

# **OCCG SERVICE SPECIFICATION (2017/18)**

## **PRIMARY CARE SERVICE FOR WARFARIN MONITORING**

### **1. Aims**

A Warfarin monitoring service is designed to be one in which:

- Therapy should normally be initiated in secondary care, for recognised conditions, for specified lengths of time. In some cases e.g. for patients with Atrial Fibrillation, GPs will initiate therapy.
- Maintenance of patients should be properly controlled
- Service to the patient is convenient
- Need for continuation of the therapy is reviewed regularly
- Therapy is discontinued when appropriate

### **2. Service Outline**

This service will provide a practice-funded phlebotomist or practice-based pharmacist etc, practice sample, hospital laboratory test and dosing, with practice prescribing. Funding will involve:

#### Development and maintenance of a register

Practices should be able to produce an up-to-date register of all warfarin monitoring service patients, indicating patient name, date of birth, the indication for, and length of treatment, including the INR.

#### Call and recall

To ensure that call and recall of patients on this register is taking place.

#### Professional links

To work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.

#### Referral policies

When appropriate, to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

#### Education and newly diagnosed patients

To ensure that all newly diagnosed patients (and/or their carers and support staff when appropriate) receive appropriate management of, and prevention of, secondary complications of their condition. GPs to ensure patients have received patient-held anticoagulation booklets and alert cards.

#### Individual Management Plan

To prepare with the patient an individual management plan which gives the diagnosis; planned duration and therapeutic range to be obtained.

#### Clinical Procedures

To initiate, prescribe and monitor in line with the Oxfordshire Oral Anticoagulation with Vitamin K Antagonists in Adult Patients, Shared Care Protocol (2017). This service requires

practices to respond to notification of dose changes, INR and TTR (Time in Therapeutic Range) calculations from the OUH Anticoagulation Service.

To ensure that at initial diagnosis and at least annually an appropriate review of the patient's health is carried out including checks for potential complications and, as necessary, a review of the patient's own monitoring records. To ensure that all clinical information related to this service is recorded in the patient's own GP held lifelong record, including the completion of any Significant Event Report that the patient is on Warfarin.

#### **4. Quality expectations**

##### CQC Registration

The Provider must be registered with the Care Quality Commission. This means a provider has a statutory duty to comply with all relevant CQC national standards and outcomes.

##### Record keeping

To maintain adequate records of the performance and result of the service provided incorporating appropriate known information, as appropriate. This may include the number of bleeding episodes requiring hospital admission and deaths caused by anti-coagulants.

The read codes shown at Appendix 1 should be used for recording activity information relating to this Service on the Electronic Patient Record:

Components of this service should be in line with the National Patient Safety Agency recommendations in the Patient safety alert. Guidance on actions that can make anticoagulant therapy safer are available at: <http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/anticoagulant/>

##### Competence

Those clinicians who have previously provided services similar to this service and who satisfy at appraisal and revalidation that they have such continuing clinical experience, training and competence as is necessary to enable them to contract for the service shall be deemed professionally qualified to do so. Each practice must ensure that all staff involved in providing any aspect of care under this scheme has the necessary training and skills to do so. Some or all aspects of the service may be provided by an appropriately qualified clinician e.g. specialist nurse or clinical pharmacist.

#### **5. Annual Review**

All practices involved in the scheme should perform an annual review which could include, dependent on level of service provision:

- Information on the number of patients being monitored, the indications of Warfarin, i.e. DVT etc, and the duration of treatment
- Details as to arrangements for each aspects highlighted above
- Details of any computer-assisted decision-making equipment used and arrangements for internal and external quality assurance
- Details of any near-patient testing equipment used and arrangements for internal and external quality assurance
- Details of training and education relevant to the Warfarin monitoring service received by practitioners and staff
- Details of the standards used for the control of Warfarin

## 6. Payment

In 2017/18 practices contracted to provide this service will receive £100 per patient per annum for patients on warfarin and seen by the practice phlebotomist. Payment will be made based on actual activity carried out as reflected in quarterly activity monitoring reports to the CCG.

Practices will receive an additional one-off £50 fee per patient, on a pay per code basis, for intervention following identification of sub-optimal TTRs (< 65%), and subsequent actions, in line with the local protocol. Each patient will have an individual management plan in place and therefore actions following an initial sub-optimal TTR will either improve ongoing control or possibly result in prescribing of an alternative agent. If a patient remains on warfarin and control remains poor then the initial plan should be implemented rather than a second full assessment and work-up.

The vast majority of patients will attract one fee only. There may be a small cohort of patients for whom warfarin is the only option despite continued poor anticoagulation. The read codes for the TTR payment element must be manually entered on the clinical system. See Appendix 1.

*NB The patient's clinical need may vary so the frequency of blood taken may be, quarterly or more frequently however the same annual fee is paid for each patient as the principle is to monitor the patient in accordance with the clinical guidelines within the specification and be paid an annual fee but not to be paid a fee per episode.*

Practices will also be able to claim a supplementary payment of £12 for each home visit for anticoagulation monitoring where this service is not available from the Oxford Health community nursing service. Please use the code shown in Appendix 1 below to record this activity. Payment is per home visit, not per patient.

## 7. Monitoring

Practices are asked to submit a quarterly report using QUEST of actual activity to the CCG by the 15<sup>th</sup> of the month following the end of each quarter during the year. The quarterly activity reports will form the basis of payments. Practices are also required to complete a yearly audit of performance against measures outlined in section 5 by 31st March 2018 and to make this available to the CCG if requested.

## 8. Termination

This service will terminate on 31<sup>st</sup> March 2019. Any change to the service or earlier termination of the agreement must be agreed by both Commissioner and Provider.

### APPENDIX 1 Data Collection Specification for Warfarin Monitoring Service 2017/18

	Item	Read Code	Code Description
Search Population	Patients currently on warfarin (ie in the 6 months to the end of the quarter)	bs1% Emis 1737	Warfarin
	Patients with warfarin monitoring codes in the last quarter (if warfarin prescribed in hospital)	66Q% 88A5 8B61	Warfarin monitoring Anticoagulant therapy Anticoagulant prophylaxis

Payment Criterion*	Seen by practice phlebotomist in the quarter	9N2S 41D0	Seen by practice phlebotomist Blood sample taken
Additional payment supplement	Pay per code for TTR intervention. Patients identified by TTR < 65% and given follow-up appointments in line with protocol.	42QE2 and 66Q2.	INR percentage time in therapeutic range Follow-up warfarin assessment
Additional payment supplement	Numbers of patients seen by practice phlebotomist who have been monitored at home in the quarter	9k27.	Home visit for anticoagulation monitoring

***\*Please note that only the five codes shown in the payment criterion and Additional payment supplement sections are acceptable for payment. Temporary residents will be included.***