

## **Service Specification 2024/25**

<b>Service Name &amp; Number</b>	Universal Offer – Direct Oral Anticoagulation (DOAC) Management Service UO2JOINTDOAC&WARFARIN
<b>Population and / or geography to be served</b>	<p>The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to.</p> <p>Children under the age of 16 and young people can be referred directly to the service only with agreement from the Paediatric team and the Clinical lead for the Anticoagulation service.</p>
<b>Service aims and desired outcomes</b>	<p>The Provider shall record all activity using the Universal Offer clinical template.</p> <p>The Provider shall:</p> <ul style="list-style-type: none"><li>• The Provider shall deliver an anticoagulation service which includes:<ul style="list-style-type: none"><li>○ Initiation of the most appropriate anticoagulant which complies with both NICE guidelines and licensed indications</li><li>○ Ongoing monitoring appropriate for all anticoagulants, including renal function tests.</li><li>○ Ensure the INR dosing service to those patients who are housebound is delivered in conjunction with the local district nursing services</li><li>○ Prescribe relevant anticoagulation medication and arrange administration if required.</li></ul></li><li>• Maintain a robust communication network between all medical and allied health professionals involved in individual patient's care.</li><li>• Comply with appropriate and most recent national and local guidelines including those from:<ul style="list-style-type: none"><li>○ British Society of Haematology (BSH) guidelines (previously known as BCSH Guidelines)</li><li>○ NICE guidance</li><li>○ National patient safety agency(NPSA)</li></ul></li><li>• Ensure a consistent approach to testing, sampling and dosing across provider sites within the primary care service and between primary and secondary services.</li><li>• Anticoagulant services should be offered in a one stop clinic offering patient education, discussions, blood tests and drug/dose changes in the same consultation, some which may be delivered virtually.</li><li>• Patients should be offered access to all anticoagulant options in line with licensed indications.</li><li>• Anticoagulation services must be accessible in terms of location and opening times.</li><li>• To reduce delays in treatment initiation. The target for initiating anticoagulation treatment is two weeks from referral.</li><li>• The service overall and each provider site must have a clinical lead who has overall responsibility for the anticoagulation service.</li><li>• To provide a safe effective service with full Service Operating Protocols (SOPs) and Quality Control systems. (QC)</li><li>• All patients receiving a Vitamin K antagonist must be given a yellow oral anticoagulant information pack including a dosing book and alert card. All patients receiving a NOAC must be given the relevant drug information pack – including an alert card.</li></ul>

	<ul style="list-style-type: none"> <li>• To support patients in understanding and managing their anticoagulant treatments providing comprehensive and on-going education so that they better understand their therapy</li> <li>• To obtain feedback from patients and then use this to improve anticoagulant services.</li> <li>• All patients must receive at least an annual review of their anticoagulation treatment where all options are discussed.</li> <li>• The service must be provided by trained and competent staff working within the limits of their competency, role and professional boundaries.</li> <li>• To ensure appropriate communication about anticoagulation across all relevant boundaries and in particular with the patient's GP (if the service provider is different) and the appropriate secondary care anticoagulation service if needed.</li> <li>• To ensure complete and accurate documentation of clinical protocols and individual patient records. This involves working with the Computerised Decision Support System (CDSS) which currently is INR Star and any GP clinical record systems such as EMIS.</li> <li>• To provide data on <ul style="list-style-type: none"> <li>○ Service delivery, including patient numbers, domiciliary visits, referral to treatment times, clinic waiting times etc.</li> <li>○ Quality and safety</li> <li>○ Patient satisfaction and patient experience survey</li> </ul> </li> </ul>
<b>Service description and location(s) from which it will be delivered</b>	<p>The service is to be delivered from the GP practice or from another practice or appropriate healthcare setting within the Primary Care Network (PCN) where the practice is providing on behalf of the PCN</p> <p>The provider shall accept referrals via the GP, Consultant, DVT Service, Registrar or Non-Medical Prescriber.</p> <p>The Provider shall ensure arrangements are in place for patients who meet the urgent criteria including CHA2DS2VASc Score &gt;5. Urgent patients shall commence anticoagulation within 2 working days and have access to an advice line.</p> <p>The Provider shall ensure all patients are seen within 2 weeks of receipt of a completed referral form. Until the service has accepted and seen the patient treatment remains the responsibility of the referrer.</p> <p>The frequency and the number of monitoring appointments shall be patient specific, determined in line with BCSH guidance, with the aim of becoming less frequent as the patient achieves and maintains therapeutic range.</p> <p>The Provider shall develop a suitable management plan that takes account of patients with specific needs i.e. poor compliance, housebound patients, unstable International Normalised Ratio INR control, or frequent non-attenders.</p> <p>All patients shall receive education and information about their treatment at their initial appointment and the Provider should ensure that patients and carers are involved in the planning of their care.</p> <p>For those patients started on anticoagulation outside of this service specification, e.g. within an acute trust, the provider shall ensure all</p>

	<p>necessary information and counselling has been done and that relevant information is recorded within the relevant system. This initial consultation will be regarded as a follow up for the purposes of payment.</p>
<b>Service Model</b>	<p><u>Registration</u> Following assessment the Provider shall ensure the registration of patients commencing on anticoagulation, including entry onto a recognised database e.g. DAWN, INR Star or equivalent.</p> <p><u>Assessment</u> During assessment the Provider shall ensure the confirmation of indications for anticoagulation and the length of treatment, counselling for initiation including choice of medication if on license and compliant with NICE guidance, and patient education;</p> <p>During the first appointment (new patients), the Provider shall:</p> <ul style="list-style-type: none"> <li>• Discuss the need for anticoagulation with the patient</li> <li>• The risks and benefits of anticoagulation</li> <li>• The duration, intensity and options for anticoagulant therapy</li> <li>• Assess any complicating issues, e.g. social, mobility problems, hearing impairment, dementia, alcohol issues etc.</li> <li>• Check baseline blood tests (unless already performed in last 4 weeks)</li> <li>• Complete initial education and assessment of patient/carer understanding of their condition and stabilisation and monitoring process for anti-coagulant therapy;</li> <li>• Ensure the patient has all information available to them to facilitate their understanding of the management plan in a suitable format (National Patient Safety Alert (NPSA) Oral Anti-Coagulation therapy Pack including Oral Anticoagulation therapy record book;</li> <li>• Perform capillary testing and dosing for warfarin; <ul style="list-style-type: none"> <li>• Initiate:</li> <li>• Induction of oral anticoagulation</li> </ul> </li> <li>• If required for bridging purposes, prescribe and ensure administration of Low Molecular Weight Heparin (LMWH) for patients starting oral anticoagulation and those who have sub-therapeutic INR in the first 6 weeks of a venous thromboembolism and for patients with metal valves. For Housebound patients this will be in liaison with the District Nursing Service.</li> <li>• Record current dosage information and any reasons for changes in the service-held patient- specific record and dosage information in line with NPSA i.e. Anticoagulation/NOAC cards/yellow book or suitable alternative computer printouts;</li> <li>• Determine and document whether the patient currently receives their medication in a monitored dosage system, NPSA guidance for communication of dosage adjustments for these patients must be followed;</li> <li>• Advise the patient/carer regarding the need to advise their surgeon/dentist that they are taking anticoagulants prior to any surgery/dental procedures in line with NPSA recommendations;</li> <li>• Agree a monitoring plan with the patient including the mode of service to be accessed, the site and frequency of visits including the next appointment at a date and time convenient to the patient. Considerations should be made regarding the mobility of the patient, travelling distance to the nearest clinic and an assessment of the level of supervision the patient requires.</li> </ul>

- To provide written documentation of the consultation and treatment plan to patient and copy to GP

For each follow-up monitoring appointment the Provider shall provide a service as described for first appointments above, in addition to the following:

- Review the therapeutic reason and duration for the patient to be on anticoagulation e.g. following ablation for AF and the timescale highlighted at point of referral;
- Discuss any abnormal/unusual results with the patient to establish and document the cause and prevent future problems, including establishing the actual dose taken and the timing of dose;
- Provide details of the next appointment which shall be at a date and time convenient with the patient but clinically appropriate.
- For patients on warfarin check the Time in Therapeutic Range

The Provider shall ensure that all follow up monitoring appointments include the provision of point of care testing so that current INR status can be ascertained during clinic visit with the provision of accredited equipment including test strips.

The Provider shall regularly monitor patients in line with the latest British Committee for Standards in Haematology guidelines to ensure they achieve:

- Stabilise the INR within the guidance
- Patient awareness of other factors that can affect their response to warfarin.
- Will manage any over or under anticoagulation as per appropriate national guideline or approved treatment protocol
- Will highlight any adverse events, medication interactions or other concerns to the GP for appropriate intervention
- Where a patient is found to have developed a relative contraindication/risk (e.g. renal / hepatic impairment) for ongoing anticoagulation but is not at immediate risk, the provider will inform the GP to take appropriate action. This may be informed by the Thrombosis MDT.
- Where patient is found to have active, significant bleeding provider will directly refer patients to A&E or acute medical unit for appropriate intervention

#### Prescribing

The Provider shall be responsible for all prescribing within the service model. This includes the initial prescription and all subsequent prescriptions based on the dosing decisions made in the initial appointment and all follow up appointments. The provider shall ensure the process for prescribing subsequent prescriptions is accessible and convenient for patients. For the avoidance of doubt this includes;

- Warfarin
- Low Molecular Weight Heparin (LMWH) for bridging
- Direct Oral Anti-Coagulants (DOACS) where appropriate and where the patient meets the NICE requirements for prescribing.
- Other Vitamin K Anticoagulants

The Provider shall have a robust process in place to communicate all prescribing information to the patients GP to ensure their clinical record is up

to date on all prescribing decisions made by the service. This a minimum shall include:

- Time in Therapeutic Range (TTR)
- Current Dose
- Date of the next required assessment
- CHA2DSVASc score
- Bleed Score (if required) in line with NICE Guidance
- Creatinine clearance rate
- Cockcroft gault calculating

If the patient is PEG fed the request should be referred to secondary care.

DOACs should only be considered for housebound patients where monitoring might otherwise prove difficult and where clinically appropriate.

All patient who requires anticoagulation, unless they are receiving end of life care, shall be referred into the primary care anticoagulation Service.

#### Dosing

The Provider shall ensure the appropriate dosing of anticoagulant based on applying clinical experience to the findings of any decision support software.

#### Additional Provision

Domiciliary- The Provider shall be responsible for the management of these patients.

The Provider shall deliver this service in conjunction with the District Nursing Service who shall visit housebound patients within their home setting to carry out the core service elements;

Definition of Housebound individual: -A person who has proven morbidity and who is genuinely unable to leave their home, either on a short term or long-term basis. Where it is apparent that the patient could be assisted to or is able to attend clinic or surgery then this should be discussed with the individual, facilitated and promoted.

#### Annual Review

Providers shall undertake a minimum of an annual review of individual patients including their view of the indication and appropriateness of continued anticoagulation with warfarin or DOACs.

#### Call and Recall

The Provider shall have a robust system of call and recall in place and be able to identify and act quickly when a patient has failed to attend an appointment to have their INR measured.

The Provider shall implement its policies and strategies for the management and targeting of non-attenders. The Provider shall alert the patient's own GP if a patient fails to attend on two or more consecutive occasions or a period of more than 42 days when they have not attended. For those patients on Warfarin, should a patient fail to attend a routine appointment the Provider shall make contact with the patient and reschedule the appointment appropriate to the clinical need and urgency for INR follow up.

	<p><u>Discharge Process</u></p> <p>At the end of the required treatment course, anticoagulants shall be discontinued as recommended in the British Haematological Society guidelines on Oral Anti-Coagulation 1998 (updated 2005) and the patient's GP shall be informed in writing within two working days.</p> <p>The Provider shall maintain a record when treatment is discontinued and the reason for discontinuation / discharge from the service.</p> <p><u>Patient Self-testing</u></p> <p>Patient self-testing is not included in this specification.</p>							
Tariff	<table><tr><td>Warfarin -</td><td>£193 per patient per year Includes testing, reviewing, dosing and prescribing</td></tr><tr><td>DOAC New Patient</td><td>£90 per patient, first year only Includes initiation, counselling, monitoring and prescribing in first 12 months starting with the date of initiation.</td></tr><tr><td>DOAC Year 2 onwards</td><td>£60 per patient per year includes monitoring and prescribing</td></tr></table>		Warfarin -	£193 per patient per year Includes testing, reviewing, dosing and prescribing	DOAC New Patient	£90 per patient, first year only Includes initiation, counselling, monitoring and prescribing in first 12 months starting with the date of initiation.	DOAC Year 2 onwards	£60 per patient per year includes monitoring and prescribing
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Reporting and Payment	<p><b>You are required by the ICB to use UO resources provided by the ML Data Quality Team to support the recording of patient data and reporting for the UO services.</b></p> <p>A clinical template written by ML Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.</p> <p>Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.</p> <p>For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates. For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</p>							

	<p>Various guidance documents to support using the resources provided by the ML DQT for the UO services are available from the GP365 website <a href="#">Universal Offer (sharepoint.com)</a> or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches &amp; reports.</p> <p>If the activity is not coded correctly, it will not be paid for.</p>
<b>Review Date</b>	January 2027
<b>Termination Notice Period</b>	3 years with a six-month notice period for termination. The service specification will be subject to regular review.
<b>Applicable quality requirements and Accreditation Requirements</b>	<p><b>Applicable national standards (e.g. NICE)</b>  Evidence base: NICE Clinical guidelines 144. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing  <a href="https://www.nice.org.uk/guidance/cg144">https://www.nice.org.uk/guidance/cg144</a></p> <p>NICE clinical guidelines NG196 Atrial Fibrillation Diagnosis and Management  <a href="#">Overview</a>   <a href="#">Atrial fibrillation: diagnosis and management</a>   <a href="#">Guidance</a>   <a href="#">NICE</a></p> <p>Anticoagulation NICE Clinical Knowledge Summaries  <a href="https://cks.nice.org.uk/anticoagulation-oral">https://cks.nice.org.uk/anticoagulation-oral</a></p> <p><b>Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</b>  The following standards and training competencies shall be met to deliver the service:</p> <ul style="list-style-type: none"> <li>• BMJ learning modules <a href="https://learning.bmj.com/learning/module-intro/maintaining-patients-on-anticoagulants--how-to-do-it.html?moduleId=5004429">https://learning.bmj.com/learning/module-intro/maintaining-patients-on-anticoagulants--how-to-do-it.html?moduleId=5004429</a> &amp; <a href="https://learning.bmj.com/learning/module-intro/anticoagulants-primary.html?locale=en_GB&amp;moduleId=10052760">https://learning.bmj.com/learning/module-intro/anticoagulants-primary.html?locale=en_GB&amp;moduleId=10052760</a></li> <li>• British Committee for Standards in Haematology</li> <li>• National Patient Safety Agency British Journal of Haematology 2011</li> </ul>