NHS
Oxfordshire
Clinical Commissioning Group

OCCG SERVICE SPECIFICATION (2021/22)
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

No part of this specification by commission, omission or implication defines or redefines essential or additional services.

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.

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): http://oxccgportal.multi2.sitekit.net/clinical-support/local-pathways-and-guidelines/Prescribing/Warfarin%20Shared%20Care%20Protocol.pdf

This service requires practices to respond to notification of dose changes, INR and TTR (Time in Therapeutic Range) calculations from the Oxford University Hospitals (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 SNOMED / 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 is 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 aspect 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

The patient's clinical need may vary so the frequency of blood taken may be quarterly or more frequently however payment will not be paid per test noting that the principle is to monitor the patient in accordance with the clinical guidelines within the specification.

In 2021/22 practices contracted to provide this service will receive £25.50 per patient per quarter 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. (NB. If a patient is seen twice in one quarter only one payment of £25.50 will be received.)

Practices will receive an additional one-off £51 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 SNOMED / Read Codes for the TTR payment element must be manually entered on the clinical system. See Appendix 1.

Practices will also be able to claim a supplementary payment of £12.24 for each home visit for anticoagulation monitoring where this service is not available from community providers such as the Oxford Health Community Nursing Service or Oxford City Community Phlebotomy Service. Please use the code shown in Appendix 1 below to record this activity. Payment is per home visit, not per patient.

7. Monitoring

Data will be extracted from the EMIS practice system by SCWCSU around the 15th of the month following the end of each quarter to monitor activity in the quarter (deadline to be confirmed each quarter by SCWCSU). Vision practices are requested to submit the necessary evidence for payment in the form of the search output from the clinical system and submit to the SCWCSU by 15th of the month following the end of each quarter during the year.

Practices are also required to complete a yearly audit of performance against measures outlined in section 5 by 31st March 2022 and to make this available to the CCG if requested.

8. Termination

This service will terminate on 31st March 2022. For termination ahead of this 3 months written notice must be given.

9. Contact

Contact for queries: occg.medicines@nhs.net
Clinical Lead: meenupaul@nhs.net

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APPENDIX 1: Data Collection Specification for Warfarin Monitoring Service 2020/21

Please note SNOMED Codes are currently indicative, subject to data quality checks.

	Item	Read Code and Description	SNOMED Codes	Notes
Search population	Patients currently on warfarin	bs1% (EMIS 1737) WARFARIN SODIUM	63167009 Warfarin codes TBA with pharmacists	The search is from the January preceding the fiscal year to the end of the quarter to ensure that patients who are already on the drug on 1st April are captured
	Patients with warfarin monitoring codes	66Q% Warfarin monitoring 88A5. Anticoagulant therapy 8B61. Anticoagulant prophylaxis	268526009 182764009 421728001	This is to ensure that patients prescribed warfarin by the hospital are included
For payment	Seen by practice phlebotomist	9N2S. Seen by practice phlebotomist 41D0. Blood sample taken	185305000 313334002	A patient only needs to be seen once in the year to qualify for payment
Additional payment supplement (home visits)	Numbers of patients seen by practice phlebotomist who have been monitored at home use of the template will ensure this)	9k27. Home visit for anticoagulation monitoring	704126008	This includes the number of times visited in the reporting period as each of these visits attracts a payment. NB this is supplemental to the phlebotomy

				record
Second additional payment supplement (both codes must be used)	Patients identified by TTR < 65% and given follow-up appointments in line with protocol.	Old wording 42QE2 INR (international normalised ratio) percentage time in therapeutic range) *(the search for 42QE2 needs to look from the beginning of the year e.g. January 2018 to the end of the financial year March 2019)* AND 66Q2. Follow-up warfarin assessment *(this code will appear at a date >=to the 42QE2 date when the f/up appointment takes place in the reporting period)*	866421000000100 170916008	Payment is per code of TTR intervention. Earliest TTR <65% is used. Only 1 follow up appointment is searched for 42QE2 is captured from the January preceding the fiscal year to the end of the quarter to ensure that patients who have had a TTR and are followed up on 1st April are captured

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.