operating theatre)].

- ∞ An enhanced role for Hospital Transfusion Committee chairpersons (or other lead clinician)

[allowing them to exert greater influence to ensure active local co- operation in implementing the changes and in achieving the programme aims – particularly in terms of achieving full commitment from clinicians]

### **Programme management**

6. The programme will be overseen by the Programme Director, Fraser Fergusson, who will be involved in preparing and delivering an agreed implementation plan in co-operation with Trust and SNBTS staff. Mr Fergusson's contact details are given in the covering letter. The Programme Director will report to the Programme Steering Group.

7. The Steering Group comprises:

Mr Richard Carey, Chief Executive, Highland Acute Hospitals NHS Trust (Chair)  
 Mr Robert Calderwood, Chief Executive, South Glasgow University Hospitals Trust  
 Dr Charles Swainson, Medical Director, The Lothian University Hospitals NHS Trust  
 Dr Aileen Keel, Deputy Chief Medical Officer of NHSScotland  
 Mr Bob Jeffrey, Chair of the SNBTS Clinical Users' Group  
 Mr Scott Haldane, CSA Director of Finance  
 Mr Angus Macmillan Douglas, SNBTS National Director  
 Prof Ian Franklin, SNBTS National Medical & Scientific Director

8. Responsibility for implementation of the programme at local level is an essential part of the remit of Trust Clinical Governance and Hospital Transfusion committees. Support will be available from the local SNBTS Clinical Directorate. The Transfusion Specialist, IT and Programme support personnel will be line-managed by the identified lead person at the Trust/hospital site.

9. The programme team will monitor progress using relevant indicators such as the percentage of hospital clinical staff exposed to educational programme(s) each year.

**ANNEX B**

**AVAILABILITY OF IMPORTED FRESH FROZEN PLASMA FROM SNBTS FOR THE TREATMENT OF PATIENTS BORN AFTER 31 DECEMBER 1995**

1. It is anticipated that NHSScotland Trusts will be able to obtain from SNBTS limited supplies of clinical FFP imported from countries that do not have a significant BSE problem. SNBTS will implement through the Summer of 2003 and keep hospital transfusion committees, blood banks and paediatricians informed of progress.
2. This imported FFP will be treated with Methylene Blue as a pathogen reduction step and is intended for use in the treatment of patients who will not have been exposed to BSE in the food chain i.e. patients born after 31 December 1995.
3. This development is a precaution against the theoretical possibility of vCJD transmission in humans through blood and blood products – in line with recommendations made by the Advisory Committee on Microbiological Safety of Blood and Tissues for Transplantation (MSBT).
4. Clinicians are asked to note this development and that the Health Department recommends that all patients who meet the criteria outlined in paragraph 2 above are treated with this imported material.
5. The quantity of FFP being imported has been determined by demand from patients who fall within this criteria and its use should therefore be restricted to these patients.

## ANNEX C

**INFORMATION LEAFLETS ABOUT BLOOD PRODUCTS PROVIDED BY SNBTS**

1. It is important that information about the possible risks involved in the use of blood products should be available to the health professionals using these products as well as to patients who receive them as part of their NHS treatment. Whilst it is not easy to manage the balance between providing information on the risks involved and causing anxiety it is critical that:

- ∞ healthcare professionals using blood products have access to accurate information outlining the possible risks involved in the use of these products and are confident about discussing this information both with patients and with other colleagues also involved in the patients' care;
- ∞ patients are aware of the reasons why they will receive (or have received) blood products, the potential risks associated with such treatment, why clinicians consider the provision of blood products is necessary and any alternative treatment that might be appropriate.

2. In recognition of this, SNBTS has started to develop a series of leaflets. The first provides information on red cell products for use by health professionals and another provides this information for patients. The former was issued electronically to all Trust Chief Executives earlier this year in a format that allows local information to be added. Staff involved in the use of blood products should be encouraged to make use of these leaflets which will be updated as required in discussion with hospital transfusion committees. Further details can be obtained from Professor Ian Franklin, SNBTS, Medical and Scientific Director, at e-mail: [i.m.franklin@GRO-C](mailto:i.m.franklin@GRO-C)

3. SNBTS will be continuing to develop a programme of work in this area over the next few months in conjunction with NHS Quality Improvement Scotland and other relevant groups.