

? How to progress.
— for next clin Dir meet
for discussion

**NATIONAL AUDIT OF PROCEDURES
USED IN COUNSELLING DONORS WITH
CONFIRMED POSITIVE MICROBIOLOGICAL
MARKERS**

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INTRODUCTION

All 15 blood centres in England and Wales were sent audit forms in April 1996 requesting the following information:-

Section A

- Are written procedures ~~are~~ in place for contacting and counselling donors?
- How are donors contacted?
 - if by letter, how will the centre know if it has been received?
- What steps are taken if donors do not respond?
- Are donors counselled by a member of the centre medical staff?

Section B - when counselling undertaken by centre staff

- The site of counselling?
- The grade of staff undertaking counselling?
- Are donors given written information at the counselling visit?
- Are additional samples ~~are~~ taken to confirm the result?
- Are donors are contacted with the results of the confirmatory tests?
- Is written consent ~~is~~ obtained to contact the general practitioner?
- Does the centre contact the general practitioner following the counselling visit?
- Are donors referred for specialist assessment?
 - if so, by whom?
- Is information regularly received back from the specialist?
- Is testing offered to sexual partners or other family members?
- What other aspects of the counselling process are important?

Section C - when counselling not undertaken by centre staff

- How are donors advised of the implications of the result?
- Are donors given the opportunity to discuss the result with NBS staff?
- Are donors advised to contact a health professional to discuss the result?
- Are donors asked to identify their general practitioners?
 - if so, is written consent obtained?
- If the general practitioner or other professional is asked to counsel a donor:-
 - Is written information provided to give to the donor?
 - Is a standard proforma provided to be returned to the centre?
 - Is the counsellor asked to contact the centre following the counselling visit?
- Is the general practitioner or other professional asked to take another sample to confirm the result?
 - if so, does the centre receive a copy?
- Is the general practitioner or other professional advised to refer the donor for specialist assessment?
- Does the centre receive information in relation to the specialist assessment?
- What other aspects of the counselling process are important?

RESULTS

Replies were received from all 15 centres by the end of May 1996 and the responses were summarised by marker and section as follows.

HEPATITIS B

Section A

Procedure for contacting and counselling donors

Written procedure	Standard operating procedure
13 centres	9 centres

Method of contacting donors

Letter	Other
15 centres	2 centres contact by telephone in the event of an acute infection

Additional measures taken with letters

Marked Private & Confidential	Sent specific days only
10 centres	14 centres

Other

- 2 centres send their letters by 1st class post.
- 1 centre sends a letter by 1st class post on any day of the week for an acute infection.
- 1 centre marks its letters Private only.
- 1 centre sends stamped letters (i.e. no frank) with the box number on the reverse in case of non-delivery.

How will the centre know if donors receive the letters?

Donor response	Other
13 centres	1 centre - monthly "float" recall system - no details given - ? means of knowing if donor has not responded

- 1 centre - no response to question.

What steps are taken if there is no response?

- 14 centres send, at least, one further letter.
- 1 centre - dash in response to question - ? no action taken.

Action	Interval	Recorded delivery
Second letter - 4 centres	<ul style="list-style-type: none"> • 1 centre - 1 month • 3 centres - no indication 	2 centres
Third letter - 6 centres	<ul style="list-style-type: none"> • 2 centres - 2 x 2 week intervals • 4 centres - no indication 	<ul style="list-style-type: none"> • 2 centres for second letter • 2 centres for third letter
Telephone - 2 centres	<ul style="list-style-type: none"> • 1 centre - only in acute infection • No indication of intervals 	
Other/Comments	<ul style="list-style-type: none"> • 4 centres did not indicate how many "follow-up" letters or "repeat requests" are sent. • 1 centre encloses a form with the second and third letters for the donor to indicate his/her intentions and a leaflet with the third letter. • 1 centre advises against further donation in the third letter. • 1 centre checks the donor's address with the general practitioner - no indication of how. • 1 centre obtains the general practitioner's name from the health authority - ? with a view to passing on the information. • 1 centre contacts the general practitioner via the health authority. 	

Are donors counselled by centre staff?

Yes	No	Other
8 centres	3 centres	<ul style="list-style-type: none"> • 1 centre - yes, but if discuss on phone, refer to general practitioner • 1 centre - no, but offered • 1 centre - yes & no (depending on geographic location) • 1 centre - ideally, sometimes

HEPATITIS B

Section B (donors counselled by centre staff)

The site of counselling

- All 12 centres which offer counselling do so at the blood centre and some offer other sites in addition.

Blood centre	Local Hospital	Donor's home	Telephone	Other
12 centres	3 centres	2 centres	3 centres	1 centre

Which grades of staff counsel?

Consultant	Associate specialist	Staff grade	Clinical assistant
11 centres	3 centres	3 centres	2 centres

- 11 centres have consultant-led counselling.
- 1 centre has associate specialist-led counselling.
- In some of the centres with a consultant-led service, other grades of staff also counsel.

Is written information given to donors?

No	Yes	Source
5 centres	7 centres	<ul style="list-style-type: none"> • 4 centres - British Liver Trust • 1 centre - Roche • 2 centres - unspecified

Are additional samples taken?

Yes	No	Other
8 centres	2 centres	1 centre - yes, where possible 1 centre - no, unless donor requests it

Are donors contacted with the results?

No	Yes	Method
0 centres	10 centres	<ul style="list-style-type: none"> • 2 centres - by letter (1 centre - second appointment, if requested) • 2 centres - by letter and/or telephone • 1 centre - by telephone, letter or via general practitioner • 1 centre - results sent to general practitioner • 4 centres - no indication

Is written consent obtained to contact donors' general practitioners?

Yes	No	Comments
9 centres	3 centres	<ul style="list-style-type: none"> 1 centre - written consent not essential - often taken over the telephone 1 centre - informed consent obtained but not in writing 1 centre - "verbal" consent only obtained

Are general practitioners contacted?

Yes	No	Comments
12 centres	0 centres	<ul style="list-style-type: none"> 1 centre - only if written consent given 1 centre - if "verbal" consent given

Are donors referred for specialist assessment?

No	Yes	By whom?
2 centres (1 centre, not routinely)	10 centres	<ul style="list-style-type: none"> 1 centre - NBS consultant or general practitioner 1 centre - NBS associate specialist (with donor's written consent) 2 centres - general practitioner or NBS consultant - if requested by general practitioner or donor does not wish general practitioner to be informed 6 centres - general practitioner 1 centre - general practitioner, if at all

Is information received from the specialists?

Yes	No	Other
4 centres	4 centres	<ul style="list-style-type: none"> 1 centre - sometimes 1 centre - not always

Is testing offered to contacts?

No	Yes	By whom?	To whom?
4 centres (1 centre advises donor to request testing via specialist)	8 centres	<ul style="list-style-type: none"> 6 centres - NBS counsellor 2 centres - NBS counsellor, if requested 3 centres - donor advised to see general practitioner if other family members need testing - to facilitate immunisation 	<ul style="list-style-type: none"> Sexual partners Children Other close family members

Comments (by centre)

- File with all results, correspondence etc.
 - Standard form to complete which includes check-list.
 - 1 hour allowed for counselling session.
 - Counsellor's contact details given to donor at counselling visit.
 - Continuing contact with counsellor offered, if required.
- *
- Accurate assessment of HBV status often possible only after repeat blood samples.
 - This is discussed at counselling and status confirmed in letter to donor/general practitioner.
- *
- Letter specifies HBV infection.
 - File for each donor with notes of contact/counselling procedure etc.
 - Check-list to ensure that nothing is missed.
 - Open invitation to call at any time if concerned/queries etc.
 - Prepared to write to dentists, insurance companies etc. if evidence of status is required.
- *
- General practitioners are now very familiar with HBV and can deal adequately with donors if we send them all the information.
 - Must include tactful reminders about vaccinating spouses.
- *
- Few cases - most chronic carriers.
 - Tested again in 3-6 months to confirm chronicity and the referred according to policy of regional hepatologist.
- *
- Probably less important to see at blood centre than HCV/HIV.
 - General practitioners well equipped with information on HBV.
 - Donors encouraged to attend blood centre - but not all will do so.

HEPATITIS B

Section C (donors not counselled by centre staff)

How are donors advised of the results?

In original letter	In original letter and/or via GP	Second letter	By telephone and via GP	Via GP
1 centre	2 centres	1 centre	1 centre	2 centres

Are donors invited to discuss the findings with a member of the NBS staff?

Yes	No
6 centres	1 centre

Are donors advised to contact another health professional?

No	Yes	Which health professional?
0 centres	7 centres	<ul style="list-style-type: none"> • 5 centres - general practitioner • 2 centres - unspecified

Are donors asked to identify their general practitioners?

No	Yes	Consent obtained?
0 centres	7 centres	<ul style="list-style-type: none"> • 4 centres - written consent • 1 centre - written consent usually obtained • 1 centre - written consent not necessarily obtained (often taken by telephone) • 1 centre - written consent not obtained

Are general practitioners:-

	Yes	No
• Given written information to give to donors?	5 centres	2 centres
• Given standard forms to return to the centre?	4 centres	3 centres
• Asked to contact the centre after counselling donors?	3 centres	4 centres
• Asked to take a confirmatory specimen?	4 centres	3 centres
If yes, does the centre receive a copy of the results?	1 centre	3 centres
• Advised to refer donors for specialist assessment?	<ul style="list-style-type: none"> • Yes - all 7 centres • 2 centres - at general practitioner's discretion • 1 centre - NBS refers with general practitioner's consent 	

Does the centre receive information from the specialist?

Yes	No	Other
1 centre	3 centres	<ul style="list-style-type: none"> • 1 centre - sometimes • 1 centre - usually • 1 centre - only if we initiate enquiries

Comments (by centre)

- Would like to see and counsel ourselves particularly re risk factors but are currently short of staff.

*

- Problem with general practitioners returning surveillance forms to Kate Soldan.
- May be better for them to be returned to us for forwarding so that we can be sure that counselling has taken place.

HEPATITIS C

Section A

Procedure for contacting and counselling donors

Written procedure	Standard operating procedure
13 centres	9 centres

Method of contacting donors

- All 15 centres send letters.

Additional measures taken with letters

Marked Private & Confidential	Sent specific days only
10 centres	15 centres

Other

- 1 centre marks its letters Private only.
- 2 centres send their letters by 1st class post.
- 1 centre sends stamped letters (i.e. no frank) with the box number on the reverse in case of non-delivery.

How will the centre know if donors receive the letters?

Donor response	Other
13 centres	1 centre - monthly "float" recall system - no details given - ? means of knowing if donor has not responded

- 1 centre - no response to question.

What steps are taken if there is no response?

- 14 centres send, at least, one further letter.
- 1 centre - dash in response to question - ? no action taken.

Action	Interval	Recorded delivery
Second letter - 4 centres	<ul style="list-style-type: none"> • 1 centre - 1 month • 3 centres - no indication 	2 centres
Third letter - 7 centres	<ul style="list-style-type: none"> • 2 centres - 2 x 2 week intervals • 5 centres - no indication 	<ul style="list-style-type: none"> • 2 centres for second letter • 2 centres for third letter
Other/Comments	<ul style="list-style-type: none"> • 2 centres did not indicate how many "follow-up" letters or "repeat requests" are sent. • 1 centre encloses a form with the second and third letters for the donor to indicate his/her intentions and a leaflet with the third letter. • 1 centre requests consent to contact the general practitioner in the third letter if the donor does not wish to attend for counselling. • 1 centre advises against further donation in the third letter. • 1 centre checks the donor's address with the general practitioner - no indication of how. • 1 centre obtains the general practitioner's name from the health authority - ? with a view to passing on the information. • 1 centre contacts the general practitioner via the health authority. 	

Are donors counselled by centre staff?

Yes	No	Other
9 centres	2 centres	<ul style="list-style-type: none"> • 1 centre - yes, but if discuss on phone, refer to general practitioner • 1 centre - no, but offered • 1 centre - yes & no (depending on geographic location) • 1 centre - ideally, sometimes

HEPATITIS C

Section B (donors counselled by centre staff)

The site of counselling

- All 13 centres which offer counselling do so at the blood centre and some offer other sites in addition.

Blood centre	Local Hospital	Donor's home	Other
13 centres	4 centres	3 centres	1 centre - at donor's choice

Which grades of staff counsel?

Consultant	Associate specialist	Staff grade	Clinical assistant
12 centres	4 centres	3 centres	2 centres

- 12 centres have consultant-led counselling.
- 1 centre has associate specialist-led counselling.
- In some of the centres with a consultant-led service, other grades of staff also counsel.

Is written information given to donors?

No	Yes	Source
2 centres (1 centre - could issue British Liver Trust leaflet)	11 centres	<ul style="list-style-type: none"> 3 centres - British Liver Trust 1 centre - in-house/British Liver Trust 4 centres - in-house leaflet 1 centre - Roche 2 centres - unspecified

Are additional samples taken?

Yes	No	Other
10 centres	2 centres	1 centre - no, unless donor requests it

Are donors contacted with the results?

No	Yes	Method
2 centres	9 centres	<ul style="list-style-type: none"> • 1 centre - by letter (second appointment, if requested) • 2 centres - by letter and/or telephone • 2 centres - by telephone or letter depending on donor preference • 1 centre - by telephone, letter or via general practitioner • 1 centre - results sent to general practitioner • 2 centres - no indication

Is written consent obtained to contact donors' general practitioners?

Yes	No	Comments
9 centres	4 centres	<ul style="list-style-type: none"> • 1 centre - written consent not essential - often taken over the telephone • 1 centre - informed consent obtained but not in writing • 1 centre - "verbal" consent only obtained

Are general practitioners contacted?

Yes	No	Comments
13 centres	0 centres	<ul style="list-style-type: none"> • 1 centre - only if written consent given • 1 centre - if "verbal" consent given

Are donors referred for specialist assessment?

No	Yes	By whom?
0 centres	13 centres	<ul style="list-style-type: none"> • 2 centres - NBS consultant or general practitioner • 1 centre - NBS consultant with general practitioner's approval • 1 centre - NBS associate specialist (with donor's written consent) • 3 centres - general practitioner or NBS consultant - if requested by general practitioner or donor does not wish general practitioner to be informed • 6 centres - general practitioner

Is information received from the specialists?

Yes	No	Other
6 centres	2 centres	<ul style="list-style-type: none"> • 1 centre - yes, usually • 1 centre - sometimes • 1 centre - not always • 1 centre - depends on who sees patient • 1 centre - not usually

Is testing offered to contacts?

No	Yes	By whom?	To whom?
4 centres (1 centre advises donor to request testing via specialist)	9 centres	<ul style="list-style-type: none"> 6 centres - NBS counsellor 3 centres - NBS counsellor, if requested 	<ul style="list-style-type: none"> Sexual partners Children

Comments (by centre)

- Time.
- Detailed referral letters.
- Correct selection of donors for referral.
- *
- File with all results, correspondence etc.
- Standard form to complete which includes check-list.
- 1 hour allowed for counselling session.
- Counsellor's contact details given to donor at counselling visit.
- Continuing contact with counsellor offered, if required.
- *
- Facility to answer telephone queries from donors.
- Clear lines of communication within centre.
- Informed clerical/secretarial staff who deal with critical contact from donor.
- *
- Letter specifies HCV infection.
- File for each donor with notes of contact/counselling procedure etc.
- Check-list to ensure that nothing is missed.
- Open invitation to call at any time if concerned/queries etc.
- *
- Best to see at blood centre - general practitioners have very little experience of HCV.
- Push for specialist referral.

HEPATITIS C

Section C (donors not counselled by centre staff)

How are donors advised of the results?

In original letter	Second letter - after testing fresh sample	Via GP
2 centres	1 centre	1 centre

Are donors invited to discuss the findings with a member of the NBS staff?

Yes	No
4 centres	0 centres

Are donors advised to contact another health professional?

No	Yes	Which health professional?
0 centres	4 centres	<ul style="list-style-type: none"> • 3 centres - general practitioner • 1 centre - unspecified

Are donors asked to identify their general practitioners?

No	Yes	Consent obtained?
0 centres	4 centres	<ul style="list-style-type: none"> • 3 centres - written consent • 1 centre - written consent not obtained (to save time)

Are general practitioners:-

	Yes	No
• Given written information to give to donors?	4 centres	0 centres
• Given standard forms to return to the centre?	3 centres	1 centre
• Asked to contact the centre after counselling donors?	1 centre	3 centres
• Asked to take a confirmatory specimen?	1 centre	3 centres
If yes, does the centre receive a copy of the results?	1 centre	0 centres
• Advised to refer donors for specialist assessment?	<ul style="list-style-type: none"> • Yes - all 4 centres • 1 centre - at general practitioner's discretion 	

Does the centre receive information from the specialist?

Yes	No	Comments
1 centre	3 centres	<ul style="list-style-type: none"> • 1 centre - occasionally, available on request • 1 centre - find out by looking at hospital records

Comments (by centre)

- We complete the infected donor surveillance form based on the information in the questionnaire returned by the general practitioner.
- *
- I think we could never achieve personal visits from all/most donors without terrifying them into feeling that they must attend.
- We work via general practitioners and send written information for the donor and the doctor.

HIV

Section A

Procedure for contacting and counselling donors

Written procedure	Standard operating procedure
12 centres	9 centres

- 1 centre has yet to identify any HIV positive donors.

Method of contacting donors

- All 14 centres which have identified HIV positive donors, contact them by letter.

Additional measures taken with letters

Marked Private & Confidential	Sent specific days only
8 centres	14 centres

Other

- 1 centre marks its letters Private only.
- 1 centre sends its letters by 1st class post.
- 1 centre sends stamped letters (i.e. no frank) with the box number on the reverse in case of non-delivery.

How will the centre know if donors receive the letters?

Donor response	Other
12 centres	1 centre - monthly "float" recall system - no details given - ? means of knowing if donor has not responded

- 1 centre - no response to question.

What steps are taken if there is no response?

- All 14 centres which have identified HIV positive donors send, at least, one further letter.

Action	Interval	Recorded delivery
Second letter - 6 centres	<ul style="list-style-type: none"> • 1 centre - 10-14 days • 5 centres - no indication 	1 centre
Third letter - 6 centres	<ul style="list-style-type: none"> • 2 centres - 2 x 2 week intervals • 4 centres - no indication 	<ul style="list-style-type: none"> • 1 centre for second letter • 2 centres for third letter
Telephone - 1 centre	Only if no response to third letter	
Other/Comments	<ul style="list-style-type: none"> • 2 centres did not indicate how many "follow-up" letters or "repeat requests" are sent. • 1 centre sends a more "strongly-worded" third letter. • 1 centre advises against further donation in the third letter. • 1 centre attempts to contact the donor via the Post Office and/or the health authority. • 1 centre obtains the general practitioner's name from the health authority - ? with a view to passing on the information. 	

Are donors counselled by centre staff?

Yes	No
13 centres	1 centre

HIV

Section B (donors counselled by centre staff)

The site of counselling

Blood centre	Local Hospital	Donor's home	Other
11 centres	6 centres	2 centres (1 centre - second or subsequent visit only)	1 centre - at donor's choice

- 11 of the 13 centres which offer counselling do so at the blood centre and some offer other sites in addition.

Which grades of staff counsel?

Consultant	Associate specialist	Staff grade
12 centres (2 centres - clinician or counsellor from GUM clinic also present)	2 centres	1 centre - sometimes

- 12 centres have consultant-led counselling.
- 1 centre has associate specialist-led counselling.
- In 2 of the centres with a consultant-led service, other grades of staff also counsel.

Is written information given to donors?

No	Yes	Source
4 centres (1 centre supplies local/national helpline numbers)	9 centres	<ul style="list-style-type: none"> • 2 centres - in-house • 1 centre - in-house/Terrence Higgins Trust/Body Positive/Positively Women etc., as appropriate • 1 centre - details of Body Positive etc. • 1 centre - BMA booklet/BMJ article updated in-house/telephone numbers • 1 centre - GUM clinic • 1 centre - useful addresses/contacts • 2 centres - unspecified

Are additional samples taken?

Yes	No
12 centres	1 centre

Are donors contacted with the results?

No	Yes	Method
1 centre - immediate referral to HIV specialist	11 centres	<ul style="list-style-type: none"> • 5 centres - second appointment • 2 centres - by letter and/or telephone • 1 centre - appointment to see GUM doctor in 2-7 days • 1 centre - told at interview with clinician • 1 centre - at donor's request • 1 centre - no indication

Is written consent obtained to contact donors' general practitioners?

Yes	No	Comments
6 centres	7 centres	<ul style="list-style-type: none"> • 1 centre - written consent not essential • 1 centre - not routinely, only if donor requests it

Are general practitioners contacted?

Yes	No	Comments
6 centres	7 centres	<ul style="list-style-type: none"> 1 centre - only if written consent given 1 centre - if "verbal" consent given 1 centre - yes, unless donor requests otherwise 1 centre - donor advised to inform general practitioner 1 centre - GUM clinic takes over management/informs general practitioner

Are donors referred for specialist assessment?

No	Yes	By whom?
0 centres	13 centres	<ul style="list-style-type: none"> 9 centres - NBS consultant 1 centre - NBS consultant or general practitioner 1 centre - NBS associate specialist (with donor's written consent) 1 centre - general practitioner or NBS consultant - if donor does not wish general practitioner to be informed 1 centre - GUM clinic takes over care

Is information received from the specialists?

Yes	No	Other
5 centres	5 centres	<ul style="list-style-type: none"> 1 centre - occasionally 1 centre - not always 1 centre - we have not had a positive for 4.5 years

Is testing offered to contacts?

No	Yes	To whom?
10 centres <ul style="list-style-type: none"> 1 centre - if requested 1 centre - donor advised to discuss contact testing with clinician 1 centre - carried out at GUM clinic 	3 centres (1 centre - if requested)	<ul style="list-style-type: none"> Sexual partners Children

Comments (by centre)

- All HIV positive donors must be seen even if there is no response to letters. Prepared to go via FHSA route, if necessary.
- Difficulty: very few and, therefore, experience is lacking.
- Interview better with two NBS doctors.

*

- Letter does not specify HIV infection and is very bland
- File for each donor with notes of contact/counselling procedure etc.
- Check-list to ensure that nothing is missed.
- Appointment through secretary so no contact with medical staff when appointment booked.
- Counsellor available when donor makes appointment - have been known to attend within 2 hours.

*

- Half a day allowed for first counselling session.
- Counsellor's contact details given to donor at first counselling visit.
- Confirmatory results given at second counselling session - usually within 2-3 days.
- Home visits, contact testing and continuing contact with counsellor offered, if required.
- File with all results, correspondence etc.
- Standard form to complete which includes check-list - not completed until second counselling session.

*

- Have GUM help lined up before seeing donor.

*

- Large distances - most donors counselled in local hospital.
- Presence of local HIV counsellor/clinician ensures smooth transition to patient attending clinic.

*

- Vital to introduce/register donors with GUM counsellor and doctor on day news is broken.
- Donors are always given a follow-up appointment on the same day and written information to take away.

*

- Easily accessible link with AIDS specialist and counsellor proven invaluable - support of hospital HIV counsellor is arranged on day of first counselling visit.
- Good written information for donors would be an asset - shortage of suitable literature.

HIV

Section C (donors not counselled by centre staff)

N.B. Applies to one centre only

How are donors advised of the results?	Via the general practitioner
Are donors invited to discuss the findings with a member of the NBS staff?	No - but can phone or write in response to letter
Are donors advised to contact another health professional?	Yes - their general practitioners
Are donors asked to identify their general practitioners?	Yes - written consent obtained

Are general practitioners:-

Given written information to give to donors?	No
Given standard forms to return to the centre?	No
Asked to contact the centre after counselling donors?	No
Asked to take a confirmatory specimen?	No
If yes, does the centre receive a copy of the results?	Not applicable
Advised to refer donors for specialist assessment?	Yes - in all cases

Does the centre receive information from the specialist?	No
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Comments (by centre)

- There is no member of staff with training in HIV counselling.
- One case in the last 3 years - phoned the general practitioner for advice - he was happy to deal with it.

SYPHILIS

Section A

Procedure for contacting and counselling donors

Written procedure	Standard operating procedure
12 centres (1 centre - for contact only)	9 centres

Method of contacting donors

- All 15 centres send letters.

Additional measures taken with letters

Marked Private & Confidential	Sent specific days only
8 centres	14 centres

Other

- 1 centre marks its letters Private only.
- 2 centres send their letters by 1st class post.
- 1 centre sends stamped letters (i.e. no frank) with the box number on the reverse in case of non-delivery.

How will the centre know if donors receive the letters?

Donor response	Other
13 centres	1 centre - monthly "float" recall system - no details given - ? means of knowing if donor has not responded

- 1 centre - no response to question.

What steps are taken if there is no response?

- 13 centres send, at least, one further letter.
- 1 centre - dash in response to question - ? no action taken.

Action	Interval	Recorded delivery
Second letter - 4 centres	2 centres - 2 week interval	1 centre
Third letter - 4 centres	<ul style="list-style-type: none"> • 2 centres - 2 week intervals • 2 centres - no indication 	1 centre
Other/Comments	<ul style="list-style-type: none"> • 5 centres did not indicate how many "follow-up" letters or "repeat requests" are sent. (One of these uses recorded delivery). • 1 centre advises against further donation in the third letter. • 1 centre obtains the general practitioner's name from the health authority - ? with a view to passing on the information. • 1 centre checks the donor's address with the general practitioner - no indication of how. • 1 centre asks the donor to visit the general practitioner. 	

Are donors counselled by centre staff?

Yes	No	Other
4 centres	8 centres	<ul style="list-style-type: none"> • 1 centre - yes, but not always practical if donor lives far away/telephone counselling offered • 1 centre - no, but offered • 1 centre - yes & no

SYPHILIS

Section B (donors counselled by centre staff)

The site of counselling

Blood centre	Local Hospital	Telephone	Other
5 centres	1 centre	1 centre	1 centre

- 5 centres which offer counselling do so at the blood centres and 2 of these offer other sites in addition.
- 1 centre telephone counsels.

Which grades of staff counsel?

Consultant	Associate specialist
6 centres	1 centre

- All 6 centres have consultant-led counselling.
- In 1 of the centres associate specialists also counsel.

Is written information given to donors?

No	Yes	Source
5 centres	1 centre	Local

Are additional samples taken? *

Yes	No
3 centres (1 centre - by post following telephone counselling * 1 centre - sometimes by GUM clinic)	3 centres

Are donors contacted with the results?

No	Yes	Method
0 centres	3 centres	<ul style="list-style-type: none"> • 1 centre - by letter asking donor to telephone • 1 centre - sees donor again • 1 centre - no indication

Is written consent obtained to contact donors' general practitioners?

Yes	No	Comments
3 centres	3 centres	<ul style="list-style-type: none"> • 1 centre - written consent not essential - often taken over the telephone • 1 centre - "verbal" consent only obtained

Are general practitioners contacted?

Yes	No	Comments
6 centres	0 centres	<ul style="list-style-type: none"> • 1 centre - if donor agrees, sometimes GUM referral • 1 centre - if "verbal" consent given

Are donors referred for specialist assessment?

No	Yes	By whom?
0 centres	6 centres	<ul style="list-style-type: none"> • 1 centre - NBS consultant • 2 centres - general practitioner • 1 centre - general practitioner/ NBS consultant • 1 centre - general practitioner - or NBS consultant if donor does not wish general practitioner to be informed • 1 centre - at general practitioner's discretion

Is information received from the specialists?

Yes	No	Other
1 centre	3 centres	2 centres - sometimes

Is testing offered to contacts?

No	Yes	By whom?	To whom?
5 centres (1 centre advises donor to request testing via specialist)	1 centre - if requested	NBS counsellor	Not indicated

Comments (by centre)

- Main purpose is to explain why we must withdraw from donation and ensure donor receives treatment, if necessary.
- If apparent acute infection - direct referral to STD clinic may be made.
- Very low-key process.
- File for each donor with notes of contact/counselling procedure etc.
- Standard letters.

*

- What to say when donor phones in response to letter:-
Test for bacterial infection.
Mention dental abscess, tick bites etc. - but don't mention Syphilis.

SYPHILIS

Section C (donors not counselled by centre staff)

- Responses received from 11 centres.
- The centre which answered "yes, but not always practical" to counselling by centre staff, completed Section C only.

How are donors advised of the results?

In original letter	Telephone	Via GP	By telephone/via GP	Via GP/occasional telephone call
1 centre	3 centres	5 centres	1 centre	1 centre

Are donors invited to discuss the findings with a member of the NBS staff?

Yes	No
7 centres	4 centres

Are donors advised to contact another health professional?

No	Yes	Which?
0 centre	11 centres	<ul style="list-style-type: none"> 6 centres - general practitioner 1 centre - general practitioner/GUM physician 4 centres - unspecified

Are donors asked to identify their general practitioners?

No	Yes	Consent obtained?
0 centres	11 centres	<ul style="list-style-type: none"> 6 centres - written consent (1 centre - not necessarily) 1 centre - written consent obtained if general practitioner contact requested - otherwise advised to attend GUM clinic 2 centres - written consent not obtained 2 centres - no indication

Are general practitioners:-

	Yes	No
• Given written information to give to donors?	0 centres	11 centres
• Given standard forms to return to the centre?	1 centre	10 centres
• Asked to contact the centre after counselling donors?	3 centres	8 centres
• Asked to take a confirmatory specimen?	6 centres	5 centres
• If yes, does the centre receive a copy of the results?	4 centres	2 centres
• Advised to refer donors for specialist assessment?	9 centres	2 centres
Comments regarding specialist referral:-	<ul style="list-style-type: none"> 4 centres advise referral in all cases. 5 centres advise referral at the general practitioner's discretion. 2 centres leave the decision to the general practitioner. 	

Does the centre receive information from the specialist?

Yes	No	Other
0 centres	6 centres	<ul style="list-style-type: none"> • 2 centres - sometimes • 2 centres - usually • 1 centre - rarely

Comments (by centre)

- We mention possibility of Yaws in letter to donor.
 - We get a lot of phone calls from donors who seem quite relaxed about it.
 - GUM doctor advises all should be referred unless certain of adequate treatment in the past.
- *
- Problem with general practitioners returning surveillance forms to Kate Soldan.
 - May be better for them to be returned to us for forwarding so that we can be sure that counselling has taken place.
- *
- Recently changed from asking donors for general practitioner details and then notifying/leaving counselling/confirmation to general practitioner.
 - Most old (known) infections, past infection with Yaws (often known about), past infection in immigrants - often known about and not understood.
- *
- When changed from VDRL to TPHA quite a few donors identified positive who had previously been negative.
 - Explanations required.
- *
- General practitioner receives full explanation by letter.
 - General practitioner requested to send sample to Blood centre and then sent to reference centre.
 - Procedure for old/previous infection - would see and counsel an acute infection.
 - Existing procedure not very satisfactory - better to see and counsel donors as for other markers.
- *
- Donors ideally should be counselled at NBS centres as for other infectious markers. Mechanism for Syphilis is historical and has not been changed owing to insufficient medical staff.
 - For a short time donors were counselled but we were unable to sustain the workload.
 - Clinical implications in most cases less serious.
- *
- Most have serum scars, therefore handling of phone calls very difficult.
 - Centre medical staff know when donor expected to get a letter and prepared for phone call.

SUMMARY OF RESULTS

Section A

- Almost all centres have written procedures for contacting and counselling donors with just over half having standard operating procedures.
- All centres contact donors by letter for all markers but two would telephone donors in the event of an acute Hepatitis B infection. Almost all centres send the letters on specific days of the week and just over half mark the envelopes Private & Confidential. Other measures taken include using 1st class post and envelopes without any "identifiers" but with a box number on the reverse in case of non-delivery. Most centres depend on the donor response to know whether donors have received letters and send, at least, one further letter if donors do not reply. There is wide variation between centres in the measures adopted if donors do not reply to a second letter including recorded delivery letters, telephone calls and obtaining the general practitioner's name from the health authority.

Section B

- Most centres arrange counselling by centre staff for HBV, HCV and HIV. Syphilis positive donors are predominantly referred elsewhere for counselling. For HBV and HCV, all centres offer counselling at the Blood centre and some offer other sites in addition. For HIV, the majority of centres offers counselling at the Blood centre and some centres offer other sites in addition. Two centres do not counsel at the Blood centre. For Syphilis, just over half the centres which offer counselling do so at the Blood centre, some offer other sites in addition and one telephone counsels.
- All the centres except one have consultant-led counselling. Some of the centres which have consultant-led counselling offer counselling by other grades of medical staff but centres at which staff grades and clinical assistants counsel are in a small minority. In the remaining centre counselling is by associate-specialist.
- The majority of centres give written information to donors who are HBV, HCV and HIV positive but only one centre gives written information to Syphilis positive donors. There is a range of material offered.
- Most centres take confirmatory samples from HBV, HCV and HIV positive donors but only half do so for Syphilis positive donors. In all cases donors are contacted with the confirmatory results usually by letter, telephone call or at a second counselling session, except for one centre which, for HIV positive donors, makes an immediate referral to a specialist.
- The majority of centres obtain written consent to contact donors' general practitioners but not all see it as essential. In all cases centres inform donors' general practitioners of the findings except for HIV positive donors, where less than half the centres inform the general practitioner.

- All centres recommend referral for HBV, HIV and Syphilis positive donors but two centres do not recommend referral for HBV positive donors. Follow-up information from specialists is not routinely or reliably received.
- The majority of centres offer to contact-testing to donors who are HBV and HCV positive, a small minority offer contact-testing to HIV positive donors and one centre, on request only, to Syphilis positive donors.

Section C

- Centres which do not counsel notify donors of the findings by letter, telephone call, via general practitioners or a combination of these methods. Donors are usually invited to discuss the findings with a member of the NBS staff but are advised by all centres to contact another health professional, normally their general practitioners, and are asked to give consent for their general practitioners to be notified. Most centres request consent in writing but not all see it as essential.
- The majority of centres give general practitioners written information to give to HBV and HCV positive donors. The centre which does not counsel HIV positive donors does not provide written information for general practitioners nor does any centre for Syphilis positive donors.
- Standard forms for general practitioners to complete and return to the centre are not uniformly provided and, in many instances, general practitioners are not requested to contact the centre after counselling donors.
- In many instances, general practitioners are not asked to take confirmatory samples and there is little consistency between centres and markers. Where samples are requested, copies of confirmatory results are not reliably received in most cases.
- General practitioners are advised by all centres to refer HBV, HCV and HIV positive donors and, in most cases, Syphilis positive donors although some centres leave the latter to the general practitioners' discretion. Information from the specialists is not received.

DISCUSSION POINTS

The purpose of this audit was, first of all, to establish current practice and then to identify areas for discussion with the objective of developing standards of best practice for counselling donors with confirmed positive microbiology markers within the National Blood Service.

A degree of variation in practice has been identified which has generated a number of areas for discussion.

- Letters - consider standardising content and style.
- Measures taken with the letters e.g. sent on specific days only etc. - consider standardising.
- Handling of donor calls in response to letters.
 - importance of training support staff to take calls, make appointments etc.
 - telephone counselling - ? which donors, consistent approach/content required.
- Donors who do not respond - consider standardising procedures whilst recognising importance of preserving donor confidentiality.
- Which donors to be counselled by NBS staff? - discussion required.
- Donors who are not counselled by centre staff - consider standardising procedures for notification of donor/general practitioner and for confirmation/referral etc.
- Which grades of staff to counsel? - discussion required particularly with regard to staff training/competence and donor confidentiality issues.
- Sites of counselling - discussion required particularly with regard to HIV positive donors. (National AIDS Counselling Training Unit recommendation 1985 - donors to be seen at local hospital or other site away from the blood centre).
- Written information to give to donors/general practitioners - consider standardising.
- Standard forms - consider introduction of standard forms/check-lists for centre staff and general practitioners to complete after counselling donors - ? modelled on the Infected Donor Surveillance form.
- Confirmatory samples - discussion required with a view to confirmatory samples being taken from all donors.
- Method of conveying confirmatory results to donors/general practitioners - discussion required with regard to methods used and, particularly, donors' written consent.
- Specialist referral - consider introduction of standardised policy for referral (? how to encourage feed-back from specialists).
- Testing of contacts - consider introduction of standardised policy.

The above list is not exhaustive and other areas may well need to be considered in the course of any discussions.