

## Local Enhanced Service (LES) for Anti-coagulation monitoring

North & West Operational Unit

Service Level Agreement

### PRACTICE –

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***All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.***

### 1. Financial Information

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2013.

- The costs of Reagent strips will not be borne by the Practice. The process for supply is as advised by the Operational Unit (see Appendix 1).
- The North & West Operational unit will provide practices with Coagucheck XS Plus equipment and associated training, where agreed with the Unit.
- The Practice retains the responsibility for ongoing maintenance and quality control of the CoaguCheck XS Plus equipment, and associated training arrangements for service provision.

- The Practice must use the RAT decision support software package (available at: <http://www.formulae.co.uk/>). This is mandatory within North & West Operational Unit. The unit will reimburse the practices the cost of the RAT licence (see attached claim form in Appendix 2).
- The Practice must register for the National Quality Assurance Scheme. The unit will reimburse the practice the cost of registration (see attached claim form in Appendix 2).
- Practices budgets will be 12 ½% of their previous Enhanced Services budget. See Abstract – 1 April 2013.
- The North and West Operational unit requires practices to comply and engage with the Scottish Patient Safety Programme Primary Care Warfarin bundle (as outlined in section 6 of this SLA).
- Payment will be made to the practice on a quarterly basis on receipt of evidence of compliance with the SPSP Warfarin bundle.

### **Payment Verification**

Practices entering into this contract must participate fully in the audit process determined by the Operational Unit.

### **PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT**

## **2. Signature Sheet**

This document constitutes the agreement between the practice and the PCO in regards to this national enhanced service.

### **PRACTICE**

**Signature on behalf of the Practice:**

Signature	Name	Date

**Signature on behalf of the PCO:**

Signature	Name	Date

### 3. Service Aims

Through this Local Enhanced Service, Practices are expected to provide an anti-coagulation monitoring service designed to be one in which:

- (i) therapy should normally be initiated for recognised indications for specified lengths of time
- (ii) maintenance of patients should be properly controlled
- (iii) the service to the patient is convenient and patient education is provided regularly
- (iv) the INR and dosing history be made available to primary and secondary care clinicians
- (iv) the need for continuation of therapy is reviewed regularly
- (v) the therapy is discontinued when appropriate.

The practice should achieve an average 'time in therapeutic range' (measured by standardised fashion, i.e. Rosendaal method) of 70% or greater for patients on long term therapy (i.e. those beyond 22 weeks of therapy).

The practice should maintain an audit trail pertaining to machines, reagents and the staff involved in all aspects of service provision to facilitate investigation of adverse events or quality assurance failures (as per the Standard Operating Procedure attached).

The practice must complete the SPSP Primary Care Warfarin bundle and take appropriate actions based on the audit results. In addition, the Practice must provide information and data to the Operational Unit when requested to ensure the SPSP audits are being completed regularly.

### 4. Criteria

The criteria to be met in delivering this service are as follows:

- To develop and maintain a register. Practices should be able to produce an up-to-date register of all anti-coagulation monitoring service patients, indicating patient name, date of birth, the indication for, and length of treatment, including the target INR.
- To ensure that systematic call and recall of patients on this register is taking place.
- To work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.
- To work with Community Nurses to ensure appropriate testing and dosing of housebound patients.
- To work with the Community Hospital to ensure appropriate dosing of practice patients who are in-patients of the Community Hospital.

- When appropriate, to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines, where these exist.
- 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, including the provision of a patient-held record.
- To ensure that all patients receive regular patient education. An example patient information sheet to meet the patient education criteria of this service can be downloaded from the SPSP website:  
<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1011883/Warfarin%20generic%20patient%20information%20leaflet%2011%20v2%20June%2011.doc>
- To prepare with the patient an individual management plan, which gives the diagnosis, planned duration of therapy and therapeutic range to be obtained.
- To ensure that at initial diagnosis, and at least annually thereafter, 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 the LES is recorded in the patient's own GP-held lifelong record, i.e. clinical system, including the completion of the "significant event" record that the patient is on warfarin.
- 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
- To regularly complete the SPSP Primary Care Warfarin bundle, review the outcomes and implement any systems changes as necessary.
- To ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so
- Practices will need to keep a supply of IV vitamin K in stock.

## 5. Scottish Patient Safety Programme Primary Care Warfarin Bundle

Warfarin is recognised as a high risk drug that causes harm to patients. It is also a high workload for practices, with almost 1 million blood tests taken annually in Scotland. That's why a systematic, safe and reliable approach to INR management and blood testing is fundamental to patient care and safety.

Practices should read the SPSP Primary Care warfarin bundle website which explains the purpose of the warfarin bundle work and provides the documents to support it. This is available at:

[http://www.healthcareimprovementscotland.org/our\\_work/patient\\_safety/spsp\\_primary\\_care\\_resources/warfarin\\_care\\_bundle.aspx](http://www.healthcareimprovementscotland.org/our_work/patient_safety/spsp_primary_care_resources/warfarin_care_bundle.aspx)

1. Practices will complete the warfarin bundle for 5 patients every 2 weeks from the beginning of April 2013. The data collection sheet is provided in Appendix 3 or can be downloaded from the SPSP website (link above).
2. Practices will enter the results of the warfarin bundle data collection sheets into the data collection website (details to follow) on a monthly basis.
3. Practices will review the results of the bundle and take appropriate action to ensure safer care for patients.
4. Practices will provide the Operational Unit with outcome data from RAT regarding number of tests done and number of patients outwith the range, i.e. < 1.5 and > 5 as requested.

## 6. Quality Assurance

Practices will be expected to enrol in the National External Quality Assurance Scheme (NEQAS) as part of the overall quality assurance of the service. It is available at: <http://www.ukneqas.org.uk/content/PageServer.asp?S=111324867&C=1252&CID=1&type=G>.

This programme aims to promote high standards of performance and practice, achieved with the UK NEQAS aim of education, and provision of independent, objective and impartial information.

Along with quality assurance samples, NEQAS will supply internal quality control checks which they will circulate to all participants on a quarterly basis.

There may be an opportunity for Quality Assurance support to be provided locally.

## 7. Untoward events

It is a condition of participation in this LES that practitioners will give notification to the Operational Unit clinical governance lead, i.e. Clinical Director, of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

Any INR result greater than or equal to 6 will be reported as above, and a significant event review carried out.

## 8. Accreditation

Those doctors who had previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

## 9. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

## 10. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the Operational Unit.

This SLA is coming in to force as alternative therapy is being introduced. While it is expected that use of new products in this field will be limited and gradual, significant change in the use of Warfarin would be seen as grounds for review/variation of the SLA.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the CHP before any termination takes place.

## 11. Information sources

### Warfarin prescribing guidelines

#### Local

NHS Highland Shared Clinical Guideline on anticoagulant recommendations:  
<http://guidelines.nhshighland.scot.nhs.uk/Haematology/AntiCoag/index1.htm>

Highland Formulary Oral Coumarin Anticoagulant advice:  
<http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Oral%20coumarin%20anticoagulant%20advice.pdf>

#### National

British Committee for Standards in Haematology:  
[http://www.bcsghguidelines.com/documents/warfarin\\_4th\\_ed.pdf](http://www.bcsghguidelines.com/documents/warfarin_4th_ed.pdf)

## Appendix 1: Process for the supply of reagent strips

### CoaguChek XS Plus - Account, Orders & Support Information

Practice Name:

Ordering: CoaguChek Test Strips & Quality Controls (QC)	
Practice Delivery Account Number: <b>4213XXXX</b> <i>(Please quote this account number when ordering)</i>	
Product Description	Catalogue Number
<b>CoaguChek XS PT Test Strips (48)</b>	<b>04625315019</b>
<b>CoaguChek XS PT Controls (1 box contains 4 controls)</b>	<b>04696522190</b>
<b>Please note:</b>	
<ul style="list-style-type: none"><li>• The minimum order to <b>avoid delivery charges</b> is: <b>2 packs of test strips</b> or <b>1 pack of strips &amp; 1 pack QC</b></li><li>• QC should only be ordered at the same time as when ordering test strips</li><li>• Test strips are stored at room temperature</li><li>• <b>QC MUST be stored in the fridge</b></li><li>• On receipt of the test strips, the stock must be counted to ensure that it matches the quantities on the delivery note. The delivery note should then be signed and a copy sent to the Lead Pharmacist, North &amp; West Operational Unit, Larachan House, 9 Docharty Road, Dingwall, IV15 RUG.</li></ul> <p>Fax Number: 01349 865870</p> <ul style="list-style-type: none"><li>•</li></ul>	

Contact Information	
If you wish to <b>place an order</b> for test strips / controls please quote your account number:	
<b>Customer Services</b>	0808 100 9998 (Option 1 x3)
	burgesshill.pm@roche.com
If you have a <b>technical query</b> regarding your meter, please have the meter with you and call:	
<b>Technical Support</b>	0808 100 19 20 (Option 1)
<b>Roche Point of Care Account Specialist</b>	thomas.marshall@roche.com
	07809510176

**Appendix 2: Claim form for RAT software licence and registration for the National Quality Assurance Scheme**

<b>Practice Name:</b>	
<b>Practice Number:</b>	
RAT Software Licence purchased: (evidence attached e.g receipt)	Date purchased:  Amount:
National Quality Assurance Scheme Registration: (evidence attached e.g receipt)	Date registered :  Amount:
<b>Total to be paid:</b>	

"I declare that the information I have given on this form is correct and I understand that if it is not, action may be taken against me. I acknowledge that this information will be authenticated from appropriate records, and that any payment made to my practice on the basis of this information, will be subject to Payment Verification. Where Practitioner Services, acting on behalf of NHS is unable to obtain authentication, I acknowledge that the onus is on my practice to retain and provide, when requested, documentary evidence to support the information provided."

**Signed :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**For Office Use : Form checked and authorised for payment**

**Signed :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Please return form to :** Melanie Meecham, Primary Care Manager West, NHS Highland, Larachan House, 9 Dochcarty Road, Dingwall, Ross-shire IV15 9UG



### Appendix 3: Scottish Patient Safety Programme warfarin bundle

#### Fortnightly Data Collection Tool

Bundle Composite	Patient 1		Patient 2		Patient 3		Patient 4		Patient 5		Overall Compliance
	Y	N	Y	N	Y	N	Y	N	Y	N	No. out of 5
Warfarin dose is prescribed according to local guidance? <i>Is there evidence that the last advice re warfarin dosing given to patient followed current local guidance or uses computer assisted decision making e.g. RAT?</i>											
INR test is planned according to local guidance. <i>Is there evidence that the last advice re frequency of blood testing given to patient followed current local Guidance or uses computer assisted decision making e.g. RAT?</i>											
Patient complying with dosage instructions. <i>Has patient been taking the advised dose since last blood test?</i>											
INR is taken according to previous recommendation. <i>INR is taken within 7 days of planned repeat INR?</i>											
Patient receives regular education. <i>Patient education recorded every 6 months.</i>											