Llwybrau Iechyd a Gofal
Health & Care Pathways

HealthPathways

Spotlight on Haematology

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

What is HealthPathways?

Launched in April 2024, HealthPathways is a web-based platform designed to optimise referrals from primary into secondary care. Providing locally agreed clinical guidance to help healthcare professionals make informed decisions at the point of care – **ensuring better, safer and more efficient patient care.**

The platform:

- Offers clinicians locally agreed information to make the right decisions together with patients, at the point of care. Including information on how to assess and manage medical conditions, and how to refer patients into specialists and services in the timeliest way.
- Provides an internet-based repository of clinical pathways and concise guidance, developed by local GPs for use by all primary care health professionals to navigate patients through the primary-secondary care interface.
- Aims to support improved quality of referrals into secondary care.
- Aims to reduce unwarranted variation and accelerate evidence into practice to ensure better, safer care.

To access Aneurin Bevan's HealthPathways visit:
Home - Community HealthPathways Aneurin Bevan

Username: AneurinBevan
Password: AneurinBevan

What has been developed for Clinical Haematology?

The development of Haematology pathways for the HealthPathways site has been led by Dr Chris Jenkins and our GP Clinical Editor Dr Ishrat Rinky.

The following Haematology pathways are currently live:

- Anaemia
- B12 Deficiency
- Increased Haemoglobin (Polycythaemia)
- Myelodysplastic Syndromes (MDS)
- Neutropenia
- Neutrophilia
- Raised Ferritin and Haemochromatosis
- Splenomegaly
- Thrombocytopenia (Low Platelets)
- Thrombocytosis (High Platelets)

Dr Jenkins has provided feedback on the process of working with primary care to develop the pathways,

"Producing the pathways would benefit both primary and secondary care, and helpful for the GPs to have advice available to them to allow them to investigate and refer correctly."

Pathways are peer reviewed before going live and Dr Jenkins found this very helpful to ensure that all relevant information and tests were included,

"Looking online for generic guidelines can be very time consuming and quality of information available would vary considerably. HealthPathways resolves this by holding the required information in one place."

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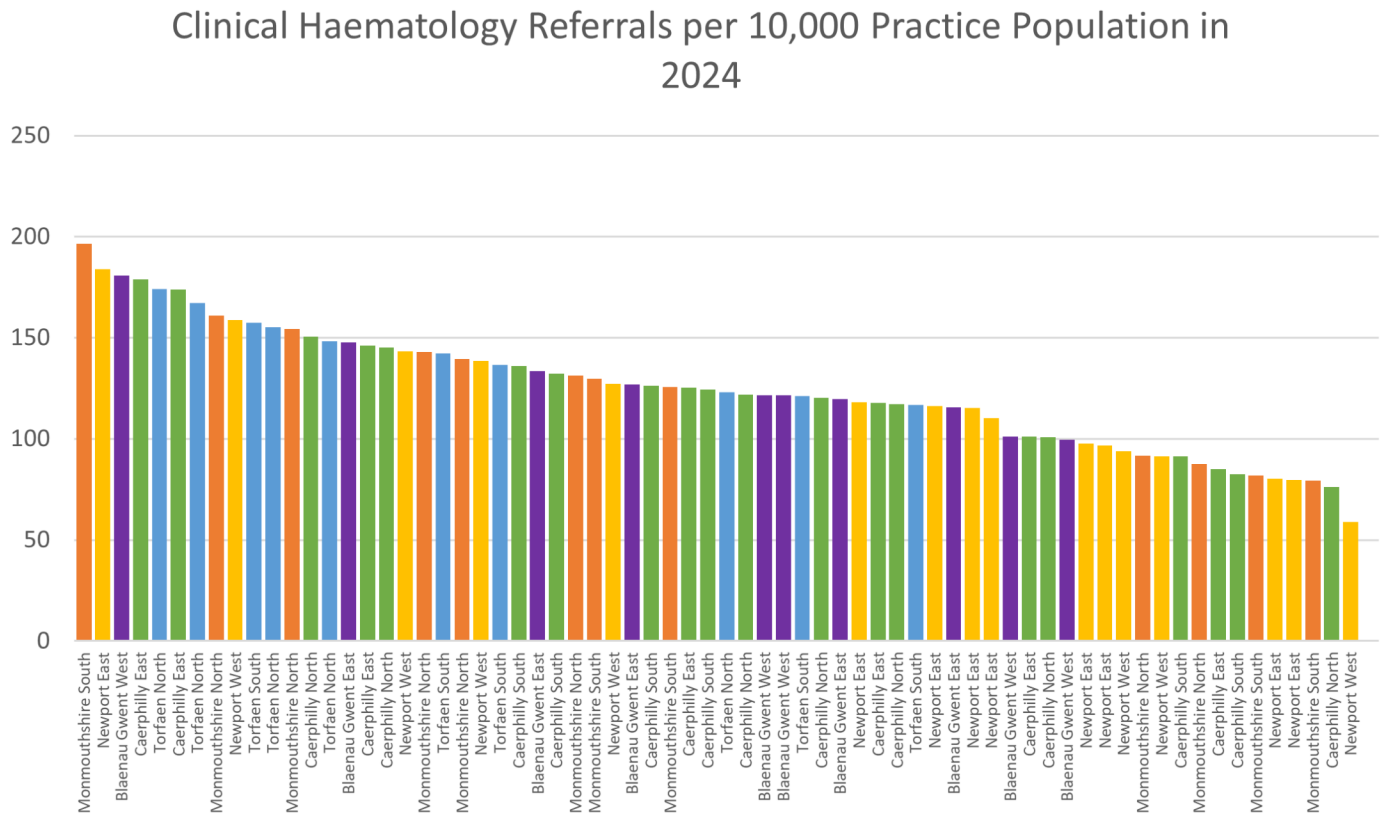
What is the data telling us?

An audit of referrals against the Haematology pathways has been undertaken to understand the impact they have had.

To date, there hasn't been a significant change in demand patterns but the audit has been **helpful** in **highlighting opportunities** to **redefine the interface between primary and secondary care** for the benefit of patients. *For example, it has been noted that when the service receives referrals from GPs who quote our local HealthPathways, this generally improves the quality of the referrals and preventing advice letters having to be produced. Furthermore, the following chart has been created following the audit of referrals. It clearly demonstrates that the more that HealthPathways is followed prior to referral, the more likely an outpatient appointment is necessary.*

One aim of HealthPathways is to help to reduce unwarranted variation. The following chart demonstrates the variation in Haematology referrals by practice (using data from December 2024). There is clearly a large range of referral rates from practices across the Health Board.



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Key messages

When you have followed the HealthPathway, please make reference to it in the referral as this works as a short-hand for secondary care to know what has been considered so far.

The HealthPathway should be able to demonstrate what information is essential for the referral.

Certain abnormal blood results are frequently referred to Haematology incorrectly:

- **Iron deficient anaemia:**
  - These patients are separate to the haematology Anaemia pathway and should be referred to gastroenterology or gynaecology who will investigate and treat these patients. This will remove unnecessary triage work within haematology, reduce the need for re-referral and will mean that patients will get the right care more quickly.

- **Raised antibodies with no paraprotein:**
  - Patients who have raised antibodies with a paraprotein should be assessed via the MGUS pathway and possibly referred to haematology. However, patients who have raised antibodies without a paraprotein should not be referred to haematology and the GP should look for any underlying infection or inflammation.

What next?

The team continue to develop pathways for the site, not just for Haematology but for a large number of specialties.

Please contact the HealthPathways team by emailing our coordinator, Menna (menna.sira-parfitt@wales.nhs.uk), if you have any questions or there are particular pathways that you would like to see on the site.

Key Benefits

Standardisation & Accessibility

Advantages for GPs

Benefits for Secondary Care

1. Standardisation and Accessibility: Standardising localised pathways across Gwent reduces variation in patient care, but there is a need to improve awareness and accessibility among healthcare providers.

2. Advantages for GPs: Pathways provide valuable advice for correct investigation and referral, though there are concerns about GPs' ability to review them during busy days. We are working with the platform provider to mitigate these issues.

3. Benefits for Secondary Care Service Delivery:
More appropriate referrals can be directly booked into clinics, reducing the need for secondary care providers to review referrals and provide advice, leading to faster patient care.