

**Minutes for NW RTC  
Pre-Operative Anaemia Wider Workshop  
Venue: Manchester Blood Centre  
Date: Monday 21<sup>st</sup> March 2016**

**Attendees**

Dr Kate Pendry (KP)	Consultant Haematologist/Clinical Director CMFT / NHSBT
Usman Ahmad (UA)	Haematology Consultant, WWL
Jane Rowlands	Transfusion Practitioner, UHSM
Julie Yates (JY)	Transfusion Practitioner, Warrington & Halton
Mike Ashcroft (MA)	Pre-op Nurse, SRFT
Adrian Morrison (AM)	Consultant Anaesthetist, W & H
Louise McCreery (LM)	Transfusion Practitioner, WWL
Dawn Swan (DS)	Haematology SpR, NHSBT
Jo Shorthouse (JS)	PBMP, NHSBT
Heather Rankin (HR)	TP, Royal Derby NHS Trust
Jaya Ganvir-Roche (JG)	North-West Pre-operative Anaemia Project Manager, NHSBT

**Apologies**

Jayne Addison	Patient Blood Manager Practitioner, NHSBT
Craig Carroll	Consultant Anaesthetist, Salford Royal Foundation Trust
Janardhan Rao	Orthopaedic Consultant, Countess of Chester Hospital
Sanchia Baines	Transfusion Practitioner, LTHFT
Gill Cassie	Transfusion Practitioner, LTHFT
Peter Hudson	Clinical Specialist, Blackpool Teaching Hospitals NHS Trust
Lesley Adams	Transfusion Practitioner, Mid-Cheshire Hospitals Foundation Trust
Stephanie Leonard	Lead Sister Pre-op Assessment, Bolton NHSFT
Dr Allameddine	Consultant Haematologist, Pennine Acute NHS Trust
Sue Andrews	Transfusion Practitioner, Pennine Acute NHS Trust
Samah Alimam	Specialty Trainee Haematology,
Tim Heyes	Consultant Cardiothoracic Anaesthetist, UHSM
Mike Ashcroft	Charge Nurse, SRFT
Alastair Duncan	ST6 Anaesthesia, Wrightington, Wigan & Leigh Trust
Adrian Morrisson	Consultant Anaesthetist, Warrington
Jane Rowlands	Transfusion Practitioner, UHSM
Seema Agarwal	Consultant Anaesthetist, LHCH
Michael Heaton	Haematology & BT Service Lead, Pennine Acute
Sharran Grey	BT Clinical Lead, Bolton NHSFT
Kirsten Wheeler	Pre-op Sister, Stockport NHSFT
Ei Ei Htwe	Consultant Haematologist, Royal Lancaster Infirmary
Sumaya Elhanesh	Consultant Haematologist, UHSM

**Minutes**

Jaya Ganvir-Roche	NW Pre-operative Anaemia Project Manager
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**Actions**

ITEM	ACTION	OWNER	STATUS
3	To send JY brochure written by Sharran Gray	JG	New
5	To continue to pilot measurement tool	UHSM	Ongoing
3	To share pathways/send to JG	JY	New
5	To forward amended measurement tool to the group	JG	Ongoing
4	To continue to update toolkit of resources	JG	Ongoing
7-8	To continue to work with GM orthopaedic alliance to develop network approach to anaemia management in elective orthopaedic	KP, JG, KW, JR, LM	Ongoing

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**1 Welcome & Purpose**

Dr Kate Pendry welcomed everyone to the workshop and thanked them for attending. Introductions were given by each member.

**2 Minutes of the last meeting held on 27th November 2015**

These were accepted as a true and accurate record

**3 Overview of progress from all hospitals**

An overview was given for each of the following sites.

**Salford Royal Hospital**

Jaya presented the following update emailed by Craig Carroll :

- The Pre-Op Anaemia project has stagnated, though roots of a revival are showing
- Gastro anaemia service has started, and they are reviewing how they can accommodate the needs of the pre-op service
- Requirements have not changed, with rapid diagnosis, iron treatment and onward referral for cause of iron loss
- The iron infusion provider is being reviewed on account of alterations in costings
- Have raw data in the EPR. Identification of pre-op patients is difficult on account of problems with the coding of a pre-op apt
- Still pursuing the one stop drop-in IV iron therapy facility
- Considering how best to target the patients at the point of referral to hospital, especially those in whom the presenting complaint is anaemia
- CC commended our project at a recent NBTC in London as our NW project is well known

**Royal Bolton Hospital**

Jaya presented an update –PLEASE SEE ATTACHMENTS

- The Anaemia Management in Primary Care pathway has been approved by the CCG and Trust Governance
- The pathway has been implemented
- Sharran Grey recently wrote a case study which was launched in brochure form as part of the Chief Scientific Officer's conference in London
- SG has personally thanked us saying, ' The support from yourselves and the NW group was invaluable in establishing this pathway with our CCG', and also 'Many thanks to Jaya, Kate and the rest of the NW Pre-op Anaemia Group for supporting this work'.
- JY requested a copy of the brochure. JG to forward copy

**University Hospitals of Morecambe Bay NHS Trust**

Jaya presented the following update emailed by Jill Livingstone :

- Jill Livingstone has had a meeting with two anaesthetists to gain some medical and surgical input , and liaise with the haematology

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and biochemistry laboratories to try and introduce a reflex

haematinics testing of pre-op patients who are identified as being anaemic.

- JL requested information on best practice tariffs to use in their case for introducing a pre-op anaemia clinic. KP sent JL the information

**UHSM**

Jane Rowlands presented her Powerpoint presentation to the group-PLEASE SEE ATTACHMENTS

- They have piloted the measurement tool developed by our Pre-op Anaemia Group- SEE ITEM
- Pockets of good practice
- Disparity between Generic and Cardiothoracic pre-op service
- Little progress in Generic area, occasional referral to Haematologists, previous lack of leadership. New lead to be identified
- Recent appointment of Pre-op Anaemia PMO, clarity required over role and responsibilities
- Cardiothoracic pre-op identified 30 patients suitable for IV iron therapy
- Trial Orthopaedic 'Walk-in' pre-op, where patient goes from listing appointment into clinic
- Important to keep an overall view for consistency
- Proposed trial 'Walk-in' pre-op patients on cancer pathway
- Next steps-Communication with HTC, unaware of progress/practice in some areas; generic Pre-op engagement; audit/follow up
- KP AND JG thanked JR for her detailed presentation

**Warrington and Halton**

Julie Yates presented her Powerpoint update- FLOWCHARTS TO BE SHARED IN DUE COURSE

- Pathway has been approved after agreement was reached between GPs and CCG
- Flowchart 1- 'GP Investigation of Suspected Anaemia in a Stable Patient'. Simple to use for the GPs
- Flowchart 2- 'Management of Anaemia', everything goes to Gastro. GP makes first phonecall. Appointment is made for patient on Acute Medical Unit, GP makes appointment in a second phonecall. Reviewed on same day. Hb is checked half hour later. Iron deficient Anaemia will result in a code
- Flowchart 3- 'Management of Chronic Anaemia due to Iron Deficiency (when oral iron cannot be tolerated or does not work). Firstline is oral iron. If this not work, IV Iron given.
- Gone through commissioning/CCG process. Agreed funding
- Biggest problem was with Gastro.
- Patient Info sheet handed out' Patients with Symptomatic Iron Deficiency Anaemia
- Extra payment from Commissioners
- KP commented it will interesting to see how pathways are commissioned
- Flowchart 4 soon to be devised

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- No problems with GP engagement. Problems were internal

KP and JG thanked JY for her detailed presentation

**Stockport NHS Foundation Trust**

Jaya presented the following update emailed by Kirsten Wheeler

- The system they have with pathology is working very well
- Those patients with a low Hb and a low MCV automatically have a ferritin checked, and those with a raised MCV have B12 and Folate.
- Due to sickness, they had a delay on the starting of their clinic but they have now started to see some patients through for iron therapy- just oral up to now
- They are keeping figures on all of the anaemic patients, and since January so far have had 14 who were non-iron deficient, 7 requiring oral iron, and one who would have required IV (unfortunately, as this was when they had high sickness in the department, they ended up having to pass this back to the GP)

**Lancashire Teaching Hospitals**

Jaya presented the following update emailed by Sanchia Baines

- Meeting taken place between Sanchia, Gill and Consultant at his instigation, to widen pre-op anaemia to other areas
- Asked to present the pre-op anaemia study on The Upper GI cancers annual study day in April-consultants, nurses, specialists. Going to use this to try and recruit more patients to the study. Recruitment to the study remains static
- There continues to be an interest in setting up an anemia clinic but as they have no haematologist lead this is difficult to get off the ground. Blackpool consultants are currently covering on call shifts

**Aintree University Hospital**

Jaya presented the following update on behalf of Balsam Altemimi :

- BA has secured multi-agency interest.
- A Working Group has been formed
- JG has sent BA, KP's Business Case and Pennine and Blackpool pathways

**Wrightington, Wigan and Leigh**

Louise McCreery updated the group

- Working on their pathway with Consultant Anaesthetist and pre-op assessment nurse
- Have service to deliver IV iron
- Had discussion with Labs
- Asked if anywhere else does add on haematinics based on FBC result. KP explained Pennine Acute do
- Someone has to take responsibility to prescribe iron.
- Anaesthetist completed audit
- LM asked if can be part of GM Alliance. JG & KP confirmed WWL is part of the Alliance

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KP and JG thanked LM for her update

**Central Manchester**

- KP updated/drew a flowchart the group with a pilot due to start in April
- Explained anaemia means longer length of stay in Critical care
- Introduced ICE in hospital. To have referral for anaemia assessment. Marker for patients in the system
- TP will review results
- KP working with Informatics Dept to enable data to be collected on outcomes electronically
- Pilot will enable ultimate aim to have Business case for Trust-wide Anaemia Service
- KP explained the importance of having a Champion, a location and Funding

**4 Toolkit of Resources**

- JG showed the group the new toolkit of resources she had developed, that is now available on the Hospitals & Science website
- JG explained she had received many positive reviews for its usefulness both regionally and nationally
- The Toolkit contains information re recent pre-op anaemia research, new guidelines, pathways, data collection forms, business case template, updates from different Trusts, Minutes, links of up to date publications, other resources

**5 Measurement tool progress**

The draft measurement tool is being piloted by UHSM.

KP explained:

- We are keen to collect information re outcomes
- The importance to identify patients early, ideally pre-op should collect patient experience data prospectively or 30-60 post-operatively
- JG to email the form to the group after some amendments have been made

JR updated the group on her pilot:

- 15 Cardiothoracic patients examined
- Found to be anaemic on pre-op bloods
- Referred to High-risk, Consultant Lead clinic
- All received minimum 1G IV Ferinject as outpatient prior to surgery
- Jane commented tool easy to use but very lengthy
- Time consuming trawling patient notes one hour per patient.
- Delays in accessing patient notes, difficult to navigate through
- Identification labels, if had IV Iron, were put in notes but coders not like them
- Tool echoes PBM National Comparative Standard; gives thorough picture of patient episode

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- Lacks qualitative data. Asked 8 patients for feedback. Needs qualitative questions, record if patient was discharged on iron
- Continue with 30+ patients, analyse audit data
- The group commented there is a tendency to over collect data

**6**      **Funding/Tariff discussion:**

The group agreed more information is needed to understand how different Trusts secure Funding. As this is a barrier to achieving pre-op anaemia management.

The solution is to get the Commissioners on board

Ideally need pathway that pays for Anaemia Management

New EPR system to collect Pre-op data

**7-8**      **GM Orthopaedic Alliance/Moving forward with commissioning**

JG explained we have established full support and good engagement with the GM Elective Orthopaedic Alliance & the Chief Executive Forum.

The Alliance consists of Salford, Trafford, Stockport, Tameside, Bolton, Central Manchester, Pennine Acute, Wythenshawe, Wigan)

KP explained new project to look at anaemia management in the elective orthopaedic surgery 9 GM Trusts working with the GM orthopaedic alliance.

We will start with baseline audits of current pathways and transfusion rates and then develop a uniform approach engaging with primary care

The aim is to devise a standardised approach in anaemia management of orthopaedic patients, to enable large-scale commissioning and design of anaemia pathways with CCGs

**10-11**      **Next Steps/ AOB**

**Continue to:**

- Develop pathways, work on implementation plans, share good practice
- Update the toolkit of resources
- Conduct baseline audits of current pathways and transfusion rates
- KP asked JR and LM if we provide codes would it be possible to collect information baseline transfusion rates. LM and JR interested in GM approach to Orthopaedic Management of Anaemia
- Pilot the updated measurement tool at UHSM and in other Trusts, using lessons learnt from UHSM pilot work
- Network/promote the project locally and nationally
- Recruit new members to the working group
- Engage with primary care and commissioners
- Systematically collect feedback on the project/share learning
- Engage with the GM Alliance

KP explained NHSBT now has less income therefore funding for Jaya's post will not be extended

KP thanked Jaya for her hard work.

The group joined in with thanking Jaya for her hard work and passing on their best wishes.

**Date and Venue of Next Meeting**

Monday 26<sup>th</sup> September 1.45pm-4.30pm (Lunch available from 1pm)

Manchester Blood Centre ( Lecture Theatre)

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Manchester M13 9LL