



# Connecting the dots

## Challenges of the anaemia pathway in SBUHB

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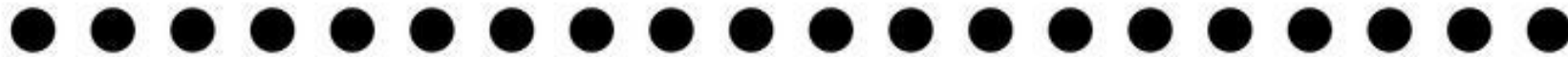
# What we have

- ▶ 2 medical day units
  - ▶ Singleton
  - ▶ Neath Port Talbot
- ▶ 1 specialist pharmacist in Neath
  - ▶ Independent prescriber
  - ▶ Manages IV iron service within her role at NPTH
- ▶ Multiple specialities and pathways through pre-assessment
  - ▶ Local vs tertiary and quaternary services

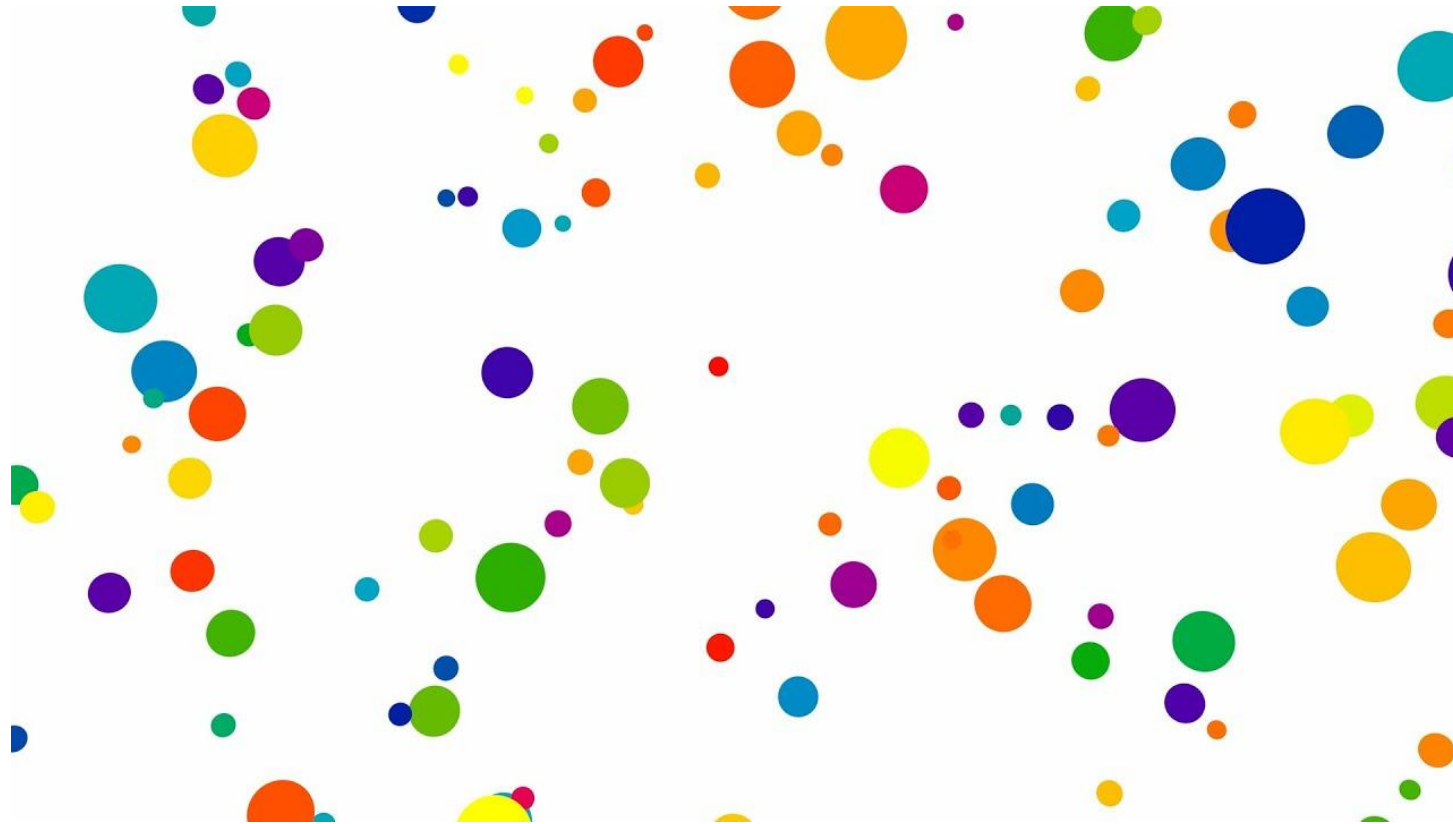
# What we want (the wish list)

- ▶ Independent prescriber
- ▶ Ideally within peri-operative medicine
- ▶ Cross over (NPTH and Singleton sites)
  
- ▶ Speed up time to treatment (don't need to go back to GP)
- ▶ The same process/paper work for both areas (HEPMA?)
- ▶ Reduced request for anaesthetic review
- ▶ Reduce the anaesthetic Consultant admin time for anaemia treatment

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# What have we done

- ▶ Demand and capacity
  - ▶ Looking at both sites
  - ▶ 1-2 per week from each colorectal PAC
  - ▶ But upstream from MDT 3-4/week
- ▶ Focused on the Colorectal cancer pathway
- ▶ Engaged with pharmacy

## What else?

- ▶ Waiting well team
- ▶ Colorectal prehab
- ▶ Work in progress to have an in-house PAC pharmacist
- ▶ CNS (colorectal) appointed to stream line the straight to test patients

# What next.....

- ▶ Business case for PAC pharmacist
  - ▶ With a plan to draw down the WAG anaemia money into this pot
- ▶ Embed anaemia screening and treatment early in the pathway (at point of listing)
- ▶ Keep trying to join the dots