University Hospitals of Leicester NHS
NHS Trust

Bleeding Disorders - Inherited and Acquired
UHL Haematology Policy

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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

This is a new document for the IABD services

KEY WORDS

Haemophilia, Haemophilia A, Haemophilia B, Von Willebrand disease, platelet function disorder, inherited bleeding disorder, acquired haemophilia, acquired Von Willebrand, VWD, factor deficiency, UKHCDO.

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the clinical processes, pathways and functions of the services provided for patients with inherited and acquired bleeding disorders

registered and attending the University Hospitals of Leicester Haemophilia centre at the Leicester Royal Infirmary, and their wider care across UHL.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

Who does this policy apply to?

2.1 This policy applies to staff working with patients and carers associated with inherited and acquired bleeding disorders (IABDs).

2.2 Staff should have their necessary role-specific qualifications, and adequate ongoing professional development activities specific to IABDs.

2.3 The patient and carer group are those with, or caring for, haemophilia, von Willebrand disease, other inherited bleeding disorders, and acquired bleeding disorders.

2.4 The policy does not apply to patients receiving anticoagulants, or those with thrombosis, even though most of the haemophilia centre staff have a role in managing this group.

3 DEFINITIONS AND ABBREVIATIONS

ABR	*Annualised bleeding rate*
CCC	*Comprehensive Care Haemophilia Centre*
CNS	*Clinical Nurse Specialist*
HCV	*Hepatitis C Virus*
HCP	*Health Care Professional*
HIV	*Human immunodeficiency virus*
IBD	*Inherited Bleeding Disorder*
NHSE	*National Health Service England*
MDT	*Multi-disciplinary team*
StR	*Specialist Trainee Registrar*
UKHCDO	*United Kingdom Haemophilia Centre Doctor's Organisation*
VWD	*Von Willebrand Disease*

4 ROLES – WHO DOES WHAT

An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility and any education and training requirements.

4.1 Responsibilities within the Organisation

Include all those who are required to support/use/comply with the policy for example (use job titles rather than names):

a) Identify the Board Director Lead- every Policy must have one.

b) Does a Non-Executive Director have a role to play? If so state it.

c) Consider who will support the implementation process and if appropriate describe their roles so that it is clear who is responsible for what.

d) All staff-if your policy applies to all staff (or a broad range) then describe what the least knowledgeable staff member will need do-if only to state who they to seek further guidance from eg their Line Manager

e) If relevant describe the role of committees that support the policy.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1. Background

5.1.1. The UHL Haemophilia Centre is located within the Osborne Building (level 2) at the Leicester Royal Infirmary

5.1.2. Registered bleeding disorders patients are mainly from the Leicestershire region, although some patients are temporarily registered at the centre as a result of studying at one of the universities or as a result of work commitments etc…

5.1.3. The centre is a hub for the Kettering General Hospital haemophilia centre, and is part of a regional network for bleeding disorders which includes Nottingham, Derby, Kettering and Lincoln.

5.2. Service Description

5.2.1. The UHL Comprehensive Care Haemophilia Centre at Leicester Royal Infirmary is the main haemophilia treatment centre for Leicestershire. It manages all aspects of the diagnosis, treatment and care for children, adults and adolescents with inherited or acquired bleeding disorders.

5.2.2. The holistic approach includes in-patient, out-patient and Community based care along with providing specialist advice & support to colleagues at District General Hospitals.

5.2.3. The Centre also houses services for Thrombosis and anticoagulation which are described in a separate clinical operations policy.

5.2.4. Alongside the clinical team is a clinical trials team who manages all aspects of commercial and investigator led studies for the adult cohort.

5.2.5. There is a 24/7 UKAS accredited Haemostasis Laboratory with a team of senior biomedical scientists offering all aspects of diagnosis and treatment monitoring.

5.3. Service standards

5.3.1. The service offers all aspects of holistic comprehensive care as described in the National Service Specification B05/S/a and UKHCDO Quality Standards v4.0 with full time Consultants in Haemostasis & Thrombosis supported by an experienced specialist nursing and allied health professional team.

5.3.2. Aspects of the service are also monitored by the NHSE Quality Dashboard and UKHCDO peer review against their quality standards.

5.4. Staffing and activity

5.4.1. The Centre Director and the Lead Nurse for Haemophilia are responsible for ensuring all aspects of the service are adapted and developed to meet the changing needs of the patient population.

5.4.2. All service developments and changes are managed via the clinical management group (currently "CHUGGS") which includes all clinical staff responsible for the care of this group of patients.

5.4.3. The staffing of the Centre is the responsibility of the Centre Director, the Lead Nurse & the CHUGGS management team. Skill mix reviews are undertaken as vacancies arise or when there are changes to service specifications or changing clinical needs.

5.5. Current haemophilia staffing establishment – July 2024

Role	Grade/Band	WTE establishment
Centre Director	Consultant Haematologist	1 (Shared practice with thrombosis)
Consultant haematologists		1.5 (Shared practice with thrombosis)
Haematology StR	StR rotating every 3 months	1.0 (Shared practice with thrombosis)
Lead Nurse Specialist	7	1.0
Clinical specialist physiotherapist	8	0.2
Family therapist/psychotherapist	7	Available
Clinical Nurse Specialist	6	2.0
Haemophilia junior sister		
Haemophilia & Thrombosis Staff Nurse		
Haemophilia Senior Nursing		1.0 (shared with thrombosis

assistant		service)
Data Manager	6	1.0
Assistant data manager/home treatment co-ordinator		
Service manager	7	1.0 (Shared with Haematology)
Admin support	3	2.0 (Shared practice with thrombosis)

5.6. Activity data

Below is an example of activity data that is reviewed regularly by the Centre Director, the Lead Nurse & the Service Manager.

Financial year	New registrations	Left Centre/de-reg	RIP	End of financial year
2019/2020	37	3	4	818
2020/2021	50	3	13	852
2021/2022	53	12	13	880
2022/2023	39	5	9	905
2023/2024	45	11	5	934
Total number of patients registered in 2018/2019 - 788				

5.7. Service provision

The Haemophilia Service as part of the management group

5.7.1. This service is comprised of all clinical staff, the Service Manager, General Manger, data manager, clinical trial lead and chief biomedical scientist.

5.7.2. The service MDT is led by the Centre director who is accountable to the Haematology Head of Service, who in turn is accountable to the CMG lead.

5.7.3. Any proposed changes to the clinical guidelines and policies in use within the department are discussed at the MDT meeting and it is the first level of approval for new guidelines before they are ratified at the Departmental Management Meeting.

5.7.4. The service MDT is a forum for clinical discussions that relate to any National or International developments, including reference to the National Contracts for clotting factor concentrates and home delivery. It is also the discussion forum for any proposed service developments or changes and new pathways.

5.8. Leadership team

5.8.1. The service is led by the Centre Director & the lead nurse who take responsibility with the departmental management group, directorate operational management team and Clinical Director to ensure that there are adequate numbers of appropriately trained clinical staff to deliver safe and effective care for people with haemophilia and bleeding disorders.

5.9. Professional Accountability

5.9.1. Individual members of the clinical team remain professionally accountable for their actions and work within each discipline's professional code of conduct.

5.9.2. All clinical staff are responsible to their appointed line manager and the Centre Director and/or the Lead Nurse.

5.10. Consultants Clinical responsibility

5.10.1. There is a rota of "Consultant-on-call". This changes weekly and during this time this Consultant acts as the primary clinician for all in-patients and out- patients attending with new clinical problems.

5.10.2. Consultant haematologists are responsible for the diagnosis and management of patients with haemophilia and other inherited or acquired bleeding disorders; each manages a case load of shared patients.

5.11. The haemophilia specialist nurses (CNS)

5.11.1. CNS's are responsible for the day to day management of the clinical areas. Clinical responsibilities are described in Section 4 of this document.

5.11.2. Treatment and management decisions are guided by the departmental guidelines and the trust medicines management policy.

5.11.3. The Lead Nurse & the CNS's are also responsible for training and education of nurses in other wards and departments as required.

5.11.4. There is a regular teaching programme for ED staff and for medical students. Teaching for haematology (haematology/oncology) and the other specialist areas is on an ad-hoc basis when there are significant changes in staff or in haemophilia guidelines and protocols, such as the introduction of new therapies.

5.11.5. The Lead Nurse is responsible for the training and education of all nurses in the team and this is according to the HNA & National Service Specification.

5.12. The haematology Specialist Trainee Registrar's (StR's)

5.12.1. The StR's are responsible for seeing all in-patients with a bleeding disorder diagnosis at least twice per week and often daily, under the supervision of the Consultant on-call and within the MDT decisions.

5.12.2. They are the first point of contact for clinicians within the hospital or from primary or secondary care physicians outside the hospital, who have queries relating to haemostasis & thrombosis, and are responsible for overseeing the medical components of the admission process for any patients with a bleeding disorder requiring in-patient treatment.

5.12.3. They participate in general haemostasis clinics, haemophilia adult and paediatric clinics and joint haematology obstetric clinics as per calendar. They are involved in the planning of perioperative management of patients with IABDs under senior supervision and are responsible for reviewing "walk-in" patients with bleeding symptoms.

5.12.4. Their other responsibilities are detailed in the registrar induction document.

5.13. The Haemophilia Physiotherapists

5.13.1. The Haemophilia Clinical Specialist Physiotherapists are responsible for aspects of musculo-skeletal care for people with inherited bleeding disorders. They see patients in routine out-patient clinics as well as giving advice over the telephone and seeing emergency "walk-in" patients. They are responsible for undertaking the Annual Joint Score Assessment for those with haemophilia.

5.13.2. They also take responsibility for the education of the other clinical staff within the service regarding musculo-skeletal health in relation to bleeding disorders and offer teaching to the other Trust physiotherapists, particularly the in-patient orthopaedic team. They have a key role in the joint haemophilia/orthopaedic clinic.

5.13.3. Please see all MSK guidelines and section 4 for further descriptors of the physiotherapists' role.

5.14. Data team

5.14.1. Monthly data is produced in line with the expectations of the Commissioners (financial) and the UKHCDO/HCIS.

5.14.2. The Data Manager sends all reports to the Lead Nurse for clinical review before submission.

5.14.3. There is a monthly report demonstrating high cost/high unit usage for one month and 3 month periods which is reviewed at the haemophilia MDT.

5.14.4. The Centre will review and participate in relevant CQUINNs in line with the Trust's strategy.

5.14.5. The data management team are able to run reports for all aspects of the clinical service to support audit and review.

5.15. Clinics – table showing weekly clinic timetable for haemostasis and thrombosis unit, including IABDs

Day	TIme	Clinic	**Frequency**
Monday	pm	Family testing nurse led clinic	Weekly
Monday	am	Joint Rheumatology Haematology clinic	Every 6 weeks
Tuesday	am	2 x General Haemostasis and Thrombosis clinic	Weekly
Wednesday	am	2 x General Haemostasis and Thrombosis clinic	Weekly
Wednesday	am	Joint Haematology Obstetric clinic	Weekly
Thursday	am	General Haemostasis and Thrombosis clinic	Weekly
Thursday	pm	Adult Multidisciplinary Haemophilia clinic	Weekly
Thursday	pm	Orthopaedic Haemophilia clinic	Every 4 weeks
Friday	am	Paediatric Multidisciplinary Haemophilia clinic	Weekly
Friday	am	Paediatric Thrombosis clinic	Every 4 weeks

5.16. Multidisciplinary clinic for severe haemophilia

5.16.1. This clinic is held weekly and is a holistic Consultant led clinical review with physiotherapy, nursing and psychotherapy support.

5.16.2. This affords the opportunity to review patients annualised Bleeding rate (ABR) through their Haemtrack records, and wider discussion about their normal and exceptional activities and how their treatment plan may need to adapt to accommodate these.

5.16.3. Opportunities arise for discussions about inheritance and all other aspects of haemophilia, which can continue outside of the clinic room with other members of the MDT as appropriate.

5.16.4. This is also a source of discussion about upcoming new therapies and the opportunity to participate in clinical trials. Patients are offered an appointment at least every 6 months.

5.17. Diagnostic clinics for bleeding disorders

5.17.1. New referrals from either primary or secondary care clinicians with symptoms or family history suggestive of a bleeding disorder are seen in any of the general haemostasis and thrombosis clinics.

5.17.2. This is a consultant led service and “positive” results from diagnostic work-ups are discussed at the monthly Haemophilia MDT meeting.

5.17.3. When a patient is newly diagnosed or there is an update of diagnosis the data management team completes a “New Bleeding Disorder Registration Form” with UKHCDO for the National Database.

5.18. Follow up & Review clinics for bleeding disorders

5.18.1. These clinics offer a follow-up for newly diagnosed or long term patients with bleeding disorders.

5.18.2. Patients are assessed for suitability for follow up during their clinic appointment. Patients with mild bleeding disorders who are clinically stable are offered a patient initiated follow up (PIFU).

5.19. Adolescent & young adults’ clinic

5.19.1. Adults, children and adolescents are all seen in the Unit, but teenagers and young adults are offered an appointment at a designated age-appropriate clinic, run by the lead for children’s IBDs and a paediatric specialist nurse.

5.20. Obstetric clinic/HaemObs (Women’s clinic)

5.20.1. This clinic is held every week at the Leicester Royal Infirmary.

5.20.2. Carriers of haemophilia and other women with inherited bleeding disorders or at risk of delivering a baby with a bleeding disorder will be offered an appointment in this clinic.

5.20.3. Other non-obstetric matters for women with bleeding disorders are managed in the weekly haemophilia clinic.

5.21. Orthopaedic clinic

5.21.1. This clinic is co-ordinated by the team and is attended by an orthopaedic surgeon, and a haemophilia physiotherapist. A Multidisciplinary Haemophilia clinic is run in parallel attended by a Haematology consultant, CNS and clinical psychologist.

5.21.2. It is for all patients with a bleeding disorder who require a musculoskeletal review who may require surgery or other invasive interventions such as intra-articular steroid injection or synovectomy.

5.22. Care pathways and Rotas

5.23. Consultant of the week

5.23.1. The consultants provide cover for an entire week (in-hours).

5.23.2. There is a separate on-call rota for out of hours care.

5.23.3. They take the lead for clinical decision making for all patients with haemophilia and inherited bleeding disorders and are responsible for answering queries and supporting the junior doctors and nursing staff.

5.23.4. In-patients are seen on a consultant ward round at least twice weekly and by the haematology specialist trainee registrar every day if there is a clinical need.

5.23.5. "Walk in" patients are seen as required on an adhoc basis.

5.24. MDT and Board Round

5.24.1. All inpatient care is discussed in the daily Consultant led board round, where decisions about what treatment and monitoring is required each day are made.

5.24.2. In addition, all planned surgery and planned "walk ins" are discussed. The haemophilia co-ordinating nurse ensures that an adequate stock of clotting factor concentrates are available on the wards for prescribed doses and that ward nursing staff are familiar with the reconstitution and administration of the.

5.24.3. All in-patients are discussed at the weekly clinical MDT meeting.

5.25. Nurse led clinical advice line

5.25.1. The haemophilia nursing team operate a clinical advice line, which is a direct dial telephone line for any clinical queries about inherited bleeding disorders from patients, families or other HCP's.

5.25.2. This service operates during the Centre's normal opening hours.

5.25.3. Any advice given by telephone is documented in a "telephone contact form".

5.26. Nurse led clinical triage for "Walk-in" patients

5.26.1. Patients are encouraged to telephone before coming to the Centre without an appointment; however there are still occasions when patients arrive at the Centre unexpectedly.

5.26.2. All patients are triaged by a CNS. For simple bleeding episodes the CNS will follow the criteria of the Haemophilia/IBD and make a treatment plan accordingly.

5.26.3. Where a bleed is musculo-skeletal in origin the CNS may refer to the physiotherapist for assessment.

5.26.4. If a patient presents with a complaint not relating to their bleeding disorder or is clinically compromised in any way the CNS will refer to the Haematology registrar and the Consultant on-call. If a CNS judges the patient to be clinically

compromised and vital signs are outwith the normal range an immediate transfer to the Emergency Department or the Osborne Assessment Unit at LRI.

5.27. Surgical/Obstetric/Dental Management Plans

5.27.1. The haemophilia CNS's are responsible for creating these plans as soon as they are made aware of a patient's admission date by the Pre-operative Assessment team (agreed pathway of care for all patients with IBD's).

5.27.2. Templates are available on the haemophilia centre database and are completed by the CNS or by another nurse supervised by the CNS.

5.27.3. The proposed plans are reviewed at the weekly MDT, and counter signed by a consultant before dissemination to surgical teams.

5.28. Emergency and out-of-hours care pathways

5.28.1. There is a pathway for patients with inherited bleeding disorders attending the emergency department (appendix 1 and 2)

5.28.2. All patients are issued with a UKHCDO "Bleeding Disorder Information Card" which they are told to present to any HCP they come in contact with and has directions to contact this Centre.

5.28.3. There is an agreed pathway for patients registered with IBD's attending the emergency department in UHL, which is in line with the UKHCDO "Standards of care for assessment & treatment (2009)".

5.28.4. There is a teaching package for all medical and nursing staff in the emergency department informing them of the pathway and the Lead Nurse for Haemophilia is responsible for teaching both junior medical staff and nursing staff about all aspects of bleeding disorders

5.29. Out of hours medical advice

5.29.1. There is a resident FY2 who is rostered to cover all haematology and oncology patients.

5.29.2. There is a haematology registrar who is the first point of contact for haemostasis advice with the support of the on-call haemostasis/thrombosis consultant.

5.29.3. There is a guidance document for all medical staff that is given to them during their orientation to the Trust. (see appendix 2)

5.30. Transfer of care to another Centre

5.30.1. If a patient informs the Centre that they have moved or are moving to another Centre a "Bleeding disorder de-registration form" should be completed and documentation should be sent with a covering letter to the new Centre according to the Transfer checklist

5.31. Discharge from routine care

5.31.1. Patients with previous diagnosis of an IBD who are symptom free with resolved factor levels may require a full bleeding state diagnostic work-up before discharge from the service if it is more than 10 years since their original diagnosis.

5.31.2. If a patient has a new diagnosis, a change of diagnosis or has a resolved bleeding disorder the clinician must complete the “Bleeding disorder de-registration form” and pass it to the data management team for action.

5.32. Routine clinic appointments

5.32.1. Patients with bleeding disorders will be offered appointments with a frequency appropriate to the severity and complexity of their condition.

5.32.2. Patients are not discharged because these are lifelong disorders, and an infrequent follow-up strategy is considered useful in order to maintain up-to-date contact information and weight for dosing, to identify potential problems that might relate to bleeding, and to strike the balance between overmedicaisation and remembering the presence of the disorder. The maximum follow up interval is typically 2 years for mild bleeding disorders. The other option is to apply Patient Initiated Follow Up (**PIFU**).

5.33. Non-attendance at routine clinic appointments

5.33.1. Patients who do not attend routine appointments will not be discharged from follow up.

5.33.2. In the event of non-attendance, three routine appointments will be offered before “open follow-up” will be provided, pending contact from the patients/carers.

5.33.3. At the third episode of non-attendance, a letter/phone call will be issued to the patient to inform them and their GP of the change in arrangements, and the case will be discussed at the MDT meeting.

5.33.4. Special circumstances will be taken into consideration; e.g. the paediatric group, mental health disorders, patient with a regular ongoing prescription for home treatment.

5.33.5. The presence of special circumstances may affect the outcome of actions following non-attendance.

5.34. Links with specialist services for haemophilia and bleeding disorders

5.34.1. Dental & oral surgery

5.34.1.1. In accordance with current NHS policy all patients with bleeding disorders are encouraged to register with a local General Dental Practitioner (GDP).

5.34.1.2. At all annual reviews patients are asked if they are attending for regular dental reviews and are encouraged to do so along with maintaining good oral health as preventative dentistry is a key component of Comprehensive Care for bleeding disorders.

5.34.1.3. For those patients who have complex oral surgery needs such as root canal patients are expected to inform the dental team who are expected to liaise directly with the haemophilia team about peri-procedural care.

5.34.2. Hepatology

5.34.2.1. All patients with bleeding disorders and active HCV infection or cirrhosis despite eradication therapy, remain under the care of the viral hepatology team.

5.34.3. HIV

5.34.3.1. All patients with a bleeding disorder and HIV infection are co-managed by the Infectious Disease Consultants.

5.34.3.2. Close, collaborative, links remain between the 2 services and on occasions where an individual requires hospital admission, they are jointly cared for by both teams.

5.34.3.3. Those who are co-infected with HIV & HCV are seen in the joint clinic provided in ICDC by the infectious diseases team and the viral hepatologists.

5.34.4. Patients considered “at risk of vCJD for Public Health Purposes”

5.34.4.1. All patients considered “at risk” are identified on the Centre’s Alert system.

5.34.4.2. There is documentation within their hospital notes relating to their risk and it is also noted on the Haemophilia Database patient information page.

5.34.4.3. An electronic copy of the current list of patients considered “at risk” is held in the Haemophilia Centre. There is space to record the risk on Surgical Plans and Obstetric Plans

5.34.4.4. All patients considered “at risk” are managed according to the Trust Infection prevention and Control Policy “CJD and other transmissible spongiform encephalopathies”.

5.34.4.5. At the time the haemophilia nurses become aware of a patient having surgery or endoscopic procedures they inform the Consultant in

charge of their care and the theatre management and infection prevention and control Consultant who advises as to the risk for decontamination of instruments for specific procedures.

5.34.5. Neurosurgery

5.34.5.1. There is no facility for on-site neuro-surgery within UHL.

5.34.5.2. Referrals for neurosurgical consultations will be made to either the Nottingham University Hospitals with its co-located CCC or to the Birmingham neurosurgical unit with haemostasis management and advice provided in conjunction with its co-located CCC.

5.34.6. Physiotherapy Service for bleeding disorders

5.34.6.1. Please refer to Physiotherapy Service Provision for patients with inherited bleeding disorders

5.34.7. Psychosocial service for bleeding disorders

5.34.7.1. Please refer to UHL Guideline for psychosocial support services

6 EDUCATION AND TRAINING REQUIREMENTS

Identify whether there are any training requirements or required competancies needed to implement your policy. Where it is safe to do so you may wish to simply cross-reference to the

7 PROCESS FOR MONITORING COMPLIANCE

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Service review	Peer review (national)	RG	3-5yr	
Service review	Local as part of MDT	RG	annual	MDT minutes

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9. SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1. Emergency and out of hours care for patients with bleeding disorders – Standards of care for assessment and treatment. John Hanley et al on behalf of the UK Haemophilia Centre Doctors Organisation (UKHCDO)

9.2. Quality standards: Care of people with inherited and acquired haemophilia and other bleeding disorders. WM QRS/UKHCDO 13/07/2018

10. PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1. This policy will be reviewed on a 3-yearly basis, or as required. Changes will be agreed and ratified at the Haemophilia MDT and signed off by the current Haemophilia Centre Director.

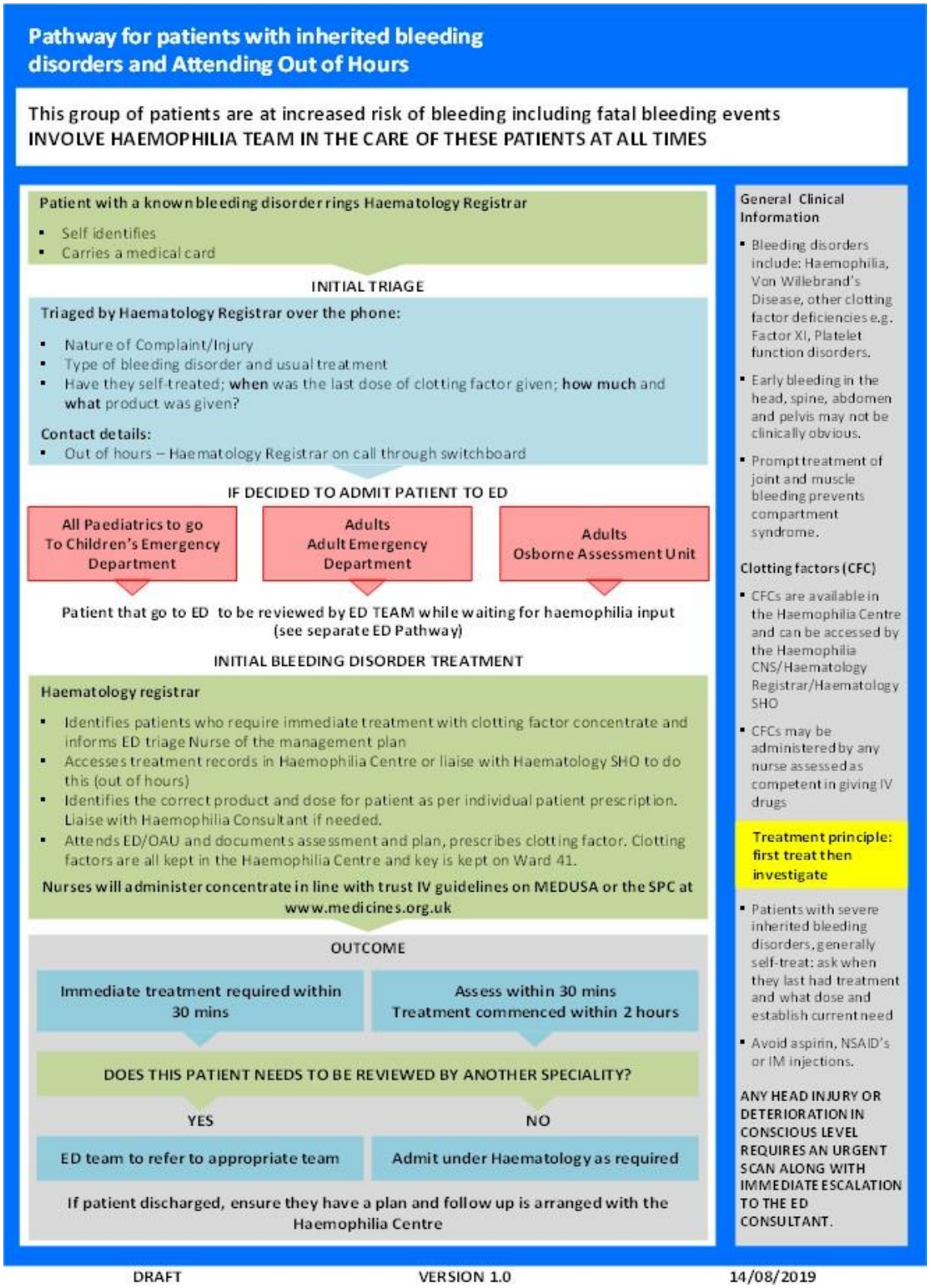
10.2. The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**

Appendix 1: Pathway for patients with inherited bleeding disorders and Attending Out of Hours



Appendix 2: Pathway for patients with inherited bleeding disorders and attending ED