GP Referral Guidance for Haematology

East and North Hertfordshire Teaching NHS Trust

Anaemia

Key GP Notes

- Anaemia severity, symptoms, and blood film guide urgency
- Always exclude ongoing blood loss
- Reassess if new symptoms or abnormal results develop

Anaemia - GP Assessment & Referral Flowchart:

Identify Anaemia
Anaemia severity, symptoms, and blood film guide urgency
Always exclude ongoing blood loss
Reassess if new symptoms or abnormal results develop

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Initial Clinical Assessment
- Duration and severity of symptoms
- Bleeding history (GI, Gynae, Urinary)
- Diet, drugs (e.g. NSAIDs), alcohol
- Family history

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First-Line Investigations (Primary Care)
- **FBC**, **MCV**, **Blood Film, ESR & CRP**
- **Haemolysis screen (LDH, Reticulocyte count, Haptoglobin, Coombs test, Split Conjugated and Unconjugated Bilirubin)**
- **Ferritin**, **Vitamin B12**, **Folate**, **Serum Iron and Transferrin Saturation**
- **Immunoglobulins**, **Serum Protein Electrophoresis**, **Serum Free Light Chains**
- **Renal & Liver Function**
- **Autoimmune screen** & **Coeliac screen**
- **Urinalysis** (occult blood loss)
- **FIT test**

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Is Iron Deficiency Present?
Diagnostic thresholds:
- MCV **<83.5 fL** and
- Ferritin **<10 µg/L** (female) or **<30 µg/L** (male)

No →
➡ Manage according to cause identified
➡Refer to appropriate specialty if indicated

Yes ↓

Investigate Source of Iron Deficiency
Gastrointestinal investigation:
- All men
- All post-menopausal women

Premenopausal women:
- Targeted GI investigation **only if**:
  - Upper GI symptoms, **or**
  - Family history of colorectal cancer

➡ Refer to appropriate specialty:
- **Colorectal – 2WW referral if Positive FIT Test.**
- **Gastroenterology**
- **Gynaecology**
- **Urology**

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Treatment & Reassessment
- Start iron replacement (if tolerated)
- Recheck Hb and indices after adequate therapy
- **Direct referral to ACC QE2 for Iron Infusion - referrals can be done by phoning 01707 247567**

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Refer to Haematology (2WW) if:
- Suspected myelodysplastic syndrome (persistent, unexplained pancytopenia/ blood film features)
- Macrocytosis with MCV > 99.5fl with accompanying cytopenias (excluding B12 and folate deficiency) & Presence of paraprotein/ abnormal SFLCs - refer as 2WW if Hb <100

Refer to Haematology (Routine) if:
- Persistent unexplained iron deficiency
- Anaemia persisting despite adequate iron treatment
- Intolerance to oral iron

Autoimmune haemolytic anaemia - will require a referral to A&E or discussion with on-call Haematologist, depending on symptoms/ severity

DRAFT