UNIVERSITY OF CAMBRIDGE

NHS Blood and Transplant

Whole Blood -England

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Caring Expert Quality

Status of whole blood

- Currently not routinely provided
- Started a programme of activity to explore options for provision
- Assessed feasibility of supplying LD WB (without platelets) whilst validating LD WB containing platelets
  - Feasible
  - Wastage issues to overcome
  - Reduction in time to administer red cells and plasma
- Surveyed pre-hospital teams to ask what product they would want and what level of evidence prior to implementation
  - Would like product all in one bag, preferably with platelets
  - Would like to see clinical trial prior to routine use
- Secured funding and set up RCT of WB v standard of care
  - Started this week, 18-24 months to recruit

Lessons learned

NHS Blood and Transplant

- Blood collection considerations
  - Most practical to use standard collection systems & CPD anticoagulant
  - ‘sterile connect’ Terumo LD sets back in the blood centre
- Not easy for us to identify donors with anti-platelet meds – easier way to exclude was to use BAT systems which are only used if donors fulfil requirements for platelets
- Wastage
  - Not practical to ‘recycle’ blood once it has left our organisation
  - Consider extending use to non-trauma MH patients
- Shelf-life
- Needs to be pragmatic balance between what’s in the bag and ability to supply

Key considerations for implementation

- Benefits will depend on current standard of care and need to be understood
- Whether to make from D neg/pos donations
- How to make collection/manufacturing practical
- Minimising wastage
- Defining an acceptable shelf-life