

**University Hospitals Birmingham GHS Site Anticoagulation and  
Thrombosis Group**

**Tuesday 19 March 2019 3.30pm Seminar Room Heartlands Pathology  
Building**

**Present:** [REDACTED]

**Apologies received:** [REDACTED]

**Minutes of last meeting** - Thrombosis Committee Minutes September 2018 –  
Minutes agreed

### **Minutes of last meeting**

Bridging service has now been established

[REDACTED] advised that there are issues with the use of antiplatelet agents, there are guidelines but these are from 10 years ago and clearly out of date. It was agreed that these need to be re-written. The consensus of the meeting was that these may be difficult across directorates

Acute strokes were briefly discussed within the meeting and the use of dual antiplatelet agents, it was agreed that nationally there is some conflict about this issue. [REDACTED] advised that she would check current guidelines at UHB.

The meeting went onto discuss thromboprophylaxis, the consensus of the meeting was that most acute Trusts' do not implement the current guidelines. [REDACTED] advised that currently, Dr [REDACTED] at UHB is due to send a letter about the use of Aspirin in hip replacements

[REDACTED] advised in relation to the acute DVT pathway, no link can be created currently with Radiology and requires no further action.

### **Trust Guideline Review**

[REDACTED] advised that he and [REDACTED] will continue to pick up the Trust Guideline Review until the next meeting which will include antiplatelets. [REDACTED] advised that she would send guidelines at UHB to [REDACTED]

The meeting went onto discuss the data within the HAT-RCA report; it was highlighted that within the timeframe of the report there was only one preventable VTE. [REDACTED] advised that the incidents of VTE are seasonal in nature and in one week she was aware of 25 cases of VTE.

[REDACTED] advised that [REDACTED] will be retiring soon and [REDACTED] will lead on VTE along with [REDACTED] who is the Lead VTE Nurse.

## **Quality Monitoring Dawn data**

█ advised that currently there are no figures from DAWN; there has recently been a "big clear up"; there have been issues with the timing range and it has been difficult to run reports from Dawn. █ advised that QEH use INR Star which is linked with GP practices. There is to be a meeting arranged about implementing INR Star here. This may also be able to be accessed by AEC with log on details etc.

## **AQP Contract**

█ advised that the first quarter report has been completed; this is a contract with CCG's and coding has been easy. █ advised that 9 patients had been identified suitable and also 10 patients from Solihull had been identified as suitable, making a total of 19 patients for this quarter. █ advised that stable patients can be moved to the AQP service.

## **Critical Incidents**

█ advised of an incident when low molecular weight Heparin was prescribed and was an allergy to this was recorded; however patient was insistent on having the medication and the injection was given however it was agreed that lessons can be learned from this incident

## **Enoxaparin swap review**

█ advised that the switch is to take place on the 28<sup>th</sup> March; there is some compromise with graduation syringes. █ advised that there have been some issues with sourcing the 150mg dose; these will be available from end of March/April.

## **Low dose anticoagulation for VTE audit**

█ advised that the audit had been sent and highlighted that low dose anticoagulation has a smaller bleeding risk. However, this is to be explored further and to run a comparable group on standard dose anticoagulation. █ advised that there are plans to revisit guidelines in the use of Apixaban which is good for the use of standard clots, but for more unusual and bigger clots Rivaroxaban should be used

## **Antiplatelet perioperative guidance**

█ advised that she would send the current guidelines used at UHB.

## **CCG Update**

█ advised that there was a good attendance at the last meeting on Saturday 9<sup>th</sup> March in Solihull and that this will become an annual meeting.

## **Future of this meeting**

■ advised that this meeting will meet two to three times a year. It was agreed that it has proved difficult in unifying the meeting

## **AOB**

■ discussed peripheral vascular disease and that currently there is no formal guidance, however it has been licensed and there will be NICE guidance by the end of this year and that this will affect thousands of patients in the community and it is envisaged to ask GP's to prescribe antiplatelets. ■ and ■ will discuss this further outside of the meeting.

■ advised that RICaD's will remain and some feel more comfortable with this in terms of medico-legal. ■ advised that an electronic version would be beneficial.

■ discussed thrombin generation automation; there needs to be discussion how to use and develop the new analyser and that it will be beneficial in patients' with recurrent VTE's in preventing future events after stopping anticoagulation.

**Date and Time of next meeting to be confirmed**