File

MC/CHP

13 September 1988

Dr Elizabeth Letsky
Consultant Haematologist
Queen Charlotte's Hospital
Goldhawk Road
LONDON W6

Dear Dr Letsky

Thank you for seeing me and Mr Knight during our official visit to the Blood Transfusion department at Queen Charlotte's Hospital.

The purpose of this letter is to remind clinicians of the DHSS Circular on Record Keeping and Stock Control, which I enclose. As you well know, with the advent of the Consumer Protection Act and Product Liability, where blood and blood products are no longer considered a service but products, the practice of the recommendations of the Circular on Record Keeping has become even more important. We must ensure that the ultimate fate of a unit of blood, a blood component or a blood product is known beyond any doubt. I note that the system of record keeping in your Blood Transfusion Laboratory is very good. However, I am not quite sure whether clinicians are fully aware that they are responsible for ensuring that the donation numbers of the units transfused are entered in the patient's notes. I know that you supply self-adhesive forms with the donation numbers of the units cross-matched by your laboratory. However, clinicians must ensure that such forms are stuck on the patient's notes and, in addition, the person giving each unit of blood should enter the number, date and time of administration with a legible signature that will facilitate any further investigations in case of adverse reactions to transfusions. Accurate record keeping is vital and traceability of every unit of blood must always be maintained.

An essential part of of record keeping involves adequately completed transfusion request forms as well as properly labelled tubes containing blood samples. I have noted that a large number of transfusion request forms at Queen Charlotte's are not completed in a satisfactory way; information is often lacking regarding previous pregnancies, transfusions, diagnosis, etc. I have seen tubes without any labels. I would recommend to you that if transfusion request forms are not completed to your satisfaction and if tubes are not labelled properly, these should be returned to the sender before any work is undertaken. Clinicians should remember that the majority of transfusion fatalities are still due to identification mistakes.

/contd....

Dr Elizabeth Letsky 13 September 1988

I would be grateful if you could forward this letter and the DHSS Circular to all clinicians prescribing blood at Queen Charlotte's Hospital. If you find any problems with the implementation of recommendations of this letter and the Circular, please do not hesitate to contact me.

With best wishes,

Yours sincerely,

Dr Marcela Contreras
Director

Enc

→ CR: SPARE.

HEALTH CIRCULAR HC(84)7

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To:
- Regional Health Authorities
- District Health Authorities
- Boards of Governors
- Special Health Authorities for the London Postgraduate Teaching Hospitals
- Central Blood Laboratories Authority

for action

- Family Practitioner Committees
- Community Health Councils

for information

March 1984

HEALTH SERVICES MANAGEMENT

BLOOD TRANSFUSION: RECORD-KEEPING AND STOCK CONTROL ARRANGEMENTS

SUMMARY

This Circular asks health authorities to review arrangements for the supply of blood and blood products, and to review concurrently record-keeping and stock control arrangements in Regional Transfusion Centres (RTCs) and hospital blood banks. Its contents have been endorsed by the Advisory Committee on the National Blood Transfusion Service.

BACKGROUND

1. The demand for blood continues to grow. Over the past 10 years the number of units collected by the National Blood Transfusion Service (NBTS) in England and Wales has increased by over 30%. Although RTCs have continued to keep pace with the increasing demands made upon them, it is clear that scope exists for hospitals to review their requirements for blood with a view to making optimum use of blood stocks and, if possible, to reducing the demand for blood. Though the blood itself is donated free of charge to the NBTS, it is estimated that it currently costs RHAs about £20 to collect, test and supply each unit of whole blood.

REGIONAL REVIEW OF POLICIES

2. To facilitate a Regional review of policies, it is suggested that RMOs should convene regular meetings between their Regional Transfusion Directors (RTDs) and the consultants responsible for the hospital blood banks in their Regions to consider matters such as current and future requirements for blood, the scope for economies in blood usage, the proportion of plasma-reduced blood to be supplied, the use of ad hoc deliveries and the amount of stock which becomes time-expired in blood banks. Consideration should also be given to inviting the Central Blood Laboratories Authority (CBLA) to send representatives to these meetings so that their requirements for plasma are fully taken into account in determining requirements. The meetings should also provide the forum for the exchange of ideas as to what constitutes "good practice" in the Region with regard to blood supplies.

3. In the light of these discussions the consultant responsible for the blood bank should then determine, in consultation with the RTD, an appropriate stock level which should be kept under regular review. Hospital blood banks which are near to the RTC should consider the possibility of carrying less stock as a matter of routine and, where practicable, making greater use of ad hoc deliveries; blood banks further away should review stock levels and, in deciding their policy, should weigh the advantages of carrying more stock in order to reduce expensive long-distance ad hoc deliveries against the possibility that over-stocking may cause more blood to become time-expired.

TIME-EXPIRED BLOOD

4. As with any product with a limited shelf life, a proportion of the blood stock issued to hospital blood banks will inevitably become out of date before it can be used for transfusion. One of the aims of the policies outlined above should be to keep time-expiry to the minimum practicable level compatible with the avoidance of an increase in ad hoc deliveries. Consultants responsible for blood banks are asked to pay particular attention to this aspect of their banks' performance, and RMOs are asked to consider whether consultants in charge of blood banks should be asked to make reports at regular intervals, eg quarterly, showing time-expired blood levels.

5. The plasma from time-expired blood is of use in the manufacture of blood products, and except as described below, all time-expired blood (including red cell concentrate) must be returned to the RTC from which it was issued. Any arrangements for the retention of such blood (for example, for quality control) or, in exceptional circumstances, its supply to a unit other than the RTC, for example, for research, must be discussed with, and agreed formally by, the RTD.

NON-NHS HOSPITALS

6. Requests received from non-NHS hospitals for blood and certain blood derivatives which are not available commercially in the UK should continue to be met according to availability and clinical need. Consultants responsible for blood banks servicing non-NHS hospitals or the RTD, where exceptionally the hospital is supplied direct by the RTC, should ensure that a nominated consultant accepts responsibility for that hospital's stock. Comprehensive records (see below), open to inspection by the RTD, must be kept by the non-NHS hospital to account for the blood it receives. The supplying blood bank or RTC should also ensure itself that the hospital's storage facilities are in accordance with the guidelines set out in "Notes for Transfusion" (revised copies of which will shortly be issued to RHAs. Additional copies will be available from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ).

RECORD-KEEPING

7. For medical reasons and from the point of view of accountability for a valuable resource, records kept at RTCs, hospital blood banks and at ward level *must permit the tracing of any unit of blood from collection to transfusion or disposal.* Health authorities are asked to ensure that the systems employed at Transfusion Centres and hospital blood banks do so.

8. To enable hospital blood banks to account readily for blood and blood products received from RTCs, consultants responsible for blood banks are asked to make a monthly statistical return to their RTC listing:

a. the number of units of blood and components received from the RTC

b. the number of units of blood and components currently held in stock

c. the number of units returned to the RTC

d. the number of units used in NHS hospitals

e. the number of units supplied to private hospitals with confirmation of use

f. a note of the fate of all other units, identified by unique number, eg units used in research or quality control under arrangements of the type described in paragraph 5, units accidentally wasted etc.

9. Systems must be flexible enough to meet local needs, priorities and circumstances, while at the same time embodying the essential principles of accountability and patient safety which are:

1. to account for all blood received, issued and used at RTCs and hospital blood banks, including blood returned to RTCs;

2. to enable each unit of blood to be traced from donation to disposal; and

3. to provide data (for example, on time-expiry by blood group, on ad hoc deliveries) on which to base decisions about optimum stock levels.

While many current systems meet to varying degrees (1) and (2), they do not provide assistance with blood bank policy formulation. In reviewing present practices, health authorities will wish to balance any additional work involved at blood bank and RTC level in improving systems against the scope for economies in blood usage. Any deficiencies should be rectified as soon as possible.

BLOOD PRODUCTS

10. The principles outlined above regarding accountability and control apply equally to blood products, both those manufactured by the Blood Products Laboratory and those purchased from commercial suppliers. Health authorities should review record-keeping and stock control procedures accordingly.

ACTION

11. Health authorities are asked to ensure that regular meetings are held to review blood transfusion policies; that supplies of blood to non-NHS hospitals are made in accordance with paragraph 6 above; and that monthly statistical returns are made to RTCs by hospital blood banks.

From:

Health Services Branch 1A
Hannibal House
Elephant and Castle
LONDON SE1 6TE

Tel: 01-703 6380 Ext GRO-C

BLD/2/13

Further copies of this Circular may be obtained from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ quoting code and serial number appearing at top right-hand corner.