



Dear all

Welcome to the Winter edition of your ANSA newsletter. I am very pleased to announce that the executive committee have just finalised the conference programme for 2017. The conference will be held on May 12th in Birmingham at Austin Court. The theme of the conference is **“21st Century Person Centred Anaemia Management”** and I look forward to welcoming you all to what I think will be another exciting and stimulating day. I am sure you will be delighted to know that the conference fee will be the same as 2016 and as previous years ANSA will be offering a limited number of travel bursaries to assist you in attending the conference.

Since the conference in April 2016, as discussed at the AGM, there have been a few changes in ANSA: For a start you had a new President in myself, a new treasurer, Dianne Mc Daid and new secretariat, EBS. As you all know changes bring a lot of transitioning and ANSA executives and secretariat have been working very hard to minimize the impact on its members. I would like to take this opportunity to sincerely thank the executive committee and all of you members for your help and support. However, if as members you have any issues to report, ANSA will be pleased to hear from you via its secretariat.

On another positive note, I am immensely pleased to welcome Elaine Locke to the executive committee. Elaine has an enormous level of experience in anaemia management and she will be an asset to ANSA. A big welcome to you, Elaine. I am sure there are a lot of you out there who would like to be part of the committee or indeed contribute to the welfare and progress of ANSA, so don't be shy. ANSA is YOUR association, so please do share with us any exciting work /project you are involved in to improve the patient's journey.

By the time you read this newsletter it will be nearer Christmas. On behalf of the ANSA executive committee, I wish you all a very Happy and Peaceful Christmas and a Prosperous 2017.

With very best wishes

Marie Chowrimootoo
ANSA President

Anaemia Manifesto Update

ANSA are involved with the Anaemia Manifesto for iron deficiency sponsored by Vifor Pharma. This manifesto is not regarded as a stand - alone piece of work but the starting point for improving the treatment of iron deficiency. This manifesto was launched in the Palace of Westminster on 28 June. All parties involved with the development of the manifesto were invited to attend together with other interested health care professionals and Members of Parliament. I attended the launch with ANSA President, Marie Chowrimootoo. The Manifesto was presented by

Oliver Colville MP for Plymouth and Devonport who made an interesting and amusing speech to launch the Manifesto. We had the opportunity to talk to various people at the launch including 2 MPs who showed great interest in the Manifesto.

Following the launch there was coverage in the Nursing press. Articles appeared in the Nursing Times on 1st July and Independent Nurse on 4th July. There was an article published on line on 3rd August in Iron Deficiency.com. There was also coverage in the Plymouth Daily on 1st July covering Oliver Colville's support of the Manifesto.

Since the launch there have been further promotions. The Anaemia Manifesto microsite has been developed (AnaemiaManifesto.com) and is currently being trialed. Once it goes live the web address will be circulated on the ANSA website. This site is critical to our Parliamentary engagement as it provides an online platform for the Manifesto and a place where stakeholders can engage directly with the five key asks. Once it is up and running we will also be following up other MPs such as those who attended the launch and those who were interested but could not attend.

An All – Party Group for Rural Health and Social Care has been established with Anne Marie Morris MP for Newton Abbott and the Rt Hon Norman Lamb MP the MP for Norfolk and Lib Dem spokesperson for health as co-chairs of the group. This Group may be able to take the Manifesto forward in Parliament.

Oliver Colville MP will be chairing a working dinner in his constituency of Plymouth in the latter half of November hoping to uncover why Devon has such a high incidence of iron deficient patients at over four times the national average. As an outcome of the dinner it would be great to establish a best practice case study of a turnaround in iron deficiency treatment which could be showcased elsewhere.

Policy into Practice – one of the objectives following the manifesto launch is to collate evidence and build a case for implementing the manifesto. As such we are creating a 'Policy in Practice' document which reviews 5 NHS services across Great Britain and Northern Ireland which have created anaemia pathways as part of their efforts to tailor services locally. We hope that this document will act as a blueprint for others to improve their anaemia services locally. We plan to complete this document in November and share this with you before it is circulated publically.

Iron deficiency in heart failure – as you may be aware recent trials and ESC guidelines have publicized the benefits of and the need to treat iron deficiency in heart failure patients to improve patient outcomes. As such we are analyzing NHS data on patient admissions to understand the burden of emergency admissions for Iron Deficiency in Heart Failure. Pending the outcomes of the analysis and publication of the data we hope to update the manifesto to reflect these findings and include the support of a recognized heart charity.



Scottish launch – To build on the interest and support we've received from Scottish MPs and SMPs we plan to launch the manifesto in Scotland in 2017. This will be based on Scottish Health Board data but we believe the 5-point plan of the manifesto will still hold true.

We hope ANSA members will help to widen the knowledge of the manifesto by sharing it with your community teams, medics and nursing colleagues as well as local MPs.

Iain Wittwer, TD, SRN



King's College Hospital, London, and Kidney Research UK were delighted to be able to announce in June 2016 that the number of dialysis patients recruited onto the four-year PIVOTAL clinical trial reached the nationwide target of 2,080.

Conducting research in dialysis patients in the UK can be problematic since the majority of the patients are managed in satellite dialysis units, geographically distinct from the mother unit. Involving patients from the satellites is essential and this has been one of the key successes of PIVOTAL, working with the network of lead research nurses at each of the participating sites and link nurses at satellites.

Chief Investigator, Iain MacDougall said, *"Reaching our patient target was a fantastic achievement and something to be celebrated by everyone involved. We continue to be extremely thankful for the effort made by all 50 sites in recruiting patients to this important study and are very grateful to the patients who have agreed to take part. There is huge interest internationally in PIVOTAL, and although it will be several years before we will know the study outcome, we can be confident the results will be of interest to healthcare professionals looking after dialysis patients worldwide, as well as to the patients themselves."*

The focus now shifts from patient recruitment to retention. The number of endpoints and completeness and accuracy of the data collection will be key areas which will be monitored closely during the anticipated 2 year follow up period.

Claire White, Clinical Trial Manager
clairewhite4@nhs.net



www.kidneyresearchuk.org Registered Charity No: 252892 Registered Scottish Charity No. SC039245

UK Kidney Week 2016

The theme for UK Kidney Week 2016 was **"Innovation for better care – improving kidney care through quality research and team working"**.

ANSA facilitated a badged session entitled **"Safety in practice and Anaemia Management"**.

ANSA's invited speaker was Paula Bolton-Maggs, Medical Director, Serious Hazards of Transfusion Scheme (SHOT). The session was chaired by Marie Chowrimootoo, ANSA President and Vicki Hipkiss, ANSA Past President

Paula delivered an excellent talk on "Transfusion incidents and errors in renal patients: lessons from 'SHOT'". She gave us an in-depth insight into the types and nature of incidents and mistakes being made relating to blood transfusion. It was overwhelming to hear of the simplicity of the errors and indeed how easily preventable they all are. The message was loud and clear to all present that as professionals, we should collectively be more vigilant and proactive at following national and local policies in the provision of blood transfusion. The examples given reinforced how a lack of focus and oversight can be detrimental and dangerous to patient care. Feedback for ANSA's badged session was very positive.

Marie and Vicki also chaired the remaining of that afternoon UK Kidney week session, that included talks from Rebeka Jenkins, St Georges University Hospitals, NHS Trust, London, Kelly White, Royal Derby Hospital and Laura Hignell, Portsmouth NHS Trust. All these three sessions were also well received.

ANSA President

Patient Blood Management and EPO – The Royal Cornwall Experience-using EPO and iron in a non renal setting

The Royal Cornwall Hospital introduced a surgical blood conservation programme in 2002, with the primary aim of reducing transfusion in surgery, with a particular focus on orthopaedic surgery. The programme is now an integrated Patient Blood Management service, supporting the treatment of anaemia pre operatively and in the community.

Within the surgical element of the programme we use Primary Hip Replacement outcome data as a benchmark. The data we collect and audit yearly includes, intra operative cell salvage, readmission data, length of stay and transfusion.

The strategies employed within the pre-operative optimisation service include oral / IV iron, and darbepoetin. We aim for an Hb of 120 g/L for both male and female and target operations that we deem at risk to transfusion.

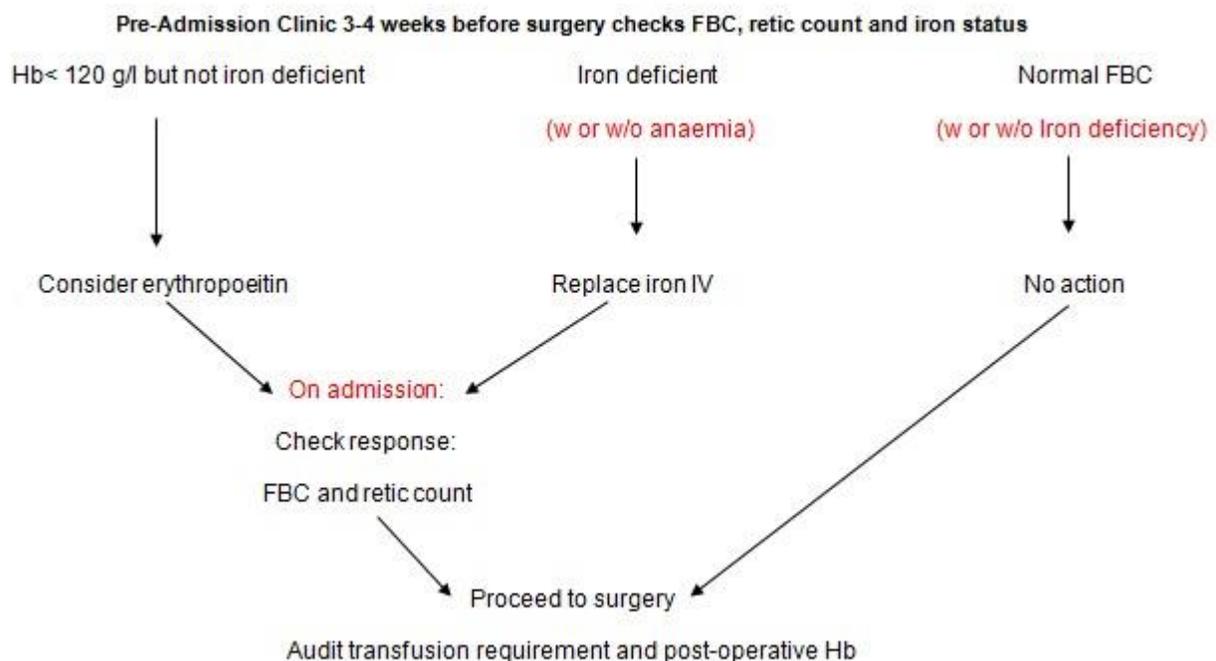
To support the pre-operative strategies we use the algorithm below;

Iron deficient, **with or without anaemia**, as defined by: Ferritin <30 CRP < 20 **OR** Ferritin < 70 CRP > 20 **OR** anaemia with hypochromia or microcytosis.

Or anaemic with or without Iron deficiency

Hb <120 g/l

Pre-Admission Clinic 3-4 weeks before surgery checks FBC, retic count and iron status



The programme offers 6 actions as part of the optimisation programme - The attached table shows the % of each action, referral Hb and follow up Hb where appropriate for 2015/16.

Action	Numbers	Percentage	Ref Hb (gl)	Follow Up Hb (gl)
Check Post Hb	55/1091	5%	125	N/A
Iron	499/1091	45%	94	110
Iron and Epo	37/1091	3%	110	123
Not Done	31/1091	2%	110	N/A
Not Req'd	235/1091	21%	117	N/A
Oral Iron	52/1091	4%	115	124
Peri Operative	142/1091	13%	119	109
Blanks	40/1091	3%	123	N/A

Erythropoietin

We use Darbepoetin as our drug of choice. This is given as a once only injection of 300 mcg. It is normally given with a dose of IV iron either Venofer 200 mg or Ferinject 400 mg, occasionally it is given on its own depending on the pre op ferritin result.

Prior to any prescribed darbepoetin, we may undertake a therapeutic trial of iron (Venofer 200mg) and check the patient's response at two weeks. Depending on the response (a positive response of Hb >10 g/L +/- > retic count) would confirm no darbepoetin.

What specialities receive Darbepoetin?

Orthopaedic – Hip and knee replacement surgery (primary and revision).

Recently though following some interesting pre op blood results, we are looking at using darbepoetin for optimising patients undergoing nephrectomies.

Side effects following Darbepoetin?

All patients following interventions are asked to report any side effects following any intervention; to date we have had none reported when using darbepoetin.

IV Iron and Darbepoetin – PBM outcome data 2015 - 16

32/37 patients were treated pre operatively with IV iron and Darbepoetin. Time constraints i.e. short referral times from pre assessment to surgery were the primary reason for 5 patients not being treated.

The follow up average Hb rise for these patients was 13 g/L at 20 days (we aim for 14 days, however advise patients follow up bloods not before 14 days).

The average iron prescribed was 262 mg, with the range of Hb rise = -1 – 32 (28 patients). 4 patients treated had no follow up.

Two patients received a blood transfusion post-surgery despite optimisation, each receiving a single unit transfusion.

The Future

The use of Darbepoetin within the surgical setting of our PBM supports the optimisation of certain groups of patients, however our experience is limited.

As we further develop our integrated PBM service, and through patient monitoring, audit and research we will look to better understand, what interventions to employ with the aim of improving PBM outcomes.

Mr John Faulds

Patient Blood Management, Manager
Royal Cornwall Hospital

ANSA and E-Learning

We are continuing to get excellent feedback from people undertaking our e-learning programme.

We have four core modules around Iron:

- Iron in the Body
- Iron deficiency anaemia
- Iron overload
- Treatments

We have also have two specialist modules available:

- Iron deficiency in Gastroenterology and
- Iron Deficiency in Chronic Kidney Disease.

Work on a third specialist module, Iron Deficiency in Chronic Heart Failure is in the final stages of editing and due soon for release.

Each module costs £12 with a reduction for multiple purchases. ANSA members get 2 modules free – so try them out!!

If your trust or company would like to ‘bulk buy’ some modules please contact our secretariat to negotiate a reduced rate.

Vick Hipkiss



New Executive Member Introduction – Elaine Locke

I have worked in renal for many years. I have worked across all fields within renal i.e. PD, Tx, HD, Pre-dialysis. I have worked mainly in the Wessex Kidney Centre, Portsmouth but have also worked at the Renal unit, Royal Sussex Hospital, Brighton for 3 years from 1989 as a PD sister. I returned to Portsmouth in 1992 when I took up the post within Anaemia Management, a post I still hold today.

ANSA is moving forward with electronic communication for news and upcoming events. However it has become obvious that some members email addresses are outdated. Please log on to your account on the ANSA website and make sure all your details are correct and up to date so that you don't miss out. If you need help with this please contact our ANSA secretariat at info@anaemianurse.org

Sharon Benton

Leadership in Transfusion

Hilton Birmingham Metropole, Wednesday 1st February 2017

Places
limited
book
early



Only
£70

Workshops

- Managing difficult conversations and feedback
- Empowerment and influencing
- Importance of good teamwork – knowing your colours
- Innovation and change – new ways of learning
- Case studies – basic level
- Case studies – advanced level
- Lessons Learnt from South Central Leadership Pilot
- Journey of blood

NHS Blood and Transplant are proud to host an event which will focus on leadership and development, encouraging sharing of knowledge, experience and best practice.

The event will be of benefit to anyone involved in the transfusion process. The presentations and workshops will address why good leadership, teamwork and communication are important to ensure we provide the best care for our patients.

The full programme will be available shortly at:

<http://hospital.blood.co.uk/patient-services/patient-blood-management/education/>

Delegate fee only £70 which includes lunch and refreshments

James Lind Alliance (JLA) Rare Inherited Anaemias Priority Setting Partnership (PSP)

Carol Anderson from Kent and Canterbury is representing ANSA as part of the James Lind Alliance Rare Inherited Anaemias Priority Setting Partnership. The partnership brings together patients, carers and health and social care professionals to identify important unknowns in the diagnosis, treatment, management and care delivery for people of all ages with rare inherited anaemias and the impact on their families. The survey on the following link has been designed to gather questions from people with rare inherited anaemias, their careers and also healthcare professionals. Can we ask that you please take a few minutes to complete the survey by visiting the website below. The group are keen to publicise the final results and also in presenting the results to funding bodies to be considered for research funding.

<http://www.ouh.nhs.uk/research/patients/priority-setting-partnerships/rare-inherited-anaemias/default.aspx>

Thank you

Useful Articles

'Predict, prevent and manage acute kidney injury: a collaboration to detect a devastating condition', British Journal of Renal Medicine Spring 2016 Vol 21 Number 1

Summary-a motivational article describing a new predictive scoring system added to NEWS to improve care of patients with, or at risk of AKI in Western Sussex Hospital NHS Foundation Trust.

'New Treatment Approaches for the anaemia of CKD', American Journal of Kidney Diseases, January 2016, Volume 67, Issue 1

Summary- an interesting article providing an update on new strategies for increasing erythropoiesis and their advantages in the clinical setting.

'Nurse staffing and renal anaemia outcomes in haemodialysis care' Journal of Renal Care, Volume 42, Issue 3 September 2016 – a cross sectional audit which examines nurse staffing in haemodialysis settings and its relationship with target levels of renal anaemia management.

2017 Diary Dates

BRS Conference 2017
Wednesday 26th – Friday 28th April 2017
University of Nottingham

ANSA Annual
Conference Friday 12th
May 2017 **Austin Court,**
Birmingham

ASN Kidney Week
Tuesday 31st October – Sunday 5th November 2017
Morial Convention Center, New Orleans, LA

Other Events

Paediatric and Neonatal transfusion – your questions answered
Hilton Birmingham Metropole - Thursday 2nd February 2017 10am – 4pm
More information can be found on the ANSA website
<http://www.anaemianurse.org/>