

Haematology and Transfusion Network Scotland (HATS)

**Annual Report
2022/23**

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Introduction

Managed Diagnostic Networks are defined as co-ordinated groups of health professionals that support diagnostic services to continuously improve service delivery in order to ensure equitable provision of high quality, clinically effective services. Diagnostics, whether delivered in primary, community or secondary care, have an important role to play in achieving NHS Scotland's quality ambitions by contributing to early, accurate and cost-effective diagnosis, monitoring and self-management.

The role of the Haematology and Transfusion Scotland Network is to improve laboratory haematology and transfusion services and foster close and effective links between diagnostic and clinical professionals. This is progressed through setting clear objectives, with delivery monitored through the annual business plan. In order to most efficiently and effectively drive service improvement this is achieved through:

- An annual data collection exercise and benchmarking report. This provides current and relevant data to inform service improvements, workforce planning activities, and horizon scanning, to ensure the network is future-ready and prepared for upcoming developments.
- Being responsive to emerging challenges occurring within the diagnostic community, and facilitating a once for Scotland approach.
- Actively engaging with and pursuing demand optimisation and QI (Quality Improvement) projects to ensure optimal use of resources and skills within haematology and transfusion, and that the most efficient and effective service possible is being provided.
- Upholding professional guidelines and standards and supporting the haematology and transfusion communities to maintain these high standards.

Current Position

The HATS network, have achieved an excellent (2/3) 66% of all the service delivery objectives in 2022/23, as well as completing all business as usual. The objective; the SFLC (serum free light chain) business case, although not completed it has taken great strides forward. There have been discussions between boards, and disciplines to begin to work out the details of the best solution for Scotland. The range of stakeholders across disciplines and across Scotland make this business case a complex and challenging piece of work. This business case will be circulated within the coming months. The network Lead Clinician has had his contract extended for a few months whilst recruitment for a new lead clinician is on-going, and the SLA (Service Level Agreement) has been confirmed until March 2025. The network NSMs (Network Scientific Manager) are due for extension of contract, this will be progressed in the coming month.

Highlights

ADAMTS13

The repatriation of the ADAMTS13 testing to Scotland, which confirms if a patient has a condition called TTP (thrombotic thrombocytopenic purpura) has been of great importance to the patients who have this condition or are suspected to have this condition in Scotland. The turnaround time has been greatly reduced due to the ability to carry out this test within two centres in Scotland, which has greatly reduced the time to diagnosis in a time critical situation. If a patient has TTP

Haematology and Transfusion Network Scotland (HATS)

Annual Report 2022/23

they require urgent plasma phoresis, therefore if a patient is in an area which does not have that treatment locally, the patient must be moved in anticipation of possibly requiring that treatment. But, due to the repatriation of the test, it has stopped the movement of a number of very sick patients which prevents the unnecessary difficult and potentially traumatic transfer. The network is currently collating data on the number of patients that have benefited from this service. Additionally the network is looking to repatriate the paired antibody test to Scotland to further develop and improve this diagnostic pathway within Scotland. The testing pathway being developed with ADAMTS13 highlights the network is very patient centred. It encourages a personalised approach to care, and aims to get it right for each patient, whilst ensuring there is a once for Scotland and standardised approach to testing and equity of access to testing across Scotland.

Stakeholder Engagement

The network has been responsive, engaged and proactive in programmes of work that have arisen over the course of the year. The stakeholders have attended and have been engaged in the development of the Diagnostic Strategic Network (DSN). The network strives to engage stakeholders at all stages of work streams and engage with the appropriate community members where their expert knowledge will benefit an on-going project. The network is also key to supporting multi disciplinary work as evidenced by the SFLC pathway and driving the national LIMS (laboratory information management system) and standardisation work.

The network steering group and sub group meetings are well attended. The network is striving to improve communications in the coming year for example with quarterly newsletters and has booked an annual education day for 16th May.

Workforce and Education

An annual education day event was held in COSLA in Edinburgh in September 2022. It was attended by 54 attendees from nine of the NHS regional boards, with a couple of attendees able to dial in remotely to benefit from the event, despite not being able to attend in person. The event included a wide variety of topics; Drone Delivery of samples, Emergency Blood, Haemophilia Patient Experience, Somatic Genomic Services in Scotland, and Vaccine Induced Thrombosis and Thrombocytopenia. The emergency blood talk has prompted a QI project within the network, and the talk on vaccine induced thrombosis and thrombocytopenia was very informative and stimulated a lot of questions and discussion given the impact the Covid-19 pandemic has had on the health service. The event also provides an opportunity for networking within the community in particular for trainees or stakeholders working in settings that do not afford the opportunity of exposure to as many in the community. The education day 2023 programme includes topic on flow cytometry and paroxysmal nocturnal haemoglobinuria (PNH), from three different perspectives, the clinician, the scientist and the patient. Additionally there is a range of talks on education in the field, factor 10 assay and platelet donation, which provides a wide variety of interesting and engaging topics.

HATS continuously works towards developing service excellence, which is evidenced for example through the education event developed and hosted by the network. HATS is also looking to

develop practical educational sessions, addressing gaps in knowledge within the field identified through the WFE sub group and annual benchmarking exercise.

Quality Improvement

The network has had several discussions with professionals working with air ambulance and patient transport, scoping the QI project on the optimisation of the storage of blood in remote and rural locations to reduce the waste of a precious resource. Another on-going QI project, which demonstrates the use of the data from the benchmarking report, is the reduction in employing both ESR (erythrocyte sedimentation rate) and CRP (C reactive protein) tests as. The network aims to reduce the waste and unnecessary harm of carrying out two tests which provide the same information to the end users.

Sustainability

Working from home and virtual meetings have become standard, which improves meeting attendance for remote and rural colleagues and reduces any unnecessary travel. There is less paper required now, with all meeting papers provided electronically. The booklets and materials for the annual education day was provided as a QR code, the attendees can scan and then it appears on their electronic device. The reduction in movement of people and movement of samples is constantly addressed within the network providing better financial and climate sustainability as evidenced by the repatriation of ADAMTS13 testing.

The sustainability of healthcare is being supported by the network through facilitating the discussions and developments in supporting the safer staffing legislation. This is to ensure each NHS Board has an algorithm or guidance on how to ensure the numbers of staff on shift are at a safe level. The development of this may support staff recruitment. HATS also aims to support the community through educational development, and sharing of good practice and where possible resources. This will in particular help remote and rural locations where the pressures on staffing can be greatest and the recruitment challenges are felt the most.

Looking forward – 2023/24

- The network will identify volunteers for the development of the standardised coding of tests to reduce the variation in coding that will be inputted into the National LIMS. The volunteers will receive ontology training. Members are needed from each NHS Board to ensure a Once for Scotland Approach
- The network will produce and circulate the business case for SFLC for comment amongst the Myeloma sub group by the end of Q2
- A QI project will be carried out on the optimisation of the storage of blood in particular O-ve in remote and rural areas to reduce waste
- The Anaemia sub group will continue to engage with the national Anaemia group and the SCBN innovation sub group exploring the possibility of iAnaemia
- Aim to recruit a network lead clinician for 2023/24 to support and accelerate the work of the network
- The network will develop a business case, to repatriate the antibody component of the ADAMTS13 testing pathway back to Scotland

Haematology and Transfusion Network Scotland (HATS)

Annual Report 2022/23

- The WFE sub group, will hold discussion and look at the impact of the health and care staffing act that was passed in 2019. The sub group will look to see how this can be supported across all NHS Boards and identify exactly what this act means for each NHS Board for haematology and transfusion in Scotland
- A QI project to reduce unnecessary testing, such as the requesting of both ESR and CRP. This QI project will aim to reduce harm and waste of requesting a test when it will not benefit the patient, and in turn waste NHS resource.

Finance

During the year 2022-23, the network spend was total £3180.40. The breakdown of this was £3080.40 to host the annual education day event, and £100 for the CPD points that were obtained through the Royal College of Pathologists participants of the annual education day received.

Risks & Issues

The network will soon not have a lead clinician, the current lead clinician has extended his term, whilst recruitment is on-going. It is hoped there will be a thorough hand over, and there will not be a negative impact on the network. The network scientific managers are also due for renewal during the summer 2023.

The network programme manager has returned from maternity leave, and although that has been largely seamless, the change of staff has inevitably has an impact on the network as hand over occurs. The PSO for the network is going to be going on maternity leave in June 2023, and will return April 2024. An able maternity leave PSO has been identified, but there will also be a transition during the handover between staff takes a little time. This will be closely monitored and supported by the PM.