NHS Tayside has now considered your request dated 17 July 2019.

NHS Tayside wishes to advise you that there are exemptions applicable to the information requested. Please refer to the exemptions section of this correspondence.

Extract from Request

“I am writing to you under the Freedom of Information Act 2000 to request the following information from you.

a. For the period 1st January 2018 to 31st December 2018 (or the most recent 12 month period available), the number of patients diagnosed with genetic haemochromatosis under your care.

b. For the period 1st January 2018 to 31st December 2018 (or the most recent 12 month period available), the average time in days from first referral from primary care to the patient’s first appointment within your trust.

c. A copy of the protocol and/or patient pathway applicable to the care of people with genetic haemochromatosis.

d. The date that your protocol/patient pathway for genetic haemochromatosis was last reviewed or revised.

e. A copy of your clinical protocol(s) for therapeutic venesection.

f. The date that your protocol(s) for therapeutic venesection were last reviewed or revised.”

Response

a. NHS Tayside does not hold information surrounding the number of patients diagnosed with genetic haemochromatosis, we cannot identify the diagnosis from the systems we have access to.

b. As above, information not held.

c. We follow the 2018 British Society of Haematology guidelines on the diagnosis and management of haemochromatosis:


Patients requiring therapeutic venesection are referred to the Scottish National Blood Transfusion Service (SNBTS) Venesection Clinics in Ninewells Blood Donor Centre. A minority will have venesection in the Haematology Day Unit if there is a delay in slot availability in SNBTS. Some new patients will be seen by gastroenterology that will also refer to the SNBTS venesection clinic.
d. Not applicable.
e. Please see appended below a copy of SNBTS’s protocol, DUN DON 037 07 which was last reviewed in January 2019 with no changes being made.
f. See response above.


<table>
<thead>
<tr>
<th>Document Ref.</th>
<th>FOISA Exemption Applied</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGTFOISA6550</td>
<td>Section 17 – Information not held (Qs1&amp;2)</td>
<td>NHS Tayside does not hold the information requested.</td>
</tr>
</tbody>
</table>

Under section 20 (1) of the Act, if you are dissatisfied with the way NHS Tayside has dealt with your request, you have a right to request a review of our actions and decisions in relation to your request, and you have a right to appeal to the Scottish Information Commission.

A request for an internal review must be made in writing no later than forty working days from receipt of this response and sent to:

Head of Information Governance
Maryfield House (South)
30 Mains Loans
Dundee
DD4 7BT

Or by email to informationgovernance.tayside@nhs.net

If you are not content with the outcome of the internal review, you have the right to apply directly to the Scottish Information Commissioner for a decision. The Scottish Information Commissioner can be contacted at:

Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews, Fife
KY16 9DS

Or via the online appeal service: www.itsspublicknowledge.info/Appeal
If you have any queries about this correspondence, please contact:

Information Governance Team
Maryfield House
30 Mains Loan
Dundee
DD4 7BT

Telephone - 01382 424413
E-mail: informationgovernance.tayside@nhs.net

Information Governance
NHS Tayside
07 August 2019
THERAPEUTIC VENESECTIONS

1. **Introduction**

   Some patients, due to various medical conditions, require the treatment of therapeutic venesection or "blood letting".

   Blood must be drawn from a suitable vein in the anti-cubital fossa in an area that is free from skin lesions.

2. **Health & Safety**

   2.1.1 All Health & Safety instructions as laid down in the Departmental Safety Manual must be observed at all times.

   This procedure involves handling human blood and must be regarded as potentially hazardous and should be disposed of in accordance with local policy.

   Staff performing this procedure must cover any hand cuts/abrasions with a waterproof dressing and / or disposable gloves.

**COSHH**

3.1 Blood packs used in this procedure have no COSHH implications.

   Skin cleansing swabs should not be brought into contact with eyes or mucous membranes.
   Eye contact – wash thoroughly with copious amounts of water, seek medical advice.
   Mucous membrane – wash thoroughly with copious amounts of water.

**Materials /Equipment**

4.1 Clinical trolley
4.2 Heat sealer for clinical use only.
4.3 Weight for validation of scales
4.4 Salter scale and hook
4.5 Dry blood pack
4.6 BP cuff
4.7 Toumiquet.
4.8 Sharps container
4.9 Gauze swabs
4.10 Steret swabs
4.11 Pen (indelible ink)
4.12 Tape
4.13 Vacutainer tubes
4.14 Elastoplast or gauze swab and tape.

**Related Documentation**

5.1 Operation and testing using the Sysmex XP-300 Automated haematology analyser (NATS APH 008)
5.2 SOP DUN DON 036 - Disposal of Autoclavable Waste
5.3 Form DUN DON FOR 023 - Therapeutic Venesection Record Sheet
5.4 SOP COL 031 - Checking & Heat Sealing & Maintenance
5.5 SOP COL 027 – Collection of a Unit of whole blood using salter scales
5.6 SOP COL 028 – Venepuncture Procedure

6. **Staff**

6.1 Only authorised staff may undertake this procedure following appropriate training and assessment.

7. **Preparation of patient**

7.1 Confirm patients name and date of birth.

7.2 The patient is shown to a couch and given an explanation of the procedure and sequence of advents.

7.3 Measure and record patients pulse and blood pressure in case notes (see Form DUN DON FOR 023).
7.4 Ensure patient is well and has had no problems since last visit.

7.5 Prepare patient for venesection. Suitable arm exposed and placed on a pillow. Blood pressure cuff is attached to arm.

7.6 Remove overwrap of the blood pack, if the integrity of the pack is in any doubt. Do not use it. Place dry venesection pack on scales and ensure the dial needle zeroed.

8. **Venesection procedure.**

8.1 Obtain full blood count and result from separate venous sample, unless obtaining sample from dry pack sample port.

8.2 Perform venepuncture (as per COL 028) once arm cleaned using steret swab.

8.3 If not already obtained, break inline canula on sample line and collect samples required. (as per COL 027)

8.4 Obtain full blood count results from Sysmex (NATS APH 008) and determine if venesection required and appropriate.

8.5 Collect volume of blood as per Medical Officer's instructions.

9. **Labelling and dispatch of samples.**

9.1 The patients details (name and date of birth) are entered into the Integrated clinical environment system (ICE), a phlebotomy request is made and the requested labels are printed off. As per medical officers instructions.

9.2 Samples are labelled and then placed in an appropriate sample bag, then sealed.

9.3 All samples taken in the department to be transported to another department within the hospital, must be in the correct sample polythene bag.

10. **Care of patient during venesection**

10.1 Ensure that the patient is comfortable and feeling well.

10.2 If the patient feels unwell/is sick/faints, they are put in the supine position then the bleed line is clamped, cuff pressure deflated and the needle removed.
10.3 The venepuncture site and blood flow into the pack should be checked at regular intervals.

10.4 When the needle on the salter scale reaches the desired amount of blood to be removed, the clamp on the bleed line is closed.

10.5 Remove needle and apply pressure to venepuncture site.

10.6 Patients are advised to have some refreshment before leaving the centre.

10.7 Recheck pulse and blood pressure.

11. **Heat sealing and maintenance**

11.1 On completion of vesection the nurse takes the pack away to the sealing trolley.

11.2 When sealing the packs the staff should wear a plastic apron as protection from blood spillage and disposable gloves and goggles.

11.3 Triple seal the pack and separate the middle seal. Write autoclave on blood bag in indelible ink.

11.4 Discard the tubing containing venepuncture needle into sharps container.

11.5 Maintenance of heat seater as per COL 031.

12. **Discard of blood products**

12.1 Place pack in autoclave bag and then metal tin. Dispose of tin as per SOP DUN DON 036.

12.2 Arrange next appointment / appointments for patient.

12.3 Some patients, due to underlying medical conditions, may require isovolaemic vesection to replace the volume of vesection.

12.4 In addition to previous equipment:

- IV giving set
- IV cannula
- Cannula dressing
- 1000ml bag 0.9% sodium chloride
- Drip stand
12.5 Method in addition to previous:

12.5.1 Medical officer will establish IV access with cannula prior to commencing venesection.

12.5.2 Attach bag 0.9% sodium chloride to cannula.

12.5.3 Infuse amount of fluid as per Medical Officer's instructions.

12.5.4 On completion of treatment, remove IV cannula and apply pressure.

12.5.5 Record fluid volume infused and batch number and expiry date in patient's notes.

12.5.6 Apply elastoplast or gauze swab and tape to venepuncture site(s).