The Chief Medical Officer's
National Blood Transfusion Committee

National Transfusion Practitioner Survey of England and North Wales

March 2011

Full Report

National Survey of Transfusion Practitioners
in England and North Wales in April/May 2010

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Executive Summary

Introduction

The Department of Health's 'Health Service Circular (2002/009) Better Blood Transfusion – Appropriate Use of Blood' set out a new plan of action which included the appointment of hospital Transfusion Practitioners (TPs). This was reiterated in the 2007 Health Service Circular (2007/001) where it stated that the number of TPs needed in each Trust depended on the Trust size. The TP role has now been in existence for over 10 years in most Trusts in England and North Wales. TPs have made a significant contribution in helping to improve transfusion practice at a local, regional and national level by promoting safe transfusion practice, the appropriate use of blood in medical and surgical patients, reducing wastage and increasing patient and public involvement, ensuring that Better Blood Transfusion has become an integral part of NHS care.

Through the work of the Hospital Transfusion Team, of which the TP is a key member, Trusts have been able to contribute to higher levels of compliance with respect to audit, inspection and the NHS Litigation Authority Risk Management Standards and so secured significant financial savings for the NHS. However, there are no nationally defined criteria or detailed guidance on the scope and objectives of the role. Anecdotal evidence suggested that there were problems in some Trusts recognising the increasing workload of TPs and concerns about a dilution of the role and a re-focus of priorities away from the safe and appropriate use of blood.

Method

A national survey was conducted as a collaboration between NHS Blood and Transplant and the Chief Medical Officer's National Blood Transfusion Committee in April 2010 to obtain a more accurate picture of the role of the TP and to better understand how they spend their time.

Results

172 of the 237 eligible TPs responded from across England and North Wales giving a 72% response rate.

40% of TPs have been in post for longer than 5 years and the majority (68%) say the role has changed significantly in the time they have been in post.

The majority of TPs are on pay band 7 and work full-time.

The remit of the TP role is very varied and a large variety of answers were given as to how they spend their time e.g. 74 TPs spend less than 10% of their time on transfusion safety, 150 TPs spend less than 10% of their time on reducing inappropriate use and 156 TPs spend less than 10% of their time implementing alternatives to transfusion.

68% say the role has changed significantly since they came to post. The most common reasons given for this were related to the transfusion competency requirements in the National Patient Safety Agency Safer Practice Notice No. 14 and the Blood Safety and Quality Regulations 2005.

Almost a third do not feel supported by their local hospital management or in a professional capacity. In contrast, 90% felt supported by the NHS Blood and Transplant Better Blood Transfusion Team.

Many TPs do not feel satisfied and effective, but they have suggested a range of initiatives that could be introduced to help them in their roles and drive forward the safe and appropriate use agenda.

Conclusions

There was a good response rate and variety in the replies to the survey. The role and responsibility of the TP varies widely and has changed significantly for most since it was introduced and there is significant variation in how TPs spend their time.

The content and length of many of the responses highlights how committed and passionate these specialists are about transfusion and patient safety.

The huge impact that increased regulation and transfusion competencies has had on the TP role should not be underestimated and require a trust-wide approach and responsibility to implement and maintain.

The role of the TP is vital to keep the safe and appropriate use of blood for all patients high on the Trust's agenda.

Recommendations

A set of recommendations has been drawn up from the survey findings and approved by the Chief Medical Officer's National Blood Transfusion Committee emphasising the fact that a multi-faceted approach is required to realise further improvements in patient safety and reduction in risk with respect to transfusion issues.

Hospital Transfusion Teams and Committees need to be supported internally and externally and report through the clinical governance system at a senior level within the trust.

TPs need to take their share of responsibility in ensuring the ongoing development of their role and act to ensure their job descriptions reflect the role that they are fulfilling, priorities are agreed and that their personal and professional developmental needs are addressed at regular personal performance reviews.

In the current climate of financial challenge and competing priorities for all Healthcare Professionals, the importance of transfusion must remain high on the patient care agenda and the vital role of the TP role should be recognised and supported.

Introduction

The Department of Health's Better Blood Transfusion Health Service Circular published in 1998 (HSC 1998/224), recommended the establishment of hospital transfusion committees (HTCs) and for hospitals to participate in the Serious Hazards of Transfusion (SHOT) scheme to improve transfusion practice and transfusion safety. The HSC Action Plan included the need for hospital blood transfusion protocols to be on induction programs for all clinical staff and for this to be supported by in house training. Some hospitals began to employ Transfusion Practitioners to support this work.

In 2002 a further Health Service Circular (HSC 2002/009) 'Better Blood Transfusion – Appropriate Use of Blood' was published. This set out a new plan of action which included the appointment of hospital Transfusion Practitioners (TPs) in all hospitals and the establishment of Hospital Transfusion Teams (HTTs). It was suggested that TPs could be from a nursing, scientific or other healthcare professional background and that the Hospital Transfusion Committee (HTC) should have clerical, technical, IT support as required, and access to audit and training resources to promote and monitor safe and effective use of blood and alternatives. The importance of senior management engagement in ensuring delivery of the action plan was emphasised.

The same HSC recommended that the National Blood Service should support HTCs through its Hospital Liaison Service which should include Link Consultants, Hospital Liaison Managers and Transfusion Liaison Nurses (TLN). The TLN role was established in 2003 with the primary remit of supporting the role of TPs. The TLN team has now expanded to include biomedical scientists (Transfusion Liaison Practitioners) to reflect and support all aspects of the TP role in hospitals. The former TLN team is now known as the NHS Blood and Transplant Better Blood Transfusion team and continues to work in a supportive role to the TPs as part of its remit.

The requirement for TPs was reiterated in the 2007 Health Service Circular (2007/001) where it stated that the number of TPs needed in each Trust depended on the Trust size.

The TP role has been in existence for more than a decade in many Trusts in England and North Wales. TPs have made a significant contribution in helping to improve transfusion practice at a local, regional and national level by promoting safe transfusion practice, the appropriate use of blood in medical and surgical patients, reducing wastage and increasing patient and public involvement ensuring that Better Blood Transfusion has become an integral part of NHS care. Data from the Serious Hazards of Transfusion Scheme (SHOT, 2009) shows a growing safety culture in hospitals with respect to transfusion with the number of deaths directly attributable to transfusion reducing from 12 in 1996 to 1 in 2009. Red cell usage also fell by 15% from 2002 to 2007, thought largely due to a reduction in inappropriate use.
Through the work of the Hospital Transfusion Team, of which the TP is a key member, Trusts have been able to contribute to higher levels of compliance with respect to audit, inspection and the NHS Litigation Authority Risk Management Standards and so secured significant financial savings for the NHS.

However, there are still no nationally defined criteria or detailed guidance on the specific scope and objectives for the role. TPs have established support groups and network to share best practice but it has been repeatedly highlighted at the Chief Medical Officer's National Blood Transfusion Committee (CMO's NBTC) and Regional Transfusion Committee (RTC) Chairs meetings, that a lack of role definition has in some Trusts lead to a difficulty in recognising the increasing workload of TPs. Expressions of audit fatigue are perhaps also a reflection of the demands being placed upon them. There are also concerns about a dilution of the TP role and a re-focus of priorities away from the safe and appropriate use of blood as transfusion has become more regulated. Several experienced TPs have recently left their posts, and there are some vacant posts that Trusts are struggling to fill, causing further concerns about the future of the role.

The last national survey of the TP role was undertaken in September 2006 and was used to help inform the Chief Medical Officer's Better Blood Transfusion Seminar in March 2007 and the subsequent HSC publication.

The aim of this survey was to obtain an accurate picture of the current TP role from their perspective; to better understand how they spend their time and identify what factors promote the effectiveness of the role and personal job satisfaction.

The survey was conducted as collaboration between NHS Blood and Transplant (NHSBT) and the Chief Medical Officer's National Blood Transfusion Committee.

Method

A questionnaire-based survey was designed in collaboration with TP representatives from the Chief Medical Officer's National Blood Transfusion Committee and piloted on a small number of volunteer TPs.
The survey was then offered online for 7 weeks from 1st March to 16th April 2010 via the website operated by the National Comparative Audit of Blood Transfusion to facilitate the collection and analysis of data.
An email was sent to all 237 TPs listed on the NHSBT Customer Database inviting participation and response rates were monitored. Reminders were issued periodically. Each TP had their own password enabling their answers to be anonymous. A small number of TPs wanted to take part but were unable to as they experienced difficulties with IT access in their hospitals.

At the close of the survey, data was downloaded into Microsoft Excel, cleaned and analysed. Replies were not anonymous to the analyst, but assurance was given that no individuals or hospitals would be identified in the final report.

A shortened version of the questionnaire was sent to Transfusion Laboratory Managers in 20 hospitals where they did not have a TP at the time of the survey.

Results

1. Response rate

1.1 Response rate from TPs

At the time the survey was launched there were 237 TPs in post according to the NHSBT Customer Database. If there was more than one TP at a Trust, each TP was provided with a separate log in so they could take part independently. Staff with a 'TP link role' were not included.

When the survey closed there were 172 completed forms from TPs, representing a 73% response rate. 167 were from NHS hospitals, 5 were from independent hospitals.

(Note: where responses do not add up to 172 it is because answers to questions were left blank. This only occurred 1 or 2 times for each question unless otherwise stated.
Where percentages do not reach 100 it is because numbers are rounded up or down.)

1.2 Response from hospitals where there is currently no TP

There were 4 responses from Transfusion Laboratory Managers at the 20 hospitals that did not have a TP in post at the time of the survey representing a 20% response rate.

3 of the 4 hospitals that replied were in the South West region and the other in South Central. All were district general hospitals. One was classed as a high blood user hospital and 3 were moderate user hospitals as classified by Blood Stocks Management Scheme.

3 hospitals were undertaking recruitment and the TP was on maternity leave at another, however their duties were being covered by the Transfusion Laboratory Manager and a Band 7 Biomedical Scientist.

2. Participation rates

2.1 Participation by Regional Transfusion Committee region

Responses were recorded from all Regional Transfusion Committee regions in England and North Wales. The highest response rate, assuming 1 TP per hospital, was from the North East of England region.

Table 1: Number of TPs completing the survey from each Regional Transfusion Committee region

Regional Transfusion Committee region	**Number of TPs completing survey**	**Number of Hospitals in the region**	**Response rate** (assuming 1 TP per hospital) **%**
East of England (EoE)	16	23	70%
East Midlands (EM)	11	17	59%
London	29	59	50%
North East (NE)	13	17	76%
North West (NW)	29	47	62%
South Central (SC)	8	16	50%
South East Coast (SEC)	13	28	46%
South West (SW)	16	34	47%
West Midlands (WM)	19	33	57%
Yorkshire & Humber (YH)	17	29	59%
No answer	1		
Total	**172**	**313**	**Average = 57.6%**

2.2 Participation by type of hospital and the number of sites covered

79 (46%) of TPs described their organisation as an NHS Foundation Trust, of which 42 (53%) were teaching hospitals and 35 (47%) were district general hospitals.
2 did not respond to this question.
85 (49%) described their organisation as an NHS Trust, of which half were teaching hospitals and half were district general hospitals.
5 (3%) described their organisation as an Independent hospital, and 3 (2%) described their organisation as 'Other' (these are 2 Local Health Boards and 1 specialist cardiothoracic centre).
The number of hospital sites covered by TPs varied. 112 (65%) TPs have just one main site, 45 (26%) cover 2 sites and 14 (8%) have responsibility for 3 or 4 main sites.

Table 2: Number of sites covered by TPs

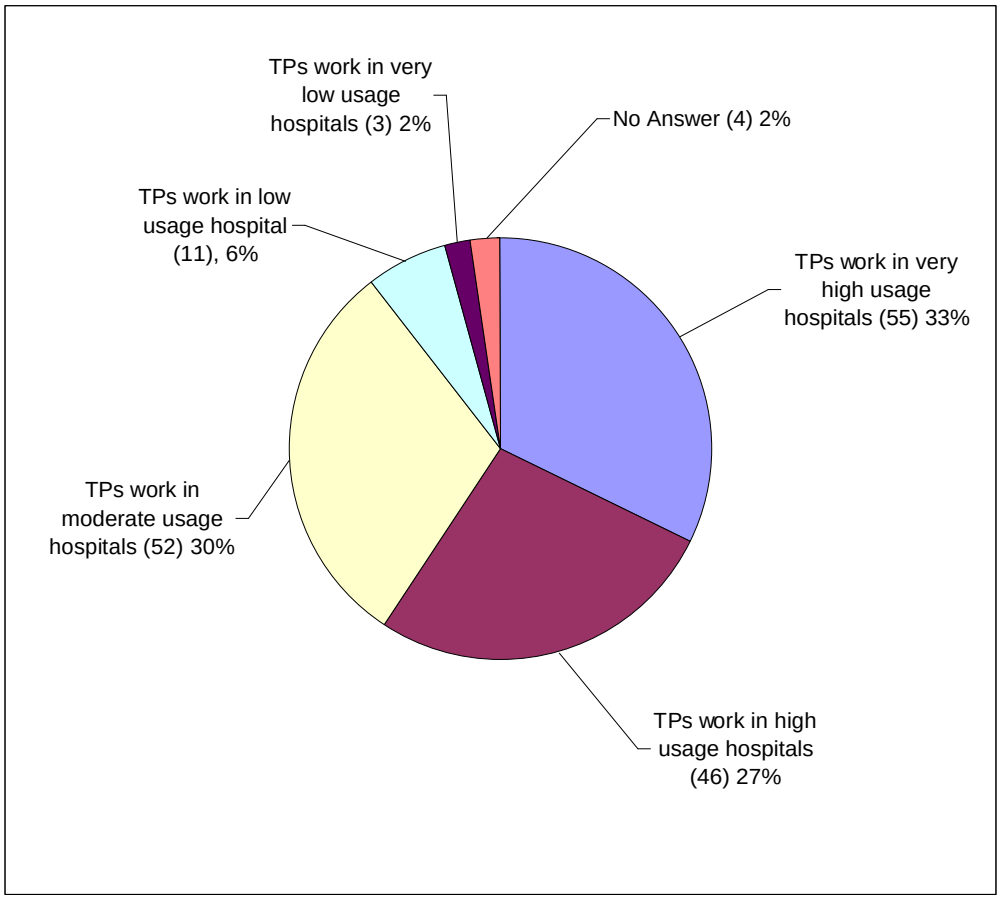
Number of sites	**Main site**	**Satellite hospital**	**Primary Care / Community**
0	-	64 (37%)	2 (2%)
1	112 (65%)	57 (33%)	48 (28%)
2	45 (26%)	28 (16%)	18 (10%)
3	12 (7%)	15 (9%)	11 (6%)
4	2 (1%)	7 (4%)	93 (54%)
No answer	1 (1%)	1 (1%)	2 (1%)

Other centres covered by TPs include: Independent treatment centres, Hospices, a prison hospital, Oncology Centre Trust, Acute Care at Home Team and nurses who administer blood components in the community setting.

2.3 Participation by Blood Stocks Management Scheme (BSMS) classification

Using the BSMS classification for red cell usage, 101 (59%) TPs work in high or very high usage hospitals, 52 (30%) in moderate and 14 (8%) in low and very low usage hospitals.
Note: There were 4 cases where user status for red cells was missing.
This data is shown in the chart below.

Chart 1: TP participation rate in relation to BSMS category



KEY
Using the BSMS classification for red cell usage:
0-800 units is Very Low
801-4,000 units is Low
4,001-6,500 units is Moderate
6,501-10,000 units is High
over 10,000 units is Very High

(These are annual red cell issue figures)

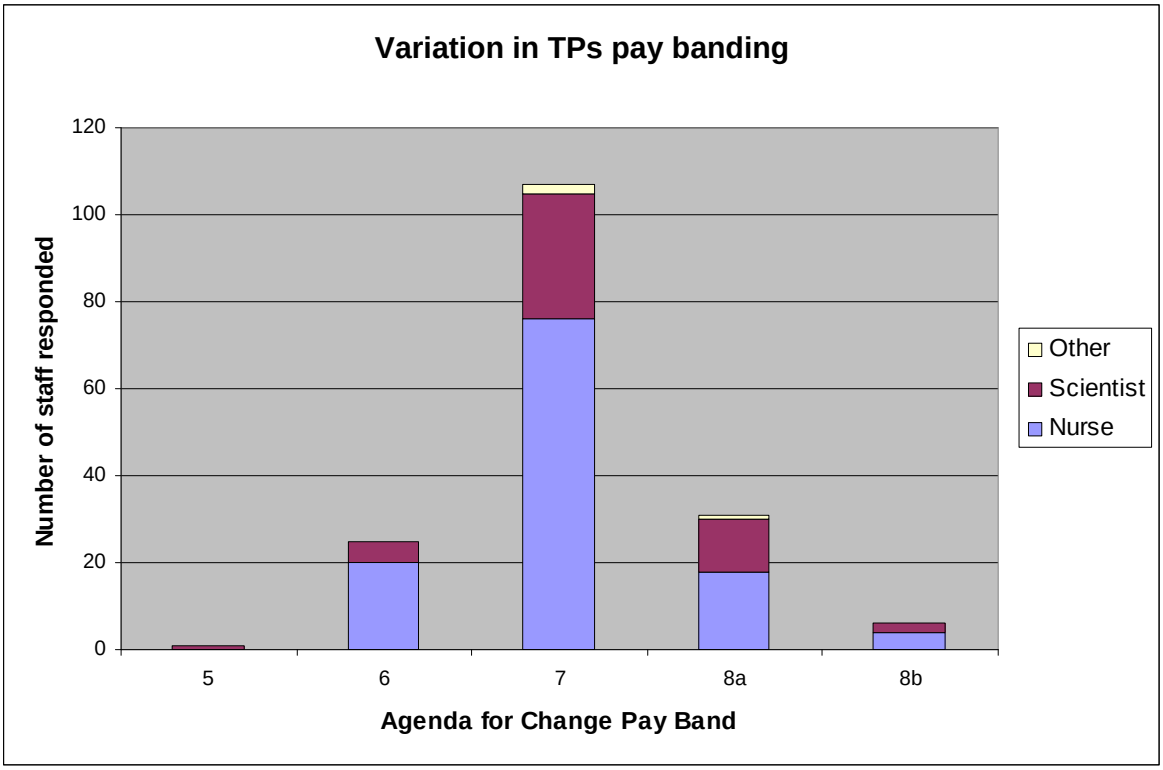
3. Background and pay band of Transfusion Practitioners

3.1 Background and pay band

The majority 119 (69%) of TPs responding to the survey were nurses and banded under Agenda for Change at band 7 (109, 63%).
32 TPs are on pay band 8a and 6 TPs are on pay band 8b.
25 TPs are on pay band 6 and 1 TP is on pay band 5.
A higher proportion of TPs who are biomedical scientists (28%) are on pay band 8a or 8b compared to nurses (18%).

There are 3 TPs who are not nurses or scientists; 2 Operating Department Practitioners (ODPs) and 1 Research Scientist; 2 are in pay band 7 and 1 at band 8a.

Chart 2: Variation in TPs pay band according to their professional background



3.2 Regional spread in relation to professional background

The highest percentage of TPs who are biomedical scientists occurs in the South West and North West regions; 7/16 (44%) are biomedical scientists in South West and 12/29 (41%) in the North West.

The highest percentage of TPs who are nurses occurs in South Central and North East regions; 8/8 (100%) are nurses in South Central and 11/13 (85%) in North East.

Table 3: Variation in TP background in relation to RTC region

RTC Region	Biomedical Scientist	Nurse	Other
East Midlands	4 (36%)	7 (64%)	0
East of England	3 (19%)	12 (75%)	1
London	8 (28%)	20 (69%)	1
North East	2 (15%)	**11 (85%)**	0
North West	**12 (41%)**	17 (59%)	0
South Central	0	**8 (100%)**	0
South East Coast	4 (31%)	9 (69%)	0
South West	**7 (44%)**	9 (56%)	0
West Midlands	6 (32%)	12 (63%)	1
Yorkshire and The Humber	3 (18%)	14 (82%)	0
Total	**49**	**119**	**3**

3.3 Regional spread of pay bands 8a and 8b

The highest number of TPs on higher pay bands 8a or 8b are in London and the North West regions. 15 TPs are on pay band 8a or 8b in London and 6 in the North West.

There were no TPs on band 8a or 8b in the North East and South Central regions.

Table 4: Number of TPs who are in the higher pay band 8a or 8b compared to region

Region	Number of TPs on Band 8a or 8b
East Midlands	1
East of England	1
London	**15**
North East	0
North West	**6**
South Central	0
South East Coast	5
South West	2
West Midlands	3
Yorkshire and The Humber	5
Total	**38**

4. Transfusion Practitioners with a dual role

4.1 Number and background of TPs with a dual role

30 (18%) TPs have a dual role i.e. have a role which is in addition to their duties as a TP.
11 of these are biomedical scientists (11/49, 22% of the total number of biomedical scientists) and 19 are nurses (19/119, 16% of the total number of nurses).

The dual roles were grouped under the following titles:

- Haematology Specialist Nurse
- Senior Biomedical Scientist (BMS) or Laboratory Manager
- Theatre / ITU Nurse
- IV / Phlebotomy Manager
- Immunology Specialist Nurse
- Quality Lead
- Department Manager
- Practice Development
- Site Nurse Practitioner

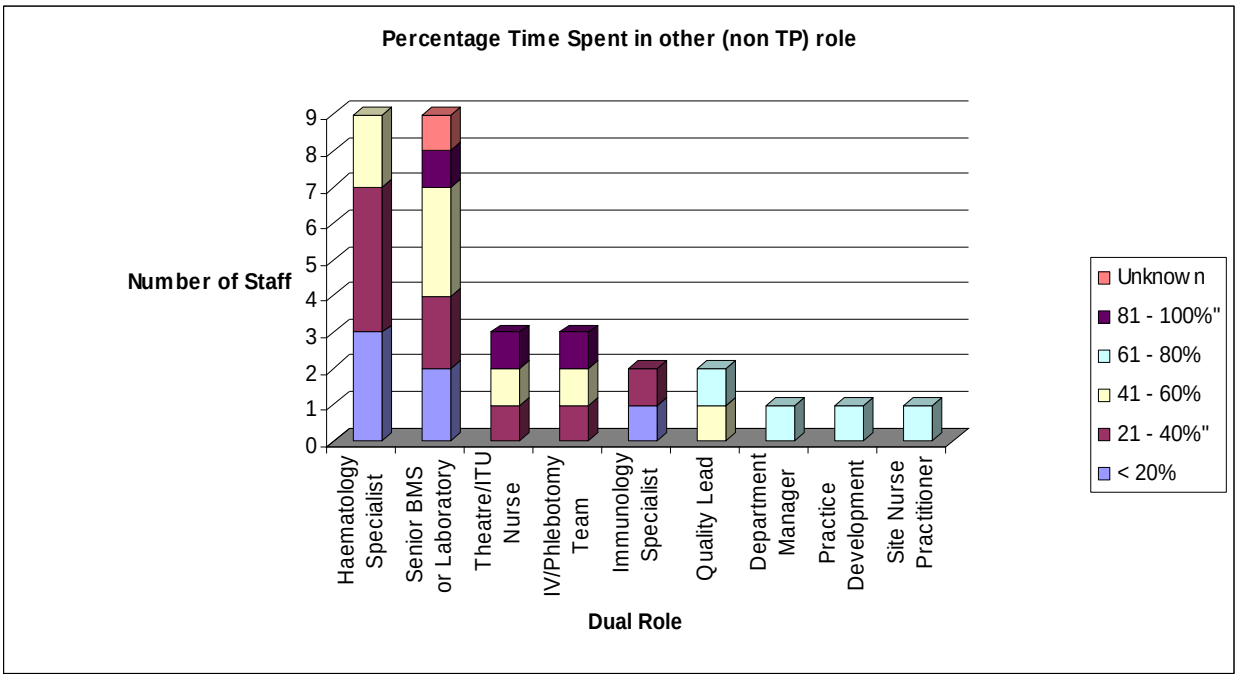
4.2 Time spent in dual role

The other roles that TPs have were grouped and are shown in the table below along with the time they spend in this other role.
The main dual role for nurses is a haematology specialist-type job and the main one for scientists is a senior Biomedical Scientist or Laboratory Manager in the transfusion laboratory.

One of these TPs from an independent hospital has several roles including Theatre Practitioner, Clinical Effectiveness Lead, Waste Officer, Infection Control Lead and Health and Safety Officer.

13 of the 30 TPs spend more than 40% of their time in their other role.
Only 7 spend less than 20% of their time in the other role.

Chart 3: Percentage of time spent in 'other' role



4.3 The pay band of TPs with a dual role

The pay band and background of those TPs with a dual role varies. The majority (73%) are on pay band 7 or 8.

Table 5: Pay band and background of TPs with a dual role

Pay band	Total	Biomedical Scientist	Nurse
5	1	1	-
6	7	1	6
7	10	4	6
8a	10	4	6
8b	2	1	1
Total number	**30**	**11** (22% of the total number of biomedical scientists)	**19** (16% of the total number of nurses)

5. Transfusion Practitioner resource in hospitals

5.1 Numbers of TPs in hospitals

50% of TPs are the only TP in their hospital and 50% work in a hospital where there are 2 or more TPs, but several are part time.

Table 6: The number of TPs employed by the hospitals

Number of TPs employed by the hospitals (note – several are part time)		
Number of TPs employed	**Number of hospitals**	**% of hospitals**
1	86	50
2	50	29
3	26	15
4	8	5

5.2 TP resource in hospitals in relation to Blood Stocks Management Scheme Category

The following table shows the number and Whole Time Equivalent (WTE) of TPs (where 1.0 is a full time post) compared to the size of hospital in relation to BSMS category.

Very low users have an average of only 0.2 WTEs of a TP, whereas very high users have an average of 2.0 WTEs.
Just I very high user and 3 high users had 4.0 WTE TPs.

Table 7: Number of WTE TPs compared to size of hospital (BSMS category)

BSMS Category (user status)	**Number of organisations**	**Range in terms of WTEs of TPs**	**Range in terms of numbers of TPs**	**Average WTE of TPs**
Very low (0-800 units)	3	0.05 – 0.4	1	0.2
Low (801-4,000 units)	11	0.1 - 1	1	0.8
Moderate (4,001-6,500 units)	53	0.5 - 1	1 - 4	1.4
High (6,500-10,000 units)	46	0.8 - 4	1 - 4	1.6
Very High (>10,000 units)	55	0.8 - 4	1 - 4	2.0

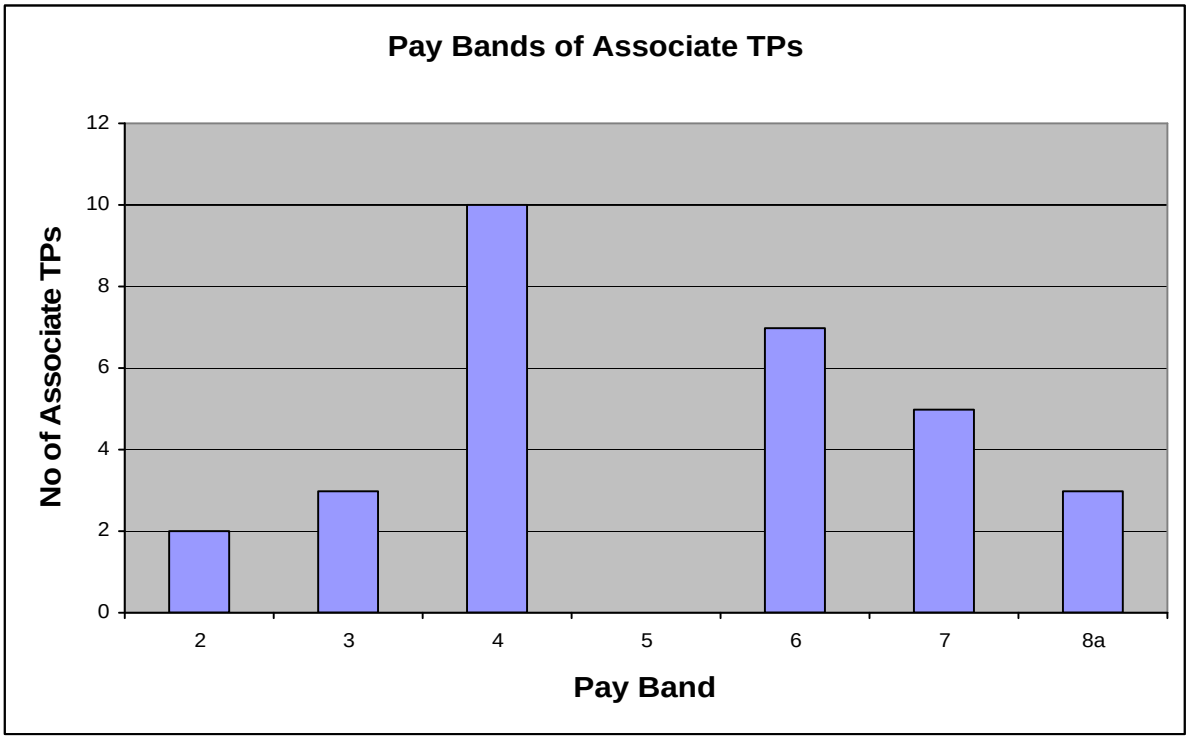
7 (4%) TPs indicated that there were vacant TP posts in their organisation. A variety of answers were given for the reasons why, but they mainly related to financial pressures.

12 (7%) TPs indicated that there were plans to increase the number of TPs in their hospital, and 17 (10%) were not sure.

5.3 Associate Transfusion Practitioners

30 (17%) TPs have an ‘associate TP’ in their organisation. The pay band of these staff varies which highlights that there may also be variety in the scope of the role in this staff group.

Chart 4: Agenda for Change Pay band of Associate TPs



6. Line management and accountability

6.1 Line management

Almost half, 83 (48%) of the TPs are managed by the Pathology or Transfusion Laboratory Manager. 3 had shared management and 1 said no clear manager had been identified.

Table 8: Line management for TPs

Title / role of TP Line manager	Number of TPs
Pathology or Transfusion Laboratory Manager	83 (48%)
Nurse Manager	40 (23%)
Consultant Haematologist	21 (12%)
Director or Operations Manager	15 (9%)
Shared between clinical and laboratory staff	3 (2%)
Other clinician	1 (<1%)
No clear line manager identified	1 (<1%)

Only 32 (27%) of the 119 nurses are managed by a more senior nurse, whereas 39 (80%) of the biomedical scientists are managed by another more senior scientist.

6.2 Accountability

The majority, 112 (64%) Transfusion Practitioners are professionally accountable to someone other than their line manager.

20% of both nurses and biomedical scientists (23 and 10 respectively) are professionally accountable to someone from a different discipline to themselves.

1 nurse and 1 biomedical scientist were unsure who they were professionally accountable to.

Table 9: Accountability for TPs

	Nurse TP		Biomedical Scientist TP	
	Managed by	Professionally accountable to	Managed by	Professionally accountable to
Nurse Manager	31 (26%)	96	5 (10%)	0
Consultant Haematologist	12	16	5	5
Pathology or Laboratory Manager	51	4	22	39
Other	24	1	17	4
Unsure	0	1	0	1
No answer	1	1	0	0
Total	**119**		**49**	

Note: There is 1 case where professional background was missing and 1 case where line manager was missing.

7. Length of time in TP role, how the role has changed and those who want to leave

7.1 Length of time in TP role

69 (40%) of TPs have been in the role more than 5 years.
The majority, 115 (67%) TPs reported that their role had changed significantly since they came into post. However, 8 TPs who had been in post for more than 5 years did not feel their role had changed significantly. The table below breaks this down into length of time in the TP role.

Table 10: Length of time in TP role compared to if significant change in role noted

Length of time in role as TP	Significant change noted	
	Yes	No
Less than 6 months (n = 16)	5	11
6 months - 1 year (n = 18)	4	14
1 - 3 years (n = 36)	19	17
3 - 5 years (n = 32)	26	6
5 years + (n = 69)	61	8
Total	**115**	**56**

7.2 How the role has changed

A wide variety of answers were given as to how TPs felt their role had changed since they came into post. The key themes were related to the introduction of the national transfusion competency requirements (under the National Patient Safety Agency (NPSA) Safer Practice Notice Number 14 Right patient, right blood), and the Medicines and Healthcare products Regulatory Agency (MHRA) requirements in relation to the Blood Safety and Quality Regulations (BSQR).
The most common answers from free text boxes have been grouped and are shown in the table below.

Table 11: Significant changes described and the number of responses received that were similar

Change described	Number of responses
NPSA SPN No. 14 transfusion competencies	49
BSQR requirements	25
More administration work	21
More managerial responsibility	16
More involved with audit	11
Involved with blood tracking and IT	9
NHS Litigation Authority Standards requirements	9
More policy writing	7
More report writing	4

One TP commented that they felt the development and expansion of the TP role was ‘a good thing’.

7.3 TPs who want to leave

The majority of TPs, 138 (80%) would like to be in the TP role in a year's time; however, a significant number, 33 (20%) would not.

There were a higher percentage of TPs who do not want to be in post in a years time in the group that had a dual role; of the 30 TPs with a dual role, 10, (33%) of this group do not want to be in the post in a years time and 7 of the 30 said they needed more dedicated time for their TP role.

The commonest reasons TPs gave for not wanting to be in post in a year's time were grouped and are listed in the table below.

Table 12: Reason given for wanting to leave the TP role

Reason for wanting to leave	Number of responses
Frustration with role direction	12
Too much emphasis on regulation over good practice	8
Lack of managerial support	8
Lack of funding for transfusion	6
Communication failures between departments	6
Lack of career opportunities	5
Not enough clinical input	4
Lack of administrative support	3

Of the 33 TPs who do not want to be in post in a year's time:

- 21 (64%) have been in post for more than 5 years
- Just over half, 17 (51%), are the only TP in their organisation but 16 (49%) work with another TP in the same organisation
- 20 (60%) work in high or very high red cell user hospitals
- 12 (36%), are on pay band 8a or 8b
- 11 (33%), are biomedical scientists, 21 (64%), are nurses and 1 other
- Only one TP reported that there were vacancies in their establishment
- 3 say there are plans to increase the number of TPs and another 4 are not sure
- There is a geographical scatter across the country; 8 of the 30 (27%) work in the London region, 5 (17%) each in WM and NW, 4 (13%) each in SW and NE, 2 (7%) in SC and Y&H, 1 each in EM, EoE and SEC regions.
- A logistic regression model was used to identify the factors that may have a significant relationship as to whether a TP wants to be in the post in a year's time. Factors considered in the logistic regression analysis were:
  - whether the TP was in a dual role,
  - whether the TP had been in the post for 5 or more years,
  - whether the TP was the only one in the organisation,
  - whether the TP worked at a high/very user hospital,
  - what region they are from and
  - the professional background of the TP.
- The only significant factor was whether the TP had been in post for 5 or more years ($p<0.01$). It was estimated that there is 3.5 (95% confidence interval: 1.6 - 7.9) times more chance of a TP wanting to be in post in one year's time if they have been in post for less than 5 years, compared with being in post for 5 or more years.

8. How Transfusion Practitioners spend their time

The chart below shows wide variation in how TPs spend their time.

The activity listed that they spend the least amount of time on is 'providing patient information on transfusion and speaking to patients' with 150 (87%) spending less than 5% of their time on this.

TPs are spending the highest proportions of time on 'transfusion education and training' and 'transfusion competency assessments'.

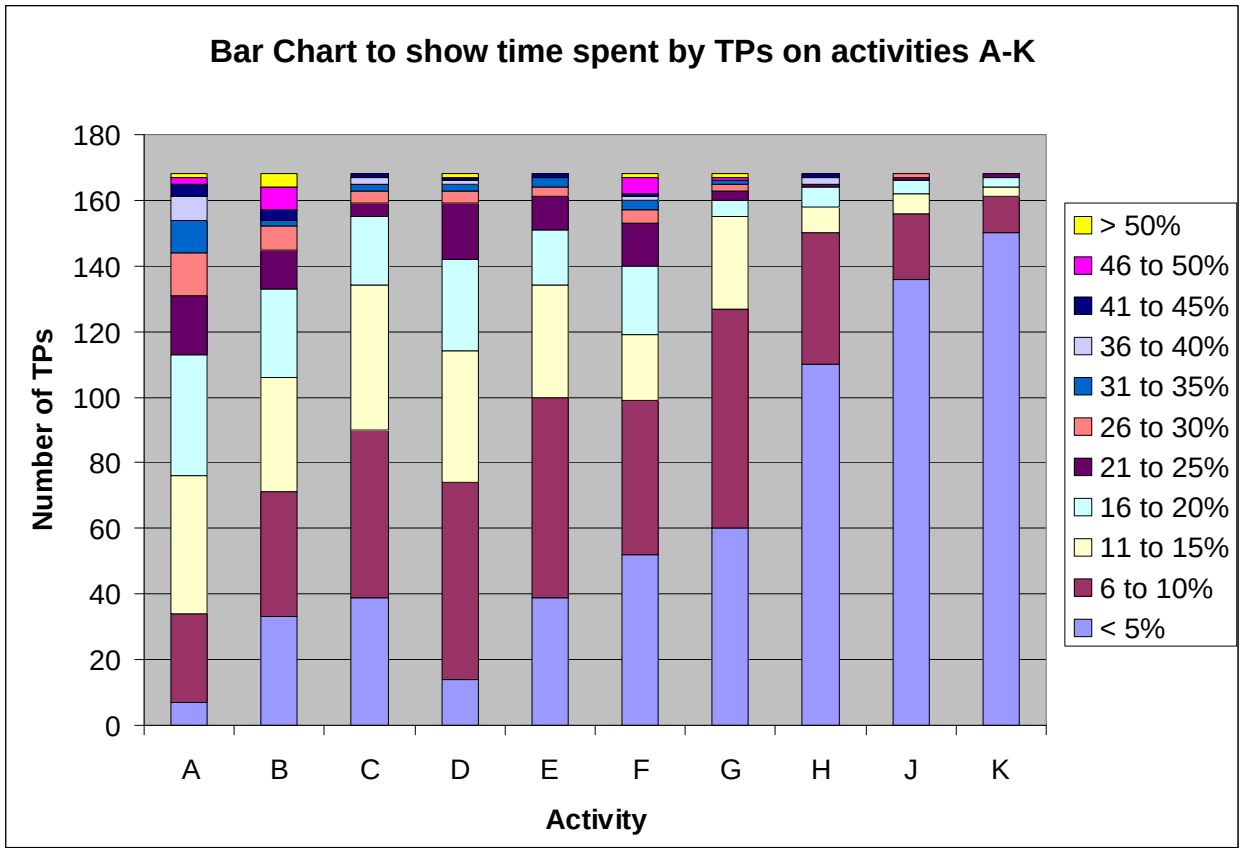
55 (32%) spending more than 21% of their time on 'transfusion education and training'.

35 (20%) TPs spend more than 21% of their time on 'transfusion competency assessments' and 4 spend more than 50% of their time on this.

28 (16%) TPs spend more than 21% of their time 'working in/with transfusion laboratory'. Not all of these are biomedical scientist; 16/28 are nurses.

74 (43%) TPs spend less than 10% of their time on 'transfusion safety' and 150 (87%) TPs spend less than 10% of their time on 'reducing inappropriate use' and 156 (91%) TPs spend less than 10% of their time 'implementing alternatives to transfusion'.

Chart 5: How TPs spend their time in relation to key activities



KEY to table:

A - Transfusion education and training
B - Transfusion competency assessments (i.e. carrying out assessments and recording)
C - Transfusion documentation development (e.g. policy/guidelines, forms, newsletters, etc)
D - Transfusion safety (e.g. investigation & reporting of transfusion incidents and reactions, giving expert advice etc.)
E - Transfusion clinical audit
F - Working in / with transfusion laboratory (e.g. reviewing patient results, BSQR issues e.g. ensuring full / high traceability of blood components by following up on missing reports / data, blood stocks management and reduction of waste)
G - Driving Hospital Transfusion Team workplan and work associated with the HTC
H - Reducing inappropriate use of blood and blood components
J - Implementation of alternatives to transfusion (e.g. Cell salvage, pharmacological alternatives, pre-op assessment)
K - Providing patient information on transfusion and speaking to patients

9. Support for Transfusion Practitioners

9.1 Internal support and ability to attend meetings

According to the Health Service Circular Better Blood Transfusion (2007/001) there should be identified clerical, technical, managerial and information technology support for HTTs as required and access to audit and training resources in order to promote and monitor the safe and effective use of blood and alternatives to transfusion.
As part of the survey TPs were asked what support they had available to them. Results are shown in the table below.

Only around a quarter (27%) have some secretarial support, dedicated support for IT and audit is considerably less.

Whilst 112 (65%) TPs are able to attend regional meetings and 110 (65%) are funded to attend, just 11 (6%) are actually given time to attend as part of their role.

Table 13: Internal support available to TPs

Resource	Yes	No
Secretarial support	46 (27%)	124 (72%)
Dedicated IT support	11 (6%)	158 (92%)
Dedicated audit support	29 (17%)	141 (82%)
Able to attend regional meetings e.g. TP and RTC meetings	Yes = 112 (65%) Sometimes = 56 (33%)	3 (2%)
Time to attend regional meetings as part of the role	Yes = 11 (6%)	158 (92%)
Funding to attend regional meetings as part of the role	Yes = 110 (65%) Sometimes = 32 (19%)	6 (4%)

9.2 Support for Transfusion Practitioners from others

TPs were asked to score how supported they felt:
1) by hospital management
2) by NHSBT
3) as a professional in their role.

A scale of 1 to 5 was used, where 1 is 'not at all' & 5 is 'yes, very much'. A positive response (satisfaction) was defined as answering 3, 4 or 5 to the question, a negative response (dissatisfaction) defined as answering 1 or 2.

Almost a third of TPs do not feel supported by their local hospital management or as a professional. By contrast, when asked if they felt supported by NHSBT, 155 (90%) felt supported and only 15 (9%) felt unsupported.

Chart 6a: Support for TPs from others

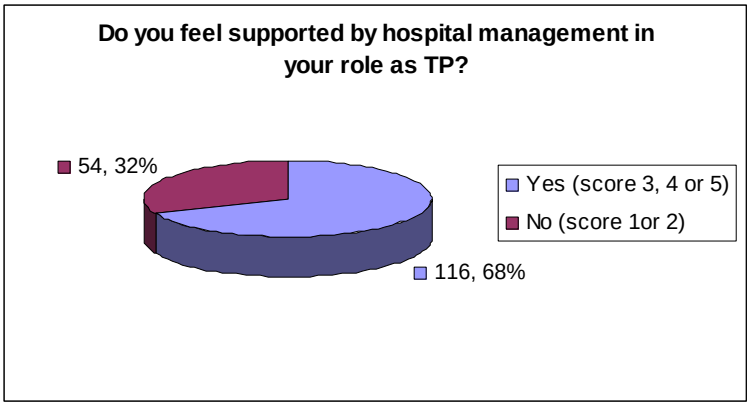


Chart 6b:

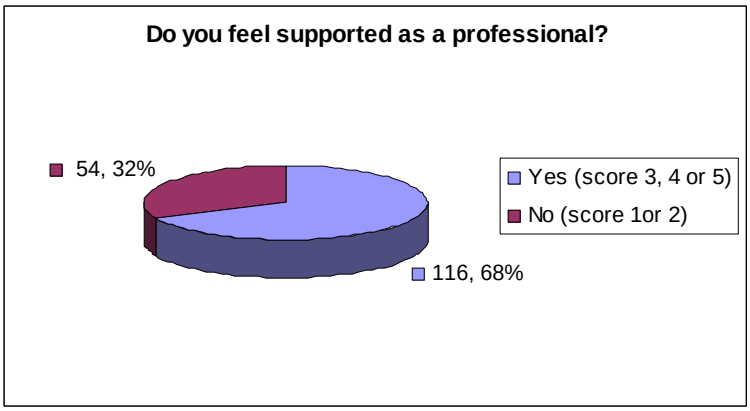
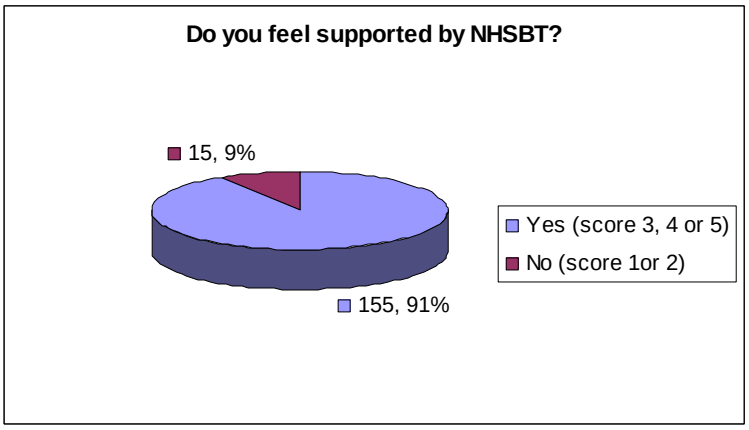


Chart 6c:



8 TPs scored a negative response (either 1 or 2) for all 3 of the questions in the charts above. 5 of these 8 TPs did not want to be in post in a year's time and 2 have dual roles.

A further 26 TPs scored a negative response (1 or 2) to the first 2 questions but a higher score for the question re NHSBT support. 9 of these 26 TPs did not want to be in the TP role in a year's time and 4 have dual roles.

9.3 Amount of support TP feels in relation to their professional background

The TPs with a nurse background scored higher on average for how supported they felt than the TPs with a biomedical scientist background in all 3 questions above.

In both cases, the highest score was given to the support they received from NHSBT compared to support from hospital management and support as a professional.

Table 14: Average scores for sources of support

Criteria	Average score	
	Nurse TP	**Biomedical Scientist TP**
Support by hospital management	3.1	2.7
Support as a professional	3.1	2.7
Support by NHSBT	3.8	3.5

9.4 Improving support provided to TPs

Free text answers to the question, 'How could your organisation improve the support it provides to you?' were reviewed and common themes identified. The most common themes included having dedicated administrative, IT and audit support, transfusion being given a higher profile within the Trust and greater recognition by management.

Table 15: Suggestions given by TPs that would improve the support they received from their organisation

Suggestion	Number of responses
Dedicated administrative, IT and audit support	23
Raising the profile of transfusion safety and regulation within the Trust at a high level	22
Recognition that fulfilling national and regulatory requirements (e.g. NPSA competency assessments) requires the support of departmental managers and an integrated approach by the Trust	22
Professional development for TPs	17
Support from Trust to make the Hospital Transfusion Committee more effective	11
Better networking between clinicians, laboratory staff, managers and TPs within Trusts	9
Commitment to transfusion training from medical staff	8

Free text answers to the question – 'How could NHSBT improve the support it provides to you?' were reviewed and common themes identified. The majority of answers suggested NHSBT support was good and they wanted more of the same.

Table 16: Suggestions given by TPs that would improve the support they received from NHSBT

Suggestion	Number of responses
NHSBT provides good support and should provide more of the same	57
NHSBT should have more face to face meetings with Trust staff and attend Trust clinical meetings	12
NHSBT should provide a training and development course for TPs	11
NHSBT should have more discussion with TPs at local level when deciding what developments are required or are feasible and also provide more feedback	9
NHSBT should provide more support for audit	7
NHSBT should have more authority to ensure regulations are complied with	4
NHSBT should provide more transfusion education for medical staff	4
NHSBT have too much influence already on national policy and regulation for transfusion	3
NHSBT should lobby the NBTC and DH to gain greater recognition for transfusion and more support for HTCs and TPs	3
NHSBT should provide and support a national TP group with national meetings	3

Free text answers to the question – 'How could your RTC improve the support it provides to you?' were reviewed and common themes identified. The most common themes here relates to having more educational events.

Table 17: Suggestions given by TPs that would improve the support they received from RTCs

Suggestion	Number of responses
RTCs provide good support already, we just need more educational events	15
There needs to be improved two-way communication through the RTC about national issues	8
RTCs need to communicate to Trusts about the importance of the TP and Hospital Transfusion Committee role	6
RTCs need to provide more funds for training and development	5
RTCs need to liaise with Trusts at a high level to raise awareness of BSQR and NPSA SPN 14	4
RTCs need to promote better understanding and communication between TPs, clinicians and laboratory staff	4
The RTC is not for me, more for senior managers, I don't attend, not aware of support	4
RTCs should insist that each Trust sends representatives to the RTC and that each Trust has a transfusion lead consultant	4
RTCs should take up the transfusion agenda with Deaneries at high level	4
RTCs should improve audit co-ordination at regional level	4
RTCs should improve/vary times and locations for RTC meetings to make it easier to attend	3
RTCs should create benchmarking and monitor compliance	3
RTCs should standardise evidence based guidelines and policies in region	3
RTCs should be a mediator between TPs/HTCs and senior Trust management	2
RTCs should provide more clinical education especially for laboratory staff	2

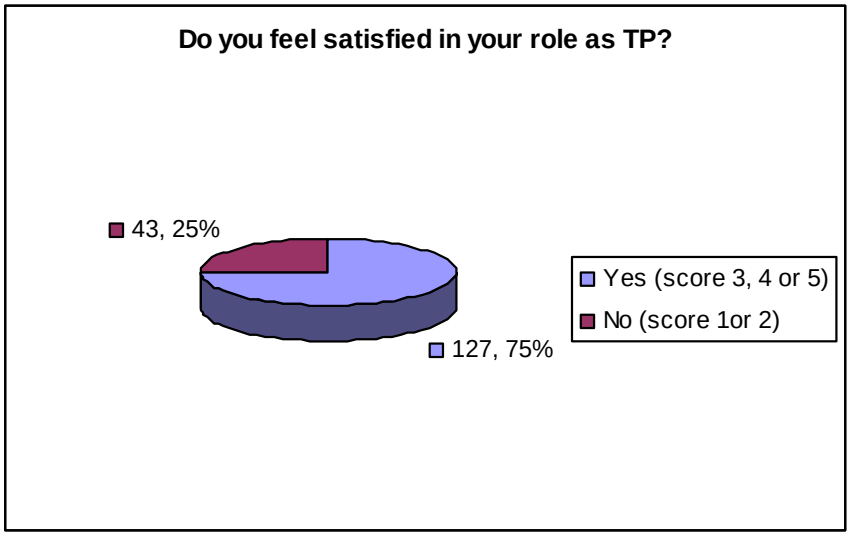
10. Transfusion Practitioner satisfaction and effectiveness

A wide variety of answers and scores were given to the questions relating to satisfaction and effectiveness.

10.1 Overall satisfaction and effectiveness

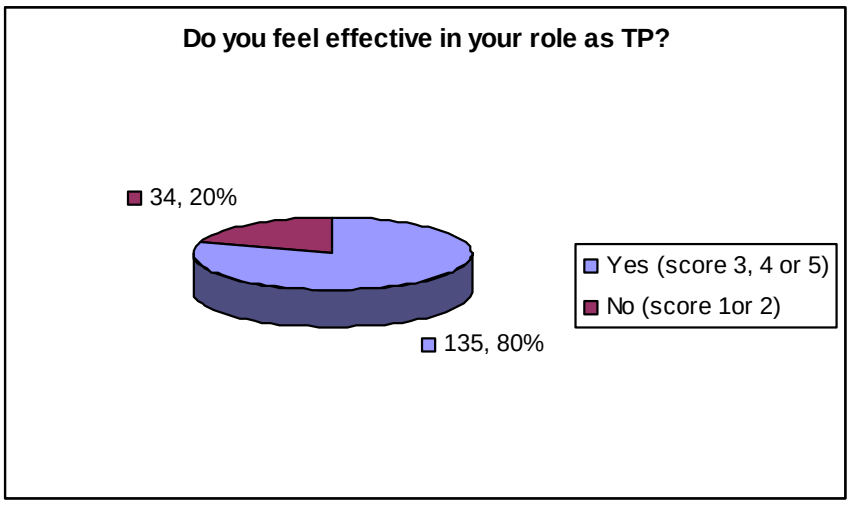
Satisfaction
127 (75%) TPs feel satisfied in their role, 25% are not satisfied.

Chart 7: Percentage of TPs feeling satisfied in the role



Effectiveness
135 (80%) TPs feel effective in their role but 34 (20%) TPs do not feel effective.

Chart 8: Percentage of TPs feeling effective in the role



3 TPs scored 1, the lowest score available for both satisfaction and effectiveness, 2 of these do not want to be in post in a year's time, and all are nurses.
10 TPs scored 5 for both satisfaction and effectiveness; none of these said they do not want to be in post in a year's time, 9 are nurses.
Low satisfaction and effectiveness is not related to how long the TP has been in post. 4 of these 10 who do not feel effective or satisfied in their role have been in post 5 years+, 2 in post 1-3 years and 4 in post 6 months – 1 year.

10.2 Satisfaction and effectiveness according to background

Nurse TPs report to be as satisfied in their role as biomedical scientist TPs, but the average score for feeling effective in the role was slightly higher in the nurse group.

Table 18: Satisfaction/effectiveness according to professional background

Criteria	Average score	
	Nurse TP	Biomedical Scientist TP
Satisfied in role	3.2	3.2
Effective in role	3.3	3.0

10.3 Factors contributing to TP satisfaction

As part of the survey TPs were asked to score what factors might make a positive contribution to their satisfaction using a scale of 1-5 where 1 is 'non/minimal' and 5 is 'large/maximal'.
They reported that 'Better managerial support' would make the greatest difference to their satisfaction and that 'National/centralised management/co-ordination of TPs' would make the least difference.

Table 19: Factors that TPs feel might make a positive contribution to their satisfaction

Positive contribution	% responding at 3, 4 or 5
Better managerial support	76% (126/169)
Better audit support	75% (126/169)
Better secretarial support	72% (121/169)
Better educational activities	71% (120/168)
Better career opportunities	68% (115/168)
A nationalised job description	68% (113/167)
Better IT support	67% (114/169)
A budget for attending meetings, production of educational tools (e.g. posters, newsletters)	60% (102/169)
An additional TP	59% (99/169)
Increasing contribution to regional/national activities	59% (99/167)
A national TP group / organisation	58% (98/168)
Increased support from a Consultant Haematologist	54% (91/169)
Increased support from NHSBT	47% (79/167)
Increased support from the transfusion laboratory	47% (80/169)
Nationalised / centralised management / co-ordination of TPs	40% (68/168)

Free text answers indicating what else might increase TP satisfaction were reviewed and the following key themes identified.
Again, the most common answers related to support from management and acknowledgement within the Trust of the importance of the role.

Table 20: Additional comments that TPs gave that might make a positive contribution to their satisfaction

Suggestion	Number of responses
Support from managers and acknowledgement that what I do is important	22
Higher pay banding to bring TP in line with other managers	13
More TP hours	9
Better communication between departments	8
Career progression	6
Administrative help	5
Consultant with dedicated transfusion time	5
Structured education programme for TPs	4

10.4 Factors contributing to TP effectiveness

As part of the survey TPs were asked to score what factors might make a positive contribution to their effectiveness using a scale of 1-5 where 1 is 'non/minimal' and 5 is 'large/maximal'.
As with satisfaction, they reported that 'Better managerial support' would make the biggest difference to their effectiveness but differed over the factor that would make the least difference; this was found to be 'Increased support from the transfusion laboratory'.

Table 21: Factors that TPs feel might make a positive contribution to their effectiveness

Factor	% (of 166) responding at 3, 4 or 5
Better managerial support	74%
Better secretarial support	72%
Better audit support	70%
Better educational activities	69%
Better IT support	68%
A nationalised job description	61%
Better career opportunities	61%
An additional TP	60%
A national TP group / organisation	59%
A budget for attending meetings, production of educational tools (e.g. posters, newsletters)	58%
Increased support from a Consultant Haematologist	55%
Increasing contribution to regional/national activities	54%
Increased support from NHSBT	47%
Nationalised/centralised management/co-ordination of TPs	44%
Increased support from the transfusion laboratory	43%

Free text answers as to what else might increase TP effectiveness were reviewed and the following key themes identified. These are listed over the page.

Again the requirement for 'more support from managers' was highlighted as the number one need.

Table 22: Additional factors that TPs listed that might make a positive contribution to their effectiveness

Suggestion	Number of responses
More support from managers and the Trust in general	34
Administrative support so TP can spend more time in clinical / education role	20
More assistance with audit and competencies	13
More TPs in the organisation	12
More national standards/approach	11
National job description	9
National education route/qualification	9
More autonomy and access to doctors/nurses training	9
Having own budget	7
Consultant with more dedicated transfusion time	6

10.5 Significance of factors effecting satisfaction and effectiveness

For TPs as a whole, both satisfaction and effectiveness are not statistically linked or related to:

- The RTC the organisation is part of
- The type of organisation (i.e. NHS or independent, teaching or district general)
- The BSMS user status of the organisation
- The number of satellite hospitals that are covered
- The number of TPs employed in the organisation
- The WTE number of TPs employed in the organisation
- The Agenda for Change band of the TP
- The length of time in the role as TP
- If the TP has a dual role or not
- Who the TPs line manager is
- Who the TP is professionally accountable to
- The TPs professional background
- If the TP has dedicated IT support
- If the TP has dedicated audit support
- If they are funded to attend regional meetings

For TPs as a whole, both satisfaction and effectiveness are higher if TPs can attend regional meetings regularly.
Both satisfaction and effectiveness are lower in those that do not want to be in post in a year's time.

Satisfaction

Satisfied TPs:

- More TPs who were satisfied wanted to be in the role in a year's compared to less satisfied TPs (significant association, $p<0.01$).
- More TPs who feel satisfied are able to attend regular regional meetings than those who are dissatisfied (significant association, $p<0.01$).

There is some evidence to suggest that the number of primary care or community sites the TP covers affects satisfaction ($p=0.1$).

Dissatisfied TPs

- A higher proportion of dissatisfied TPs had experienced a change in their role than those who were satisfied (significant association ($p<0.01$).

Factors not related to satisfaction (not already covered above):

- Number of main sites covered
- Amount of time TPs spend on different tasks
- If TPs have dedicated secretarial support
- If TPs have time to attend meetings

Effectiveness

Effective TPs:

- More TPs who felt effective wanted to be in the role in one year's time compared with those who did not feel effective ($p<0.01$).
- Proportionally more TPs with secretarial support feel effective than those without secretarial support ($p=0.1$).
- Proportionally more TPs who feel effective are given time to attend meetings than those who are not ($p=0.01$).

Less effective TPs

- Proportionally fewer practitioners who do not feel effective spend less time on transfusion safety then those who do feel effective ($p=0.05$).

There is a significant relationship between the number of main sites covered by the organisation and whether or not the TP feels effective ($p=0.01$).

Factors not related to effectiveness (not already covered above):

- The number of primary care or community sites the TP covers
- If TPs felt the role had significantly changed
- If TPs wanted to be in the role in a year's time
- If TPs were able to attend regional meetings
- All other tasks listed apart from the time TPs spend on transfusion safety

11. Additional comments

At the end of the survey there was an opportunity for TPs to put free text comments about anything not covered elsewhere.

62 respondents (36%) felt it appropriate to add a comment here and some wrote extensively. The common themes that emerged are:

- There is a need for communications to go from the DH or the Care Quality Commission to Senior Trust Executives in support of safe and appropriate use of blood and the importance of the role of the Hospital Transfusion Committee and the TP. Currently information and guidance tends to be targeted at Hospital Transfusion Team level which means there is little support from higher levels within the Trust.

- There is a lack of national identity for TPs which needs to be addressed.

- The wide variety of different aspects of the role need to be identified and properly resourced.

- There are feelings of lack of appropriate experience, specific training and support among TPs which makes them dissatisfied and less confident to perform the role.

- In some cases poor communication between TP and transfusion laboratory staff causes stress and problems on both sides.

- There are too many audits one after another. There is a need to rationalise these and implement recommendations and review changes before rushing into the next one. TPs feel that clinical staff are not learning from the experience.

- The same TPs names appear on membership of national groups with little 2-way flow of information from these groups. We need fresh input and better communication.

- Transfusion e-learning needs input from TPs at national level.

- There is a strong feeling that TPs have made a big difference to blood transfusion practice within the hospitals but there is acknowledgement there is still more work to do.

Discussion

There was a good response rate to the survey from a wide variety of hospitals and regions, enabling conclusions to be drawn that are generalisable for all TPs in England and North Wales. Where free text boxes were included they were generally filled with lengthy text, signalling that TPs were keen to take part in the survey and wanted their voice to be heard.

There was a poor return rate from the Transfusion Laboratory Managers where there was no TP in post. However, it was reassuring to see that of those that did reply, recruitment was in progress. It may however be that it is not the case for those that didn't reply and with the current financial situation this may have worsened since. It is difficult to draw any other conclusions from this part of the survey.

The majority of TPs are on pay band 7 and work full-time but given the level of knowledge required, the degree of responsibility and the sheer size and variety of the role that is expected, it could be questioned as to whether this banding is high enough. One TP actually commented, 'the banding of TP posts is decided locally and in some cases is too low to attract the right calibre of staff needed to fulfil the role'.

40% of those with a dual role do not want to be in post in a year's time, perhaps highlighting the additional frustration that comes with trying to fulfil the requirements of more than one role.

Who the TPs are managed by and are accountable to, varies widely and 31% do not feel either supported by hospital management or as a professional. One TP pointed that, 'I am expected to deal with everything which is blood related, without the knowledge or support required to do that'. For a group that do not feel supported internally, the importance of providing the time, funding and ability to attend regional meetings should not be underestimated.

The majority (90%) of TPs do feel supported by NHSBT; they value the role of the Better Blood Transfusion Team and want them to attend local meetings. TPs highly value the educational events organised by NHSBT and the Regional Transfusion Committees. The nurse TPs feel generally more supported by NHSBT than the biomedical scientists and this might be because the Transfusion Liaison Team was initially made up of nurses or that perhaps nurses generally feel more confident in clinical areas. A move to make the new Better Blood Transfusion Team more multi-disciplinary may help remedy this. TPs do however want more collaboration and involvement in decision making and change within NHSBT.

40% of TPs are very experienced and have been in the role more than 5 years and the majority (68%) say the role has changed significantly in the time they have been in post. In most cases it is not clear if this was a change for the better or worse. Whilst the main focus of the Better Blood Transfusion initiative has not changed from 'safe and appropriate use', the TP role has been significantly reshaped by other national requirements, most noticeably the BSQR and the national transfusion competencies. Many TPs are frustrated by this aspect of their role and 33 do not want to be in the role in a years time.

A quick literature search looking to see if there were any similar surveys that had been carried out asking about intention to leave showed that this figure of 20% is actually on the low side. In a national study in the USA by De Milt et al (2010), looking at job satisfaction based on intent to leave among 254 national nurse practitioners, 27% indicated an intent to leave their current positions and this was significantly related to low job satisfaction scores.

Similarly, in a national study by McCarthy et al in Republic of Ireland (2007) of 352 registered nurses, 23% expressed an intent to leave their current position and again this was significantly related to job satisfaction.

It should also be noted that reasons for wanting to change roles does not always mean the TP is unhappy; one TP highlighted, 'I enjoy my work as a TP but I do not see it as a long term career option.' However, this quote also highlights the perception of a lack of career opportunities in transfusion practice. 68% of TPs feel better career opportunities would increase their satisfaction and 61% feel it would improve their effectiveness.

Chart 5 on p21, showing how TPs spend their time, lends further weight to the argument that the key focus of the TP role now is not safe and appropriate use. One TP at this point actually wrote, 'You have just made me realise how little time I spend doing what I am meant to be doing. Thank you.' The increase in workload created by regulation and in particular by NPSA SPN 14 cannot be underestimated; it has caused a huge shift in emphasis away from appropriate use. Most TPs feel they are now driven by regulation and compliance rather than governance in relation to blood safety and appropriate use, which may account for some of the dissatisfaction voiced.
One TP quoted, 'The job entails ensuring that lots of regulations are met but I'm not always convinced that this has an impact on patient safety. Not much sense of achievement in a day.'

TPs feel that resources and support for them is generally poor. The survey suggests that better management support would improve TP satisfaction and effectiveness. One TP wrote, 'I often feel embarrassed, humiliated, alone and isolated in meetings where I have to argue against senior medical staff without support. I keep these feelings to myself'. The majority of TPs do not feel they are getting the support they require or the acknowledgement from management with respect to their contribution. However, the majority do not want the TP role to be centrally managed. Several TPs feel they need more of a national identity and a voice at national level and would like to see strengthening of communications to and from national groups where TPs are represented.

After better management, audit and secretarial support, the most commonly cited factor that would make a positive contribution to TPs satisfaction and effectiveness is better educational activities. This is also highlighted in the free text sections around what else would increase their effectiveness and how NHSBT and the RTC could improve the support they provide.

A working group of the UK and Ireland BBT Network Group has spent some time examining the role of the TP, its background, professional basis, organisational structure, responsibilities and opportunities for career development and progression. In doing so it produced a draft framework encapsulating the minimum skills, knowledge and responsibilities required for the role. Additionally a route for progression of the individual practitioner within hospital based practice based on a career structure with four increasing levels of responsibility. There is a proposal to use the data from this national survey to revisit the framework and make it widely available as a tool for Trust managers to determine the requirements and support required for TPs in their organisations.

Limitations of the survey
The strength of this survey is the high level of participation from TPs with 172/237 taking part covering all regions in England and North Wales. However, the survey measured the TPs own view of their effectiveness and satisfaction and this may not necessarily be the view of the organisation or a measure of how effective they actually are.
A further limitation of the survey is that there were several free text boxes for comments and there may be some degree of error in interpretation by the author and reviewers in grouping common themes.

Conclusion

There was a good response rate and variety in the replies to the survey. The role and responsibility of the TP varies widely and has changed significantly for most since it was introduced. The content and length of many of the responses highlights how committed and passionate these specialists are about transfusion and patient safety.

The huge impact that increased regulation and transfusion competencies has had on the TP role should not be underestimated and require a Trust-wide approach and responsibility to implement and maintain.

The role of the TP is vital to keep the safe and appropriate use of blood for all patients high on the Trust's agenda.

A set of recommendations have been drawn up from the survey findings and approved by the Chief Medical Officer's National Blood Transfusion Committee emphasising the fact that a multi-faceted approach is required to continue to support this vital role and realise further improvements in patient safety and reduction in risk with respect to transfusion issues.

In the current climate of financial challenge and competing priorities for all Healthcare Professionals, the importance of transfusion must remain high on the patient care agenda and the vital role of the TP role should be recognised and supported.

Recommendations for CMO's National Blood Transfusion Committee

- The huge impact of BSQR and NPSA SPN 14 on Trusts should not be underestimated. There should be a review of the effectiveness of the NPSA SPN 14 including the practical aspects of implementing it in hospitals, with a view to new guidance being issued.
- A review of the resources required for implementing BBT in hospitals should be reviewed. The DH should be asked to re-establish its Better Blood Transfusion Steering Group. This should include representation from TPs and consider the next steps for Better Blood Transfusion. Resources and support required to implement new transfusion regulations and standards need to be fully considered before future publications are issued.
- The proposal to establish a multi-disciplinary group to review current availability of transfusion education and training for all healthcare staff in England & North Wales is supported.
- Chief Executives and Medical Directors should be reminded about the outstanding actions in the latest national survey of compliance with the HSC Better Blood Transfusion have been published.
- A national job description and person specification for TPs should be considered. Publication of a national framework encapsulating the minimum skills, knowledge and responsibilities required for the TP role should be supported.
- RTC budgets with respect to funding educational events should be reviewed. As the main NBTC budget is often under spent it might be appropriate to further support RTC education events.

Recommendations for NHSBT

- NHSBT needs to work with the HTTs to help raise awareness of the importance of Better Blood Transfusion at a higher level within hospitals (to the people who make the decisions and have the power to bring about change).
- TPs need to be fully engaged with, and involved in, providing feedback to NHSBT in customer satisfaction surveys.
- NHSBT should review the courses they provide and look at the options for making some available to TPs and other hospital staff.
- NHSBT should review and strengthen its support for TPs with a scientific background.
- NHSBT should support / facilitate a national TP conference and encourage networking between regional groups.

Recommendations for Regional Transfusion Committees (RTC)

- RTCs should review the timing and location of their meetings to maximise attendance and support networking opportunities for TPs.
- RTCs should ensure their budgets are spent effectively to maximise educational opportunities for hospital staff including TPs.
- RTCs should maximise their use of the website to support communication in the region and nationally.

Recommendations for Trusts/Hospitals

- Trust Chief Executives and other senior managers need to ensure that the Hospital Transfusion Teams and Hospital Transfusion Committees are supported and resourced adequately and that they report to a high level committee in their organisation e.g. the Clinical Governance Committee or Trust Board.
- TPs need to be able to attend regional transfusion meetings regularly and be given time and funding to do so.
- Where TP job descriptions do not reflect the role that they are fulfilling, they should be reviewed.
- The personal and professional developmental needs of TPs need to be addressed at regular personal performance reviews.
- Trust managers should ensure medical staff are made aware of the national requirement for them to be included in transfusion training and competency assessment.
- Dual roles should be limited, as TPs with a dual role are more likely to want to leave.

Recommendations for Hospital Transfusion Teams and Hospital Transfusion Committees

- Hospital Transfusion Team members need to work closely together, have good communication and be supportive of each other, sharing knowledge and expertise between them. Support from Consultant Haematologists with dedicated sessions for transfusion is vital.
- The Hospital Transfusion Team should produce an annual plan and report that is presented at a senior level in their organisation.

Recommendations for Transfusion Practitioners

- TPs should make full use of local networks and regularly attend meetings including RTCs, TP groups and with NHSBT representatives in order to gain support, information and education.
- TPs should liaise with and involve their line manager(s) and prioritise and risk assess their workload in order of importance with realistic targets and timelines taking into consideration resource availability.
- TPs should ensure personal and professional development is incorporated into their performance development reviews.
- TPs should establish and maintain links with their relevant professional bodies and management structures in the hospital especially where their direct line manager is from a different discipline.
- TPs should have clearly defined links regionally and nationally so that there is a 2–way flow of information where TPs are represented on national groups. In the absence of a national group the NHSBT Better Blood Transfusion Team could be used to support this.
- TPs should look to promote their own role further within nursing and scientific groups.

Abbreviations

BBT	Better Blood Transfusion
BBTS	British Blood Transfusion Society
BMS	Biomedical Scientist
BSMS	Blood Stocks Management Scheme
BSQR	Blood Safety and Quality Regulations
CEO	Chief Executive Officer
CMO	Chief Medical Officer
CQC	Care Quality Commission
DH	Department of Health
EM	East Midlands
EoE	East of England
HSC	Health Service Circular
HTC	Hospital Transfusion Committee
HTT	Hospital Transfusion Team
IT	Information Technology
MHRA	Medicines and Healthcare products Regulatory Agency
NBTC	National Blood Transfusion Committee
NE	North East
NHSBT	NHS Blood and Transplant
NPSA	National Patient Safety Agency
NW	North West
ODP	Operating Department Practitioner
RTC	Regional Transfusion Committee
SC	South Central
SEC	South East Coast
SHA	Strategic Health Authority
SHOT	Serious Hazards of Transfusion
SPN	Safer Practice Notice
SW	South West
TLN	Transfusion Liaison Nurse
TLP	Transfusion Liaison Practitioner
TP	Transfusion Practitioner
WM	West Midlands
WTE	Whole Time Equivalent
YH	Yorkshire and The Humber

References

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