

Meeting of Prof Mike Murphy with CMO May 2nd 2006-04-20

Issues likely to be raised

- 1a Progress to date of Better Blood Transfusion
- 1b Refocusing and re-energising BBT
- 2 The need for further research into the use of suitable alternatives
- 3 NPSA/DH initiatives to Improve Safety at the bedside
- 4 The use of information technology including the Do once and Share initiative

Headline information

1a Since the second CMO's seminar 3 years ago, and the publication of the more detailed Health Services Circular HSC 2002/009, there has been a fall in the demand for red cells of 11%. **As a result of efforts to use blood more appropriately, red cell demand fell by 5.7% in 2004, and by another 4.7% in the first 10 months of 2005/06.**

This has resulted in a saving to the NHS Trusts of about £25 million/annum as well as £9million/annum consumables saving in NHS-BT.

Success is attributed to

- The establishment of Hospital Transfusion teams with dedicated Consultant and Transfusion Nurse Practitioners in each Trust. The degree of success is proportional to number people in this team and the length of contract.
- The appointment by NHS-BT of Regional Nurses to support the Trusts.
- The work of the Blood Stocks Management Scheme
- The contingency plans for shortages of blood and platelets

This 11% fall is actually quite modest. A stakeholders workshop found excellent practice spread over a number of Trusts, but a variable penetration of all good practices in these Trusts, with no Trust implementing all areas of good practice, few implementing elements of all these 3 initiatives

- Raising awareness (education and audit)
- Alternatives to Transfusion
- Changes to laboratory practice

and indeed very few implementing initiative 4.

- Preparing patients for surgery

despite a report claiming this could save 240 000 units of red cells.

This has actually caused a net fall in costs to the NHS, but in the current financial situation there is a concern that some of the key people might be seen as "not front line staff" and in some cases posts have been made redundant.

1b All of the initiatives to date have focussed on Surgery because that is an area where there has been some audit and evidence based research. However, because not all hospitals use all possible methods to reduce transfusions, there is still much work to be done here, as confirmed by a recent detailed audit in Northern Ireland which has estimated that 20% of red cell transfusions remain inappropriate, indicating the potential for further savings in red cell usage.

Recommendations that have been made by the Executive Working Group of CMOs
National Transfusion Committee.

- 1 Establishment of National Standards
- 2 New initiatives to educate
 - a. the public
 - b. the clinical staff
- 3 Collection of data about the demand for blood (BSMS only record stocks in hospitals and the supply from NBS-BT)
- 4 Pump prime Research into appropriate use and further use of alternatives
- 5 Facilitate Pre-op assessment (Preparing Patients for surgery)
- 6 Build on work done by NPSA and CfH (DOAS)

What CMO is offering

- 1 A DH budget within blood policy (£500K annually for 2 years) to cover
 - a. Research projects and studies that the HTA agree are suitable but would not normally be considered for HTA funding
 - b. An opportunity assessment regarding the usefulness to the NHS of an electronic educational and audit tool that has currently been successfully implemented in the USA.
 - c. Further development of the DH/NBS Toolkit (an internet source)
 - d. Other work that is agreed by DH blood policy to further promote the Appropriate use of blood.
- 2 Support (given by Prof Lindsay Davies) for the Regional Transfusion Committees (£270K funded via the National Commissioning Group)
- 3 Support of DH policy team to have a National Transfusion Awareness Day where all the positive elements are identified and placed in the public domain. This would coincide with CMO's seminar.
- 4 Production of another Circular to issue through the CE Gateway?

Budget ? 480 K

Research 200K over 2yrs 1st project imm. ③

Toolkit £4000 ①

Derryford Hospital £22 000 ②

Papers provided

Review of progress with Better Blood Transfusion

Stakeholder Workshop and recommendations Nov 10th 2005

Request for Research money for Appropriate Use of Blood

Budget setting schedule

NPSA initiatives to improve Safety of transfusion

Do once and share blood transfusion project

In addition no reduction in demand has yet been achieved in Medical patients nor with the blood products platelets nor fresh frozen plasma because of the lack of audit and studies to generate the evidence base (see Research).

For these reasons there appears to be the need to re-energise BBT. Prof Murphy may ask that the DH communicate their commitment in another document called BBT3, which would include the need for a CMO Seminar as before. (DN in confidence: there is a feeling that the management of NHS-BT do not see this as one of their priorities).

2. There is insufficient research evidence on which to base a lot of transfusion practice. The NHS-BT budget (£4M) is small and has only funded 2 small studies on the use of blood and platelets in haematological malignancies.

There are a number of research projects that have been prioritized by the NBTC research subgroup. A meeting with Prof Whalley in Health Technology Assessment was held in October and taking his comments into account, some projects were rejected, others re-prioritised and 3 have been funded by DH (as they relate directly to the use of Fresh Frozen Plasma).

A business case was written last year for £500K funding for BBT in 2006/7 and 2007/8 to support studies which promote the better use of blood that the HTA cannot take on but are deemed by a committee (which has already been established for this purpose) to be suitable.

3 As 75% of the errors in transfusion occur at the bedside, the NPSA in collaboration with DH policy/SHOT/NBS are taking forward 4 initiatives to improve the safety of bedside checks.

In Oxford a computerized solution (barcode technology) is being implemented and now requires a formal evaluation. Viewed as the "ideal" scenario, it has also been one of the projects prioritized by the DOAS team (see later).

Because the cost to the NHS might be prohibitive, the NPSA are also evaluating the effectiveness of 2 other non-IT/paper based solutions.

At the same time the whole of the NHS is being made more aware of the risks and how to mitigate these risks (initiative 4).

5 The DOAS project in Transfusion is completed, but progression appears to have stalled because of prioritization of "Payment by Results" and "Choose and Book".