21/07/2015
Ref:1943

Dear Sir/Madame

Thank you for your recent request for information via the trust Freedom of Information department. I will respond to your queries in the format in which you have requested the information.

1. Homerton's A&E's protocol on treating sickle cell patients who are faced with a crisis when they get to A&E including maximum waiting times to be treated? I would want to know more about pain management too.

I asked you to clarify further what you meant by this which you kindly did;

"I was after what the pain management protocol is for sickle patients when they access the emergency department at the Homerton. Is there a standard clinical protocol for all patients?"

All patients that currently attend the homerton have individualised protocols for pain management. We understand that all of our patients are different as are their requirements when in pain so we acknowledge that a one approach fits all does not work. The individualised patient protocols are updated constantly to reflect the current information pertaining to the patient. This is easily accessed on the trust S drive and can be visualised anywhere within the trust including the A&E department.

The trust currently uses the NICE guidelines for patients with Sickle Cell Disease. The guidelines advise that patients presenting at A&E Departments because they are having a vaso occlusive crisis should be treated as a priority and provided with analgesia within 30 minutes of presentation. The Trust is continually striving to achieve the NICE guidelines regarding the 30 minute time from presentation to analgesia for patients with sickle cell disease presenting with an acute painful vaso-occlusive crisis. Clinicians here are fully aware that these targets are not always met however we strongly feel that what distinguishes this service from many others is that we continually audit the performance both in A&E and the Medical Day Unit so that shortfalls can be quickly identified and efforts made to improve.

2. Is your integrated care offer provided to patients with sickle cell and if not, why?

Again, I asked you to clarify further what you meant by this which you kindly did;

"With regards to integrated care, a number of patients are likely to access several acute and community services at the Homerton , is there a process of coordinating care for patients, are they discussed as part of a primary care or secondary MDT and if so, are these MDTs joined up and representative of the professionals sickle cell patients access?"

The sickle cell and thalassaemia service has a comprehensive, multi-faceted multi-disciplinary team. We meet on a fortnightly basis to discuss patients care, including any complaints and service issues. We have robust referral and communication pathways to other services whom provide services to our patients at our request. All care pertaining to patients with sickle cell & thalassaemia disorders will be discussed in this forum.

3. Does the hospital adhere to NICE guidelines and new policies on managing patients with sickle cell?

As previously mentioned the Trust is continually striving to achieve the NICE guidelines regarding the 30 minute time from presentation to analgesia for patients with sickle cell disease presenting with an acute painful vaso-occlusive crisis. Clinicians here are fully aware that these targets are not always met however we strongly feel that what distinguishes this service from many others is that we continually audit the performance both in A&E and the Medical Day Unit so that shortfalls can be quickly identified and efforts made to improve.

Any new or old policies on managing sickle cell and thalassaemia are reviewed and implemented by the sickle cell and thalassaemia service following robust reviews and using the most current based evidence to support any clinical requirements.

4. I am aware there is a handbook published by Dr Roger Amos, Consultant Haematologist now retired which outlines protocols which is suggested to be used locally by A&E and other hospital departments to treat patients. What is the general level of usage of this handbook? How many staff are aware of it and if so is it been used?

The handbook that you are referring to was introduced to the service in 2010. The handbook is widely used within the Homerton and is accessible to all staff via the trust intranet. This is accessible from anywhere within in the trust. It is hard to quantify exactly how many staff are aware of it, however the areas such as A&E, MDU, Lloyd ward and ACU where sickle cell and thalassaemia patients frequently attend are all aware of it and its location and how to access it. The sickle cell & thalassaemia service are currently in the process of reviewing and updating this handbook.

5. Can you confirm that patients attending the Medical Day Unit can attend any time they are unwell without a cap on the number of times they have to attend per month, per year?

There are no caps on the number of times patients can attend the medical day unit.

6. The turnover rate for staff, specialists and other professionals who work in Haematology departments and wards i.e Medical Day Unit in the last 2 years.

The doctors on rotation are SHOs/SpRs they are on training schemes they move every few months to gain exposure to all aspects of haematology. The haematology staff grade has recently left the day unit to enter a similar process and advance his career.

Dr Tsitsikas has been appointed to a substantive role as Lead Haemotology consultant. We currently have a locum in place until a suitable candidate can be appointed to the other vacant consultant post.

The sickle cell service has had 3 nurses leave and move on to other opportunities to further develop their careers all posts are currently filled within the service

The medical day unit has had 3 nurses leave and move on to other opportunities also to further develop their careers and all posts are currently filled.

I do hope this has answered your questions. Please do not hesitate to contact us in the future.