



ANTICOAGULANT SERVICE SPECIFICATION

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**Contract for Enhanced Service
1 October 2024- 31 March 2030**

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ANTICOAGULANT SERVICE SPECIFICATION

1 INTRODUCTION

This Service Specification forms the Local Enhanced Service (LES) for the safe monitoring of warfarin in primary care.

This Service Specification contributes towards Scottish Government priorities and NHS Annual Delivery Plan (ADP): Outcome 3, Stay well and Outcome 4, Anchor well.

2 CLINICAL SPECIFICATION

Purpose

The purpose of this LES is to provide a systematic, safe and reliable approach to International Normalised Ratio (INR) blood test management to ensure patient care and safety.

Service Aims

To provide an anticoagulation monitoring service designed to be one in which:

- (i) therapy should normally be initiated for recognised indications for specified lengths of time in line with current clinical guidance;
- (ii) the patient's INR should be controlled within the agreed INR range;
- (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;
- (v) the need for continuation of therapy is reviewed regularly and discontinued if appropriate.

Service Criteria

Definition - For the purposes of this LES, the anticoagulation service is defined as: Monitoring of patients taking 'warfarin' medication.

Enhanced service requirement	
From 1 October 2024 the practice must:	
Complete and submit the pre-audit for providers of anticoagulation monitoring in primary care.	
Ensure the correct clinical coding and template is used to ensure compliance with the recording and monitoring requirements of the LES.	
It is imperative that all existing patients, on warfarin, are coded with the following codes:	
Anticoagulation monitoring – primary care	66QD
Anticoagulation monitoring – secondary care	66QC
Any new patients should be coded when treatment is commenced.	
Manage and record in line with the requirements of the computerised decision support software.	
To ensure consistency of anticoagulation support for the initiation, dosing and review of patients on warfarin medication. This should include transcribing the INR reading and current warfarin dose from computerised decision support software on to the patient electronic medical record at each monitoring appointment.	

<p>Call and recall</p> <p>Ensure that a systematic call and recall is in place for patients on the anticoagulation register.</p>
<p>Education and newly diagnosed patients</p> <p>To ensure that all newly diagnosed patients (and/or their carer and support staff where appropriate) receive appropriate management and prevention of secondary complications of their condition, including the provision of a patient-held booklet (yellow book).</p>
<p>Individual management plan</p> <p>To prepare with the patient an individual management plan which gives the diagnosis, planned duration and therapeutic range to be obtained (e.g. the yellow book).</p>
<p>Annual review</p> <p>To ensure that an annual 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.</p>
<p>Professional links</p> <p>To work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.</p>
<p>Referral policies</p> <p>When appropriate, to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.</p>
<p>Record keeping</p> <p>To maintain adequate records of the performance and result of the service provided. This should include the number of 'bleeding episodes' requiring hospital admission and deaths caused by warfarin.</p>

Training

Those doctors who have previously provided an anticoagulation monitoring service similar to this one, and have such continuing medical experience, training and competence as is necessary to enable them to deliver the LES shall be deemed professionally qualified to do so.

Doctors, pharmacists, and nurses new to providing an anticoagulation monitoring service must attend an approved course. Only trained clinicians can prescribe or agree any dosing.

All providers must ensure that clinicians delivering the service have received training and are competent in the use of monitoring equipment and the computerised decision support software. Records of training and competence should be filed in HR records. Professional codes of conduct require healthcare professionals to be adequately trained, competent and confident in the tasks required from them.

Use of CoaguChek XS and Pro II equipment - [How to use the CoaguChek \(wms.co.uk\) Pro II User Manual](#)

Sources of training & education:

TURAS module – Anticoagulants (<https://learn.nes.nhs.scot/32878>). TURAS account required.

BMJ Learning – This is recommended for all who are going to dose and prescribe anticoagulants. There are two modules to undertake and complete: 1. "Starting patients on

anticoagulants in Primary Care: how to do it” ([Starting patients on oral anticoagulants in primary care: how to do it Online course | BMJ Learning](#)) 2. “Maintaining patients on anticoagulants: how to do it” ([Maintaining patients on oral anticoagulants: how to do it Online course | BMJ Learning](#)) for GPs, practice nurses and other healthcare professionals. It is possible to register to do this module as a guest user if you have an NHS email address.

Point of Care Testing (POCT) devices

Roche Pro II POCT devices are supplied by NHS Highland to practices participating in this LES. Practices have an option to utilise venous sampling via labs.

Decision support software

Software to support with warfarin dosing will be provided by NHS Highland to practices participating in this LES.

Useful links

Guidance for the management of patients on warfarin in primary care

- [Warfarin \(nhsh.scot\)](#)
- [Scenario: Warfarin | Management | Anticoagulation - oral | CKS | NICE](#)
- [Guidelines on oral anticoagulation with warfarin – fourth edition - Keeling - 2011 - British Journal of Haematology - Wiley Online Library](#)
- <https://www.nhsinform.scot/tests-and-treatments/medicines-and-medical-aids/types-of-medicine/warfarin/>
- [Management and use of IVD point of care test devices - GOV.UK \(www.gov.uk\)](#)

Recording information

The following read codes will be used for monitoring and payment purposes:

2 codes for initial claim. Annual review also required if treatment exceeds 12 months. The others support audit and clinical care.

1. Commence Anticoag Service
2. Warfarin monitoring by general practice
3. Annual warfarin review

Read code	Screen description	Read code description	When to be used
9k2..	Commence Anticoag Service	Anticoagulation monitoring – ES admin	When warfarin therapy commenced - claim
66QD	Warfarin monitoring (by General Practice)	Anticoagulation monitoring – primary care	All patients currently taking Warfarin therapy / New registered patients / existing patient’s starting Warfarin therapy (if applicable) - claim
66QC	Patient on warfarin – monitored elsewhere	Anticoagulation – secondary care	All patients currently taking Warfarin therapy / New registered patients / existing patient’s starting Warfarin therapy (if applicable) - no claim

66Q7	Target INR	Target international normalised ratio	Existing patient's starting Warfarin therapy
66QB	Warfarin annual review	Annual warfarin assessment	When warfarin annually reviewed - claim
9k20	Complete Anticoag Service	Anticoagulation monitoring– enhanced service completed	To be coded when Warfarin therapy stopped – stop claim

3 QUALITY

Practices will be expected to participate in the National External Quality Assurance Scheme (NEQAS) as part of the overall quality assurance of the service. 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. Quality control procedures on the coagulometer equipment are integral to providing quality assurance for the anticoagulant monitoring service. Quality control data must be recorded after every test.

NEQAS registration for participating practices will be managed by NHS Highland. The costs of NEQAS will be met by NHS Highland.

Internal Quality Control

An appropriate internal quality control (IQC) process must be in place in accordance with the MHRA guidelines on POCT, 'Management and use of IVD point of care test (POCT) devices. Device bulletin 2010(02) February 2010'. [Management and use of IVD point of care test devices - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

External Quality Control

UK NEQAS - U.K. National External Quality Assessment (EQA) Scheme for Near Patient Testing. Every device must be registered with NEQAS.

4 FINANCE & SERVICE PRICING

Contract value

Payment per patient monitored for anti-coagulation in primary care per annum with annual review - **£282.59** per annum.

Consumables are included within the item of service fee.

No payment can be claimed for patients being monitored under secondary care.