NICE National Institute for Health and Care Excellence

2020 surveillance of blood transfusion (NICE guideline NG24)

Surveillance report

Published: 5 March 2020

www.nice.org.uk

Contents

Surveillance decision

We decided not to update the NICE guideline on blood transfusion.

Reasons for the decision

Whilst there was new evidence across several areas, including red blood cells, platelets and cryoprecipitate, the evidence generally supported existing recommendations or did not provide a sufficiently strong case for update due to uncertainty in trial results or unclear benefits of interventions. Stakeholders generally agreed with the proposal not to update the guideline.

For further details and a summary of all evidence identified in surveillance, see appendix A.

Overview of 2020 surveillance methods

NICE's surveillance team checked whether recommendations in NICE's guideline on blood transfusion remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal not to update the guideline with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 128 studies in a search for randomised controlled trials (RCTs) and systematic reviews published between 29 January 2015 and 30 September 2019.

See appendix A for details of all evidence considered, and references.

Selecting relevant studies

Due to the volume of evidence available, only Cochrane reviews and RCTs with a sample size of at least 100 patients were included. The exception to this was for section 1.5 on cryoprecipitate where we included 1 non-Cochrane systematic review as no evidence was available from RCTs.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 3 studies were assessed as having the potential to change recommendations. Therefore, we plan to check the publication status regularly and evaluate the impact of the results on current recommendations. These studies are:

- Pre-operative iron used as blood sparing technique in orthopaedic surgery (total hip replacement and total knee replacement surgery, elective and no revision surgery).
- Two cluster RCTs to evaluate feedback in blood transfusion audits.
- Early cryoprecipitate in major trauma haemorrhage: CRYOSTAT-2.

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the guideline.

We sent questionnaires to topic experts and received 3 responses from experts in critical care, intensive care, and paediatric intensive care. Experts acknowledged the breadth of scope of the transfusion guideline, which makes identifying update areas difficult, but did suggest that there has been new research around red blood cells and cell salvage in caesarean section. However, after considering the new evidence it was not deemed to

have an impact on the guideline.

Implementation of the guideline

The uptake of recommendations from the NICE guideline has been variable. Some recommendations have been well implemented, such as recommendation 1.3.9; the proportion of prophylactic platelet transfusions in adult haematology patients which were single units (94% at July 2017). Some recommendations have been less well implemented, such as recommendation 1.2.3; the proportion of people in hospices with acute coronary syndrome who had a pre-transfusion haemoglobin above 80 g/l (32% at December 2016). No feedback was given that explains the variation in implementation.

Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to not update the guideline, we consulted with stakeholders.

Overall, 6 stakeholders commented, including professional bodies, charities and industry. Five stakeholders agreed with the surveillance proposal not to update the guideline. One stakeholder disagreed and felt that the guideline should be updated for red blood cell thresholds citing new evidence. After considering the evidence cited there was no impact on the guideline as the evidence had already been considered by the surveillance review, was not within scope or was within the timeframe of the original guideline.

See appendix B for full details of stakeholders' comments and our responses.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all evidence and other intelligence and the impact on current

recommendations, we decided that no update is necessary.

ISBN: 978-1-4731-3708-0