

Minutes for NW RTC
Pre-Operative Anaemia Wider Workshop
Venue: Manchester Blood Centre
Date: Friday 27th November 2015

Attendees

Dr Kate Pendry (KP)	Consultant Haematologist/Clinical Director CMFT / NHSBT
Erica Bates (EB)	Senior Clinical Perfusionist, Blackpool Victoria Hospital
Marie Wilcock (MW)	Trainee Advanced Nurse Practitioner, Blackpool Victoria Hospital
Jill Livingstone (JL)	Transfusion Practitioner, University Hospitals of Morecambe Bay Trust
Balsam Altemimi (BA)	Consultant Anaesthetist, Aintree University Hospital
Julie Yates (JY)	Transfusion Practitioner, Warrington & Halton
Leanne Darwin (LD)	Anaesthesia ST7, Royal Bolton Hospital
Michelle Rimington (MR)	Transfusion Practitioner, Southport & Ormskirk NHS
Stewart Masheter (SM)	Consultant Anaesthetist, Royal Bolton Hospital
Thomas O'Neill (TO)	Consultant Anaesthetist, Lancashire Teaching Hospital
Jaya Ganvir-Roche (JG)	North-West Pre-operative Anaemia Project Manager, NHSBT

Apologies

Jayne Addison	Patient Blood Manager Practitioner, NHSBT
Tony Davies	Patient Blood Management 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
Louise McCreery	Transfusion Nurse Specialist, 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 KP's Business Case link to JL	JG	New
3	To give JL contact details for Cumbrian CCG	MR	New
3	To send KP's Business Case, and Pennine Acute & Blackpool pathways to BA	JG	New

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3	To liaise with contacts in pre op assessment (KW) and anaesthetics (CC) to encourage engagement with the pilot project	CC & KW	New
4	To send NICE guidelines link to group	JG	New
6	To inform the group when toolkit on Hospitals & Science website is available	JG	New
8	To continue working on the measurement tool	UHSM Team & KP	Ongoing
9	Request copy of SGs algorithm for sharing on toolkit Request copy of JYs algorithm for sharing on toolkit	JG & SG	New
9	Continue to explore means of commissioning a region-wide Pathway/ contact to be made with Bolton CCG	KP & JG	ongoing
10	Work with GM orthopaedic alliance to develop network approach to management in elective orthopaedic surgery	KP, JG, KW	New

1 Welcome & Purpose

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

KP explained our purpose has been strengthened by NICE and the BCSH Guidelines and explained the following objectives:

- There are standards we would like to achieve and to monitor outcomes.
- Identify best way to communicate our pathways and engage with primary care
- Further look at how patients move between Trusts
- Work will begin with the Clinical Senate

2 Minutes of the last meeting held on 18th September 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 pilot sites.

Blackpool Victoria Hospital

Erica Bates gave an update:

- The pathway has raised awareness of anaemia amongst anaesthetists from other departments outside of cardiac
- Patients blood is taken in the pre-op clinic. A quarter identified as anaemic. Number of patients going through the pathway is small
- KP asked EB what the average timescale is. EB explained referral to surgery can be as little as 10 days now. There is a reluctance by the surgeons to delay surgery, so they are not getting the referrals at the moment.
- Discussion took place about the best practice tariff for treating patients. EB will check the figure of £2K – further information on tariffs is available in the generic anaemia business case available on the hospitals.blood.co.uk website
- EB concluded that there is a lot of interest throughout Blackpool Victoria hospital therefore a full structure to deliver anaemia management and PBM is needed
- KP thanked EB for her update

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Royal Bolton Hospital

Stewart Masheter gave an update:

- The management of anaemia in primary care pathway has been approved by the CCG and Trust Governance
- The pathway involves joint work with CCG colleagues (GP lead and demand management manager). Aims to assist GPs with detection, investigation and treatment of anaemia. It applies to all types of anaemia (not just IDA) and is to be applied to elective surgery referrals as well as medical patients.
- The pathway supports three secondary care projects/services:
 - Ambulatory Care Unit where A & E and GPs can refer patients for urgent care (IV iron or blood transfusion as appropriate)
 - Gastro IV iron service where GPs can refer patients for IV iron regardless of whether they need GI investigation or not
 - Pre-assessment clinic where patients are screened for anaemia and referred back to GP for investigation/treatment (as per pathway guidance)
- EB explained in Blackpool they have trialled Massimo and found relatively accurate results
- The group agreed that collaborate working with lab staff is needed in light of labs having different triaging processes
- SM explained oral iron is given to patients if anaemic due to iron deficiency and retested by the GP after 4 weeks. If patient is still anaemic, referred to the gastroenterologist or haematologist using the Best Practice Tariff, for IV iron
- SM outlined an audit of 79 patients having consultant anaesthetic review at Bolton 1 clinic, following pre-operative nurse assessment. Of these patients, 48 were seen within 2 weeks of their operation (30 within 1 week), and 56 within 3 weeks of their operation. Thus making optimisation almost impossible.
- Currently undertaking a further audit to look at timings of referral from GP to surgeon, surgeon to listing and listing to pre-operative assessment. The hope is to gain insight into which surgical disciplines are undertaking late bookings and hence pre-operative assessments, with a view to encouraging a change in practice of earlier investigation and opportunity for optimisation along the surgical pathway.

KP, JG and SM thanked Sharran Grey for all her hard work and perseverance. JG explained that following a call with Sharran, further contact will be made with Helen Wright at Bolton CCG to gain further understanding of the best ways to engage with primary care.

University Hospitals of Morecambe Bay NHS Trust

Jill Livingstone gave an update :

- The pre-op nurse, consultant haematologist and anaesthetist are all very keen, but funding is a barrier

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- JG to send KP's Business Case link to JL
- Other barrier is that there are 3 hospitals spread out, all with different needs

- KP asked whether choosing one surgical pathway would be useful to get things off the ground. Elective Orthopaedics would be a good place to start. MR will give JL contact details for Cumbrian CCG
- Similar to Bolton's approach- they are getting there.

Warrington and Halton

Julie Yates gave an update:

- Looking since November 2013
- Looking to reduce admissions to A&E
- Have a pathway to manage anaemia, not directly to surgery which has been agreed by the CCG and GPs.
- About to 'go live' when go through the Committee in January 2016
- Used KP's Wigan pathway, amended the flowchart which tells GP what test to do. If patients show signs of anaemia, the GP will treat and refer to the Gastroenterologist. If patients have significant symptoms associated with anaemia, they will be referred to ambulatory care and a fast track appointment for gastro
- Within a few days given appointment for Acute Admissions. Present first thing in the morning, all tests done, Ferinject given and possibly receive 1 unit red cells if Hb is very low. Discharged that day. If need more iron receive a further dose the following week.
- Now a pathway is in place. Persuaded people over 2 years.
- KP asked JY if she can share with the group.
- They have CCG agreement and there will be GP awareness.

Pennine Acute NHS Trusts. Note presented on their behalf as no one present

Progress to Date

- The Single Unit Policy has been introduced with demonstrable changes to practice which has resulted in approximately 15% of all blood transfusion episodes now being of a single unit.
- The Trust blood prescription forms have been amended to include prescriber checklists, guiding the clinician to ensure that all diagnostic testing has been evaluated before transfusion and that the transfusion is appropriate. A laboratory checklist is in place for laboratory staff to challenge inappropriate requesting to further help avoid unnecessary and inappropriate blood transfusion
- Engagement with divisions of medicine, surgery and gynaecology has supported the introduction of IV iron as a suitable alternative to blood transfusion. This has been supported and approved by the Trust Drugs and Therapeutic Committee.
- Unfortunately, a business plan to introduce anaemia services to primary care has been delayed as a consequence of the CCG's requiring more evidence of clinical benefits and a detailed cost benefit realisation paper. Work continues in this respect. A local tariff has however been established with Trust Finance and a decision has been taken to establish the service internally with the expectation that

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GP's will want to use the service as a suitable alternative to blood transfusion once they realise that it is available. Use of the service will then attract the tariff.

- Prescription guidance for the use of IV iron have been written into policies and procedures for anaemia management in pre-operative, surgical, medical and gynaecological guidelines.
- A cell salvage co-ordinator has been appointed into the blood transfusion support structure, and despite the limitations of a single-handed co-ordinator, cell salvage has become a routinely available service to vascular and other areas of surgery. This operates Mon-Fri 9-5 with a medium term objective of further engaging with up to four operating departmental practitioners to increase the number of staff available to operate the Fresenius CATS instrument and provide cell salvage more robustly.
- Recently one of the anaesthetists with an interest in colorectal surgery has undertaken an internal audit and identified up to 38 patients who may have benefitted from IV iron. This in conjunction with an audit of 130 patients receiving IV iron across the Trust, may stimulate the work into this group of patients and allow data to be provided to the project group.
- To date, significant blood savings have been realised as a consequence of the patient blood management programme involving the changes introduced to prescribing, administration and use of IV iron.

Stockport NHS Foundation Trust

Jaya gave an update on behalf of Kirsten Wheeler

- Audited admitted elective patients with anaemia 2014-2015. Total of 103 who would benefit from iron therapy
- Engaged with pathology to automatically add ferritin/B12/Folate to all anaemia preop patients
- Pathways approved with haematology and all surgical consultants
- Tariff already in place for IV iron in IBD and maternity
- Business case for nursing hours approved by AD
- Audit form/ICP/SOP created and pathway within preop team agreed
- Location secured for IV iron delivery by preop nurses
- Senior preop team on NMP course
- Launch of the service was 21st September
- Working alongside Gastro and General Surgery developing a trustwide anaemia strategy

Lancashire Teaching Hospitals

Thomas O'Neill gave an update of behalf of Sanchia Baines

- Lot of discrepancy so will streamline their system and reinvigorate the process for anaemia management
- Currently recruited 5 patients to audit-been traumatic at times and referrals not consistent however happy process of referral working
- Specialists nurses currently identify and refer upper GI patients when listed for staging laparotomy
- Both oral and IV iron have been indicated

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- No follow up as yet
- Algorithm & proforma to be reviewed to improve patient flow
- Ferritins not always being requested
- Aim to refer other patient categories and widen scope for all pre-op patients

Salford Royal

JG gave an update on behalf of Craig Carroll

- The SRFT pilot has moved away from its initial plan-as there has been a re-modelling in the delivery of orthopaedic services for the Trust, it was not viable to continue with this patient group.
- Therefore have been able to add the project to the 'Better Care, Lower Cost' initiative that has been heavily sponsored by the Trust Executive. As a result, been given managerial support and a multi-disciplinary team consisting of senior project manager, CD of theatres and peri-op care, accountancy, senior pharmacist, the pre-op clinical lead, the lead nurse in pre-op and an Acute physician.
- Recent acquisition of audit data has demonstrated that 1600/12000 patients from Jan-Sept of this year have been identified as anaemic in the pre-operative clinic population.

Further analysis is ongoing to identify

- proportions of patients with mild, moderate or severe anaemia
- which patients were investigated further with blood tests, invasive/radiological investigations
- number of patients who received anaemia treatment prior to surgery
- number of patients who had anaemia as part of their surgical presentation
- number of patients who underwent surgery whilst anaemic
- number of these patients who received a blood transfusion peri-operatively

Ongoing sticking points

- Establishing a pre-op anaemia orderset-has now been achieved.
- Establishing an automated system to perform anaemia screening investigations on patients identified as anaemic on their first FBC-this has now been achieved also.

What to do with the patient who is identified as anaemic and the cause is unknown?

SRFT is to establish an Anaemic Investigation Unit, to take patients from pre-op clinic /other referral areas. Service will have 1PA of consultant time/week. It is linked to Gastro-enterology, Urology and Gynaecology.

How to deliver the IV iron service?

The solution being developed is an IV iron clinic, where patients can receive Monofer injection in a rapid through put 'drop-in' dept. The idea being that patients are identified as iron deficient in pre-op and then referred directly for initial IV iron therapy at the earliest opportunity.

- Prospective data collection-SRFT is awaiting further decision from this group as to what data is to be required for the regional service.

Aintree University Hospital

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Balsam Altemimi explained to the group:

- She has secured everyone's interest.
- A Working Group has been formed
- She will get Gastro involved
- JG to send BA, KP's Business Case and Pennine and Blackpool pathways
- JL advised BA to also get Haematology involved

Southport and Ormskirk

Michelle Rimington gave an update:

- The Obstetric team is involved
- Have rewritten their policy
- Director of Medicine and Nursing are engaged to secure an Anaemia Nurse post

Wrightington, Wigan and Leigh

JG gave an update on behalf of Louise McGreery

- LM has had a brief update from Alastair Duncan, their anaesthetist registrar and he has reviewed just short of 800 orthopaedic patients' records checking for pre-op and post op anaemia
- He is at the final stages of data analysis with a consultant anaesthetist who she is hoping will join our group, and will keep JG updated re this
- Asked JG to add Dr Usman Ahmad, a consultant Haematologist to the circulation list as he is interested in being involved

Central Manchester

- LD explained she had audited almost 500 patients from Sept 2014-May 2015, elective patients admitted to critical care. Another project without any resources.
- KP has prepared a Business Case for a Trust-wide anaemia service
- PREVENTT study adds some conflict

4

New Guidelines

- KP updated the group of the following guidelines and other publications:
- NICE clinical transfusion guidelines published 18 Nov 2015 will support anaemia management implementation
- JG to send link to the group of the new NICE Guidelines
- National Comparative Audit of PBM in surgery will support anaemia management implementation
- JG explained she had sent the link of a recent research paper by Kotze and a number of other recent articles with the previous minutes

5

RTC, Educational Symposium, Pre-op Association National Conference

- JG provided the group with an RTC update which was held on 19th October
- JG explained she had approached Dr Sue Robinson, re her pilot of a pre-op anaemia pathway from Guy's Hospital, London, a speaker at

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the PBM Educational Symposium. JG also made contact with a Salford lead with a view to attending CCG meetings in order to engage GPs with our pre-op anaemia project

- JG provided an explanation that Salford has been chosen to be an integrated primary and acute system Vanguard, pooling expertise into one organisation
- JG explained she had approached a speaker from NHS Tayside at the Pre-op Association National Conference she attended re a pathway they had piloted. The pilot showed an improvement in the investigation, treatment and follow up of pre-op anaemia, and shortcomings had led to changes being proposed with regards to identification of anaemic patients , treatment thresholds, follow up of patients awaiting urgent surgery.

6 Toolkit of Resources

- JG showed the group the new toolkit of resources she had developed and explained it was a preview for the purposes of today's workshop
- Due to technical issues experienced by the administrator, the website has been down a number of times. JG will send a reminder to the group once it is up and running again.
- KP demonstrated the template Business Case

7 Regional Pathways- discussed in Item 3

8 Measurement tool progress

The draft measurement tool is being piloted by UHSM. JG provided an update on behalf of Jane Rowlands :

UHSM have identified 15 patients to trial the measurement tool
Managed to track 3 sets of patient notes so far, hopefully will track more soon.

The team will feedback at the next meeting after they have had the opportunity to use the tool on more patients.

9 Moving forward with regional commissioning: nil to report, contact to be made with Bolton CCG

10 Any Other Business

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

11 Next Steps

The group will continue to work on their implementation plans, share good practice
Pathways, links and Business Case to go on the hospitals and science website

12 Date and Venue of Next Meeting

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Monday 21st March 2016

1pm- 4.30pm (Lunch will be provided from 1pm onwards)

Liverpool Blood Centre

14 Estuary Banks

Liverpool

L24 8RB

Please note the meeting will be held in Liverpool NOT Manchester