



Community Pharmacy Wales

A Community Pharmacy Enhanced Service Template

Anti-coagulation Monitoring Service - Warfarin

****** Draft service for approval by the CPW
Board *******

Date October 2015

taken at the same time each day. Pharmacists should consult the current edition of the British National Formulary for up to date advice on treatment with warfarin: www.bnf.org.

The National Patient Safety Agency (NPSA) states that "There is evidence that anticoagulant dosing software helps to maintain the INR levels within the therapeutic range, extend the time between INR tests and effectively manage anticoagulant records. Computer dosing has been shown to significantly reduce the risk of bleeding and thromboembolic events and, overall, is a more cost-effective option to manual dosing.

The British Society for Haematology (British Committee for Standards in Haematology) has published comprehensive guidelines on the use of anticoagulants. The National Patient Safety Agency (NPSA) has also issued guidance on making anticoagulant therapy safer, with a range of associated resources for healthcare professionals and patients. Pharmacists providing an anticoagulant monitoring service should be familiar with all of this guidance.

For an average general practice with a list size of 10,000, the average number of patients expected to require anti-coagulation therapy at any one time is likely to be approximately 140.

Service Specification

Anti-coagulation Monitoring Service

1. Service description

- 1.1 The *Anti-coagulation Monitoring Service* involves the pharmacy testing the patient's blood clotting time to determine the International Normalised Ratio (INR), which measures the delay in the clotting of the blood caused by warfarin.
- 1.2 Patients will be referred into the service by their GP or through a secondary care clinic.
- 1.3 The service will be provided in accordance with national and local requirements and with input from the local haematology department.
- 1.4 The pharmacist will interpret the results of the blood test and make recommendations about changing doses or omitting doses in response to the observed INR, in line with British Society for Haematology (British Committee for Standards in Haematology) guidelines.
- 1.5 The pharmacist will provide support and advice to the patient on the use of their anticoagulant therapy, including referral to other primary or secondary care professionals where appropriate.

2. Aims and intended service outcomes

- 2.1 To improve convenience and accessibility to testing by offering a 'one stop' service so that INR measurement, dosing advice and other necessary actions are completed in a single consultation.
- 2.2 To produce optimum management of INR control by maintaining patients at their target level of anti-coagulation.
- 2.3 To ensure patients taking Warfarin maintain their INR within a specified range by:
 - Stopping or adjusting the treatment when necessary; and
 - Anticipating and communicating to patients changes that may affect coagulation, such as diet, alcohol consumption, lifestyle and drug interactions.
- 2.4 To provide continuity of care to the patient by having:
 - An agreed care plan in place with the prescriber and patient;

5. Additional educational support available from WCPPE

Cardiovascular disease: anticoagulant therapy

The aim of this programme is to equip pharmacists with the knowledge to deliver a safe and supportive service to patients prescribed anticoagulants.

Safe use of anticoagulants

The aim of this programme is to increase the knowledge of healthcare professionals on the safety issues associated with anticoagulants. This course is intended to improve the management of patients prescribed anticoagulants and to help healthcare professionals consider the potential adverse effects of their use.

Face to face events on medicine in the elderly

Communication skills programme.

Face to face events on professional accountability for the care of the elderly and vulnerable

Chronic conditions management programme- this is a suite of resources.

- 6.9 All appropriate staff involved in the delivery of this service should be offered immunisation for Hepatitis B. The cost of immunisation will be reimbursed by the Health Board.
- 6.10 The Health Board will put in place protocols and audit for quality assurance (internal and external) of the service and calibration of testing equipment. AWMSG Guidance recommends that Primary care services providing services for anti-coagulation are expected to carry out a clinical audit of the care of patients against the service specification, including untoward incidents. This audit should also review, report and benchmark the success of the practice in maintaining its patients within the designated INR range as part of quality assurance. The costs associated with the QA arrangements will similarly be borne by the Health Board.
- 6.11 The pharmacy contractor will have a standard operating procedure in place for this service which conforms to local and national guidelines on the provision of anticoagulant monitoring and covers all checks to be made prior to INR testing. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 6.12 The service will be provided in accordance with the NPSA guidance on the use of anticoagulants.
- 6.13 A referral system for patients from secondary care or GP practices will be put in place by the commissioning Health Board. A period during which the pharmacy will provide the monitoring service will be agreed for each patient, following which the prescriber will review the ongoing need for the therapy.
- 6.14 The normal frequency of testing will be agreed by the Health Board and other stakeholders and may cover patients newly initiated on warfarin therapy.
- 6.15 For each patient attending the clinic the pharmacist will:
- check for adverse events and any recent lifestyle changes or changes to medicines;
 - extract blood via a finger-pricking device and perform an INR test;
 - interpret the results;
 - adjust the warfarin dosage accordingly;
 - counsel the patient;

7. Additional requirements

- 7.1 The pharmacy providing the service will be located within the boundaries of the Health Board.
- 7.2 A pharmacy wishing to provide this service will need to apply to the Health Board.
- 7.3 Although fees will be reviewed annually the contractual relationship will be of a permanent nature and will automatically roll over from year to year provided the Health Board, patients and other stakeholders are happy with the service provided. Either party can terminate the agreement by giving the other party 90 days written notice. In the event of termination of the service, the party terminating the service will ensure a minimum of 90 days notice of termination of the scheme is provided to patients receiving the service.
- 7.4 Only those pharmacies commissioned by the Health Board to provide a warfarin monitoring service will be eligible to receive payments under this scheme.
- 7.5 The Health Board, or their authorised officer, will determine the fees and allowances payable in respect of the service in consultation with Community Pharmacy Wales.
- 7.6 The Health Board will enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service.
- 7.7 Any pharmacy entering into a contract with the Health Board to provide this service must complete and submit an appropriate PS/ES/5 Contractor Listing Form.
- 7.8 Payments for the service will be subject to nationally agreed post payment verification arrangements.
- 7.9 The Health Board will need to provide a framework for the recording of relevant service information for the purposes of review and the claiming of payment.
- 7.10 The contractor will ensure that appropriate indemnity arrangements are in place for all staff involved in the provision of the service.
- 7.11 The contractor will have appropriate arrangements in place to maintain service continuity. The contractor will notify the relevant Health Board, of circumstances which result in the

annual fee will be paid on a monthly basis for each active patient.

- 8.8 An additional fee of £xx is payable for the initiation of newly diagnosed patients on to the service.
- 8.9 If the Health Board wishes to extend the service to patients who require domiciliary testing a fee of £26.00 will be paid for each domiciliary testing visit undertaken. Domiciliary fees will be paid on a monthly basis.
- 8.10 The Health Board will reimburse the contractor for any mandated face to face training required for service delivery and for the provision of Hepatitis B vaccination.