

CYLCHLYTHYR IECHYD CYMRU



Llywodraeth Cymru
Welsh Government

Dyddiad Cyhoeddi: 27 Medi 2021

STATWS: GWEITHREDU a GWYBODAETH

CATEGORI: ANSAWDD A DIOGELWCH

Teitl: CYNLLUN IECHYD GWAED Y GIG

Dyddiad dod i ben / Adolygu: Medi 2023

Camau i'w cymryd erbyn: Medi 2021

<p>I'w weithredu gan y Byrddau Iechyd/Ymddiriedolaethau:</p> <p>Cadeiryddion Prif Weithredwyr Ysgrifenyddion Byrddau Ysgrifennydd Grŵp Ysgrifenyddion y Bwrdd Cyfarwyddwyr Meddygol Cyfarwyddwyr Nyrsio Cyfarwyddwyr Therapiau a Gwyddorau Iechyd Cyfarwyddwr Cynllunio Timau Arennol Cyfarwyddwyr Iechyd y Cyhoedd Meddygon a Nyrsys Rheoli Heintiau Prif Fferyllwyr Ysbytai</p>	<p>Er gwybodaeth:</p> <p>CC/Prif Weithredwr GIG Cymru Dirprwy Brif Weithredwr GIG Cymru Y Prif Swyddog Gwyddonol Y Prif Swyddog Fferyllol Arweinwyr Polisi a Phroffesiwn Tîm Gweithrediadau'r Adran Iechyd a Gwasanaethau Cymdeithasol (AIGC) Tîm Cyfathrebu AIGC Tîm Digidol AIGC Galw Iechyd Cymru Partneriaeth Cydwasanaethau Cymru i'w ddsbarthu i bractisau meddygon teulu, fferyllfeydd cymunedol a phractisau deintyddol cyffredinol</p>
--	--

Anfonir gan: Frank Atherton, y Prif Swyddog Meddygol/Cyfarwyddwr Meddygol a Sue Tranka, y Prif Swyddog Nyrsio

Enw(au) Cyswllt yn Adran Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru:

Dogfen(nau) amgaeedig: Cynllun Iechyd Gwaed y GIG

Cynllun Iechyd Gwaed GIG Cymru

1. Diben y Cylchlythyr Iechyd Cymru hwn yw tynnu sylw at gyhoeddi Cynllun Iechyd Gwaed GIG Cymru ("BHP") a ddatblygwyd gan staff ar draws sefydliadau'r GIG, gyda chefnogaeth Gyfarwyddwyr Meddygol y Byrddau/Ymddiriedolaethau Iechyd, ac a gydlynir gan Wasanaeth Gwaed Cymru ("WBS").

Cefndir

2. Mewn rhai sefyllfaoedd, mae cydrannau gwaed a gwaed yn hanfodol ac yn achub bywydau. Fodd bynnag, nid yw trallwysyddau'n ddi-risg ac mae posibilrwydd o adweithiau (rhai sy'n bygwth bywyd) neu drosglwyddo heintiau. Ceir llawer o ganllawiau, gofynion statudol ac arferion gorau mewn perthynas â chymhwysedd i roi gwaed, profi/sgrinio gwaed a chynhyrchu cynnyrch, felly ni chanolbwyntir ar y rheini yn y Cylchlythyr.
3. Mae'n hanfodol bod cydrannau gwaed a gwaed yn cael eu defnyddio dim ond pan fo angen a lle nad oes dewis arall addas arall. Felly, mae'r Cynllun yn pennu cyfeiriad o optimeiddio arferion iechyd gwaed a thrallwysu o dan dri nod craidd sy'n dilyn egwyddorion gofal iechyd darbodus:
 - helpu unigolion i reoli eu hiechyd a'u llesiant, gan osgoi ymyrraeth ddiangen;
 - defnyddio tystiolaeth a data tryloyw i lywio'r gwaith o gynllunio a gwella gwasanaethau er mwyn lleihau amrywiadau amhriodol;
 - osgoi niwed.
4. Mae'n cynnwys nifer o gamau gweithredu penodol; sut y cânt eu cyflawni; y canlyniadau disgwylidiedig, ac yn nodi sut y caiff llwyddiant ei fesur. Mae'r camau hyn yn adeiladu ar y cynnydd sylweddol a wnaed dros y 15 mlynedd diwethaf drwy'r trefniadau a roddwyd ar waith i weithredu Rheoliadau Diogelwch ac Ansawdd Gwaed 2005 (BSQR 2005) a'r strwythur a roddwyd ar waith ar y pryd (*WHC 2005 063 WHC -2005-063.pdf – ddim yn gyfredol bellach*) i fodloni'r safonau eang ar gyfer defnyddio cydrannau gwaed yn ddiogel ac yn briodol mewn ymarfer clinigol. Cyflawnwyd yn erbyn y safonau hyn drwy waith cydweithredol rhwng ymarferwyr mewn ysbytai a Thîm Trallwysu Gwaed Gwell WBS. Roedd y gwaith hwn yn cynnwys safoni prosesau ac arferion; addysg; archwilio; a meincnodi ymarfer clinigol ac mewn labordai.
5. O ystyried bod cynhyrchu'r Cynllun wedi bod yn ymdrech gydweithredol, dylai pob bwrdd iechyd/ymddiriedolaeth fod yn gweithio tuag at ei roi ar waith a sicrhau bod y nodau a'r ymrwymadau strategol cyffredinol yn eu Cynllun Tymor Canolig Integredig.
6. Sefydlwyd grŵp arweinyddiaeth cenedlaethol gan WBS i oruchwylio'r gwaith o gyflawni'r Cynllun drwy raglen waith glir ac mae'n cynnwys cynrychiolaeth o GIG Cymru.

BLOOD HEALTH PLAN 2021



Executive Summary

Blood and blood component transfusions are essential, life saving treatments used everyday within NHS Wales. Transfusion however is not a risk free procedure and there is always a possibility of transfusion reactions or transmission of infection. It is therefore critical that blood and blood components are only given when needed and where no other suitable alternative exists.

The Blood Health Plan (BHP) has been developed to set the direction of optimising blood health and transfusion practice in Wales. This is undertaken in accordance with three strategic aims.

The strategic aims can be defined as follows:

1. Support individuals to manage their blood health and wellbeing, avoiding unnecessary intervention
2. Use evidence and data to inform planning, improve practice and reduce variability
3. Place safety and quality at the core of care reducing inappropriate use and supporting innovation

These aims draw on the principles of Future Generations Act 2015¹, Prudent Healthcare² and Patient Blood Management³ principles to deliver an integrated transfusion strategy for Wales.

The BHP defines specific actions to assist its delivery including expected outcomes and measures of success. These actions build on significant progress over the last fifteen years following the implementation of the Blood Safety & Quality Regulations (2005)⁴

This progress was primarily achieved through a collaborative leadership approach working with key stakeholders to achieve its outcomes .

Given the collaborative nature of the BHP it is expected that each HB/Trust in Wales will work towards its implementation ensuring that its strategic aims are incorporated into each of their Integrated Medium Term Plans (IMTPs).

A national leadership group: Blood Health National Oversight Group (BHNOG) has been established to oversee delivery of the BHP and realise expected outcomes.

This BHP updates the previous BHP WHC/2017/028⁵ should be used in conjunction with WHC (2002) 137⁶ and WHC (2007) 042⁷ and replaces WHC (2005)063⁸

Overview

In Wales, as in the rest of the UK, blood is provided by volunteer blood donors who freely donate in the knowledge that it will be used to treat patients.

The BHP sets out the direction of blood transfusion practice in Wales. It has been produced by the NHS and will be owned by NHS Wales.

Please note: There is a wealth of statutory requirements and best practice guidance in relation to blood donation eligibility, blood testing/screening and component manufacture so these are outside the scope of this document.

The BHP will focus on Patient Blood Management (PBM) principles including the importance of maintaining good blood health, and the appropriate use of blood components in a clinical setting.

The BHP will aim to identify core actions to facilitate best practice. The collection of core data will measure success

It will support clinical staff to make the right decision to avoid unnecessary transfusion building on the principle of ‘Right blood, Right patient, Right time’.



The BHP will build on the principle of
**‘Right blood, Right patient,
Right time’**

Context/Background

The population of Wales is aging. A Healthier Wales⁹ published in 2016 builds on the philosophy of prudent healthcare. It's emphasis is on supporting people to manage their own health and wellbeing, avoiding unnecessary intervention, and has been adopted as the first strategic aim of the BHP.

The population are living longer and many will suffer from chronic and complex clinical conditions. Blood components are currently used in clinical care pathways for a range of conditions; the population most likely to suffer from these conditions are those aged 65 or over, with these accounting for over 50% of all blood transfused¹⁰. Although there has been an overall decline in the use of blood over the last 10 years there are some blood components which are increasing in use and becoming more of a challenge to supply.

In addition the aging population is impacting on supply. As the current pool of donors grows older, fewer can donate. Unless young donors are recruited in their place, there is a risk supply will not keep up with demand, even if this reduces. Although blood donation is outside the scope of this document it is a major consideration to the blood supply.

Improvements in transfusion practice through a variety of audit and education programmes Have occurred,

however there is still considerable variation in blood use across Wales. Whilst this may for some health boards be associated with patient demographics, there is evident room for improvement through education and addressing poor/outdated practice.

There is extensive evidence to support the associated risks of transfusion. These include; increased risk of infection, longer stays in hospital and increased mortality from surgical procedures.¹¹

Conversely when transfusion is indicated under – transfusion or delayed transfusion can equally cause harm to patients¹² (SHOT).

The BHP endorses the principles of PBM which focus on a multi-disciplinary approach to implementing evidence based transfusion practice. PBM incorporates the three main principles of:

1. Pre-optimisation of the patient
2. Minimising blood loss
3. Blood conservation

The implementation of PBM principles lead to an improvement in blood health and hence a reduction in the requirement for donor blood.

Using the principles of prudent healthcare and PBM the BHP 2020 aims to bring renewed momentum to improvements in management of blood health and appropriate use of blood.

BHP Strategic Aims

1. Support individuals to manage their blood health and wellbeing, avoiding unnecessary intervention

This aim is focused at developing in partnership bespoke, individualised treatment for patients with the potential to require transfusion; acting to minimise risk, and where not avoidable, to minimise blood products required.



How will we achieve this?

- ◆ Work collaboratively with anaemia leads to develop an All Wales pre-operative anaemia pathway for the optimisation of anaemia
- ◆ Work collaboratively with specific patient and population groups to improve awareness of iron deficiency anaemia ensuring this is reflected in relevant care pathways
- ◆ Develop national guidance, protocols and where appropriate targeted programmes for transfusion outside the acute hospital setting e.g. community, hospice etc.
- ◆ Deliver education to patients and clinical staff to promote effective conversations around the individuals' blood health and support clinical transfusion decision making
- ◆ Collaboration across the NHS including primary care to promote public health messages to support population engagement and ownership for own blood health

2. Using evidence and data to inform planning, improve practice and reduce inappropriate use

This aim is focussed on supporting and empowering transfusion teams and clinical colleagues via HB Hospital Transfusion Committees (HTCs) to provide effective and evidence based transfusion practices for patients. Patient Blood Management and Prudent use principles align to deliver this in the most appropriate manner.



How will we achieve this?

- ◆ Work collaboratively with HB HTCs to support effective planning and management of the blood supply chain identifying best practice principles for stock management and blood usage
- ◆ Develop key performance indicators around issue and wastage data working with HTCs to review and agree performance and outcome measures
- ◆ Work collaboratively with HTCs to provide a strategic leadership role in embedding the BHP and BHNOG objectives into practice across the health boards
- ◆ Identify and work collaboratively with the highest blood using specialties to target best practice interventions and promote blood conservation measures
- ◆ Work with relevant clinical groups to promote appropriate use of blood incorporating PBM and prudent healthcare principles into practice

3. Place safety and quality at the core of care, reducing variability and supporting innovation

This aim will use audit and data to ensure the safety and quality of our components and processes. Where appropriate we will develop an All Wales set of standards following the 'Once for Wales' principles advocated by Welsh Government (WG). Reducing variation will allow staff working in transfusion across Wales to move seamlessly across and within health boards without impacting safety



How will we achieve this?

- ◆ Establish a robust incident reporting culture utilising national reporting systems e.g. SHOT /SABRE and implementing effective processes to support a lessons learnt approach
- ◆ Promote active participation in audit programmes, both locally and nationally to quantify the BHP intended outcomes. Benchmark against other organisations UK wide to achieve best practice
- ◆ Develop a Blood Health Education strategy for all staff involved in the transfusion process. Include innovative methods of education e.g. blood component app
- ◆ Support development and innovation by promoting evidence based practice and cutting edge processes
- ◆ Develop standardised procedures, guidelines and policies to reduce inappropriate variation and promote a consistent approach across Wales

Blood Health National Oversight Group (BHNOG)

The BHNOG was established in 2017 to oversee the implementation of the BHP.

Since its inception the BHNOG has played a key role in the strategic leadership of transfusion in Wales.

Comprised of representatives from Hospital Transfusion Committees (HTC) for each of the HBs in Wales and subject matter experts from a range of clinical specialties the BHNOG provides an oversight role to deliver transfusion practice through a collaborative leadership approach.

The BHNOG has established five key workstreams which align with the three strategic aims of the BHP.

These are:

1. Appropriate use of O D negative red cells
2. Appropriate use of platelets
3. Use the minimum volume of blood required and avoid Transfusion Associated Circulatory Overload
4. Management of anaemia to reduce the use of blood
5. Use of data

The BHNOG work streams also synchronise with other UK wide transfusion best practice programmes such as Choosing Wisely¹³ and the NICE NG24 Guidelines¹⁴ for transfusion practice.

References

1. Future Generations Act (2015): <https://gov.wales/well-being-future-generations-wales-act-2015-guidance>
2. Prudent Healthcare Principles: <https://gov.wales/prudent-healthcare>
3. Patient Blood Management Consensus Conference: <https://onlinelibrary.wiley.com/doi/full/10.1111/vox.12852>
4. Blood Safety & Quality Regulations: <https://www.legislation.gov.uk/uksi/2005/50/contents/made>
5. Blood Health Plan WHC/2017/028: <https://gov.wales/nhs-wales-blood-health-plan-whc2017028>
6. WHC (2002) 137: <http://www.wales.nhs.uk/documents/whc2002-137-e.pdf>
7. WHC (2007) 042: [http://www.wales.nhs.uk/documents/WHC\(2007\)0421.pdf](http://www.wales.nhs.uk/documents/WHC(2007)0421.pdf)
8. WHC (2005) 063: http://www.wales.nhs.uk/documents/WHC_2005_063.pdf
9. Healthier Wales (2016): <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>
10. Medical Use of Red Cells (NCA data 2019): <https://wbs-intranet.cymru.nhs.uk/bht/wp-content/bht-uploads/sites/4/2021/01/Executive-Report-Medical-Use-of-Red-Cells-Final-docx.pdf>
11. Klein A.A. et al (2016) <https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/full/10.1111/anae.13423>
12. SHOT: <https://www.shotuk.org/>
13. Choosing Wisely: <http://www.choosingwisely.co.uk/about-choosing-wisely-uk/>
14. NICE NG 24: Guidelines <https://www.nice.org.uk/search?q=NG24>