NHS
Blood and Transplant

Head Office
500 North Bristol Park
Northway
Filton
Bristol
BS34 7QH

Tel: 0117 921 7200
Fax: 0117 921 7201

3rd January 2023

Dear SHT and HCC leads,

I am writing to update you as to the current status of blood stocks in England.

Following the Amber Alert in October 2022 there was a dramatic improvement in the stock position driven by reduced ordering of O negative blood by hospitals. A significant contribution to the stock position nationally was the reduction in ordering of red cells for apheresis patients.

NHSBT provides over 10,000 units for people with sickle cell disorder each month in England and most of these are blood group O, and most units are used in the context of those on long term automated exchange transfusion programmes.

We had come out of the Amber Alert in a good stock position at the start of December, but the impact of bad weather, increased demand and recent and forthcoming strikes is placing red cells stocks in a challenging position once again.

We are hoping to avoid entering an Amber Alert by asking for your support once again in managing red cell stock by more supportive ordering of red cells for apheresis with your transfusion and apheresis teams. As this is likely to be an ongoing challenge for some time it would be helpful if this could be reviewed as good practice and added into your haemoglobinopathy guidelines and policies.

Please can I ask all the Clinical leads to review with their teams the following for each of their patients, particularly those who are blood group O Ro or require O RhD negative units.

1. Remove the age requirement for blood – particularly in adults. Age requirements are not in place in other countries that use red cell exchange in sickle cell disorders. There is a very limited evidence base for this recommendation in the BCSH guidelines.
2. Use the depletion mode in the Spectra Optia if safe to do so and if it results in less blood use.
3. Consider, where possible exchanging to a higher post HbS% and then giving a simple transfusion.
4. To reconsider bringing HbS% post exchange to above 15% as this often requires many additional units, as you are removing mostly transfused blood the lower the HbS% gets. Other mechanisms of maintaining a sufficiently low HbS% could include higher post Hb following the exchange.
5. Look at whether you are reaching your targets and what the indication for exchange is: If you are using 10 units can you safely reduce to 8 units, or increase the interval between exchange, if possible, by a week?

For thalassaemia patients and other regularly transfused patients on simple transfusion as well as children who are receiving smaller volumes of blood (<4 units), there is no need to change practice.

Your sincerely

Dr Farrukh Shah
Medical Director-Transfusion
NHS Blood and Transplant