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Delivering specialist expertise in anticoagulation initiation in the primary care setting

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Project objectives

To introduce and evaluate a new pharmacist-led model which aims to:

- Increase the number of high risk patients with AF receiving oral anticoagulation therapy.
- Improve the quality of prescribing of oral anticoagulants.
- Reduce the number of patients poorly controlled on warfarin.
- Improve patient adherence to anticoagulation therapy.
- Improve GP access to high quality advice about anticoagulation

This will be achieved through placing specialist anticoagulation pharmacists in GP practices to support GPs and practice based pharmacists.

Pharmacist Led Model Process

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GP Referral

Case finding from AF register

Structured consultation with specialist pharmacist

- Stroke risk
- Bleed risk (modifiable factors
- Risk in context
- Shared decision on OAC
- Decide which drug
- Educate on drug
- Counselling on adherence

Referred to warfarin service

Follow-up for DOAC patients

Education sessions, joint clinics, case study sharing

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Impact

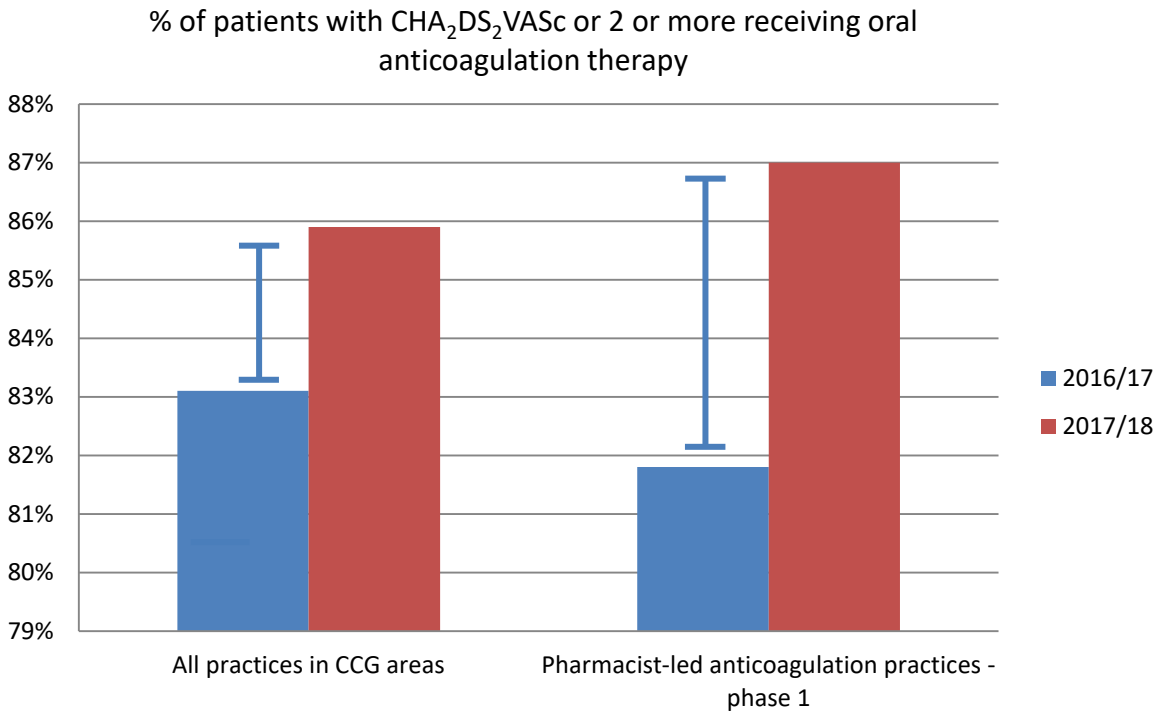
Patient impact

- Over 1000 desk top reviews
- 176 consultations with treatment naïve patients. 112 (64%) initiated on oral anticoagulation therapy.
- 262 consultations with patients with poor TTR on warfarin. 140 (53%) transitioned onto a DOAC
- 178 DOAC reviews – 29 doses (16%) were incorrect
- An estimated 13 strokes per annum have been prevented

Clinical legacy

- GP education sessions
- Upskilling of practice pharmacists
- Positive feedback from practices and CCGs
- “I’m starting to feel more confident about which DOAC to use and when” GP quote
- CCG commissioned a roll-out of the service across integrated care system

Impact



Between the 2016/17 and 2017/18 QoF data extractions we found that:

- Overall, across the two CCGs the percentage of high risk AF patients receiving an oral anticoagulant increased by 2.8 percentage points (83.1% to 85.9%).
- Across the practices involved in phase 1 of the project the percentage of high risk AF patients receiving an oral anticoagulant increased by 5.2 percentage points (81.8% to 87%)

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Conclusions

- The project has demonstrated that specialist anticoagulation pharmacists can add significant value in the primary care setting.
- Improvements were made to both anticoagulation rates and anticoagulation optimisation.
- GPs and practice pharmacists valued the service and provided positive feedback about the project and its impact on their practice.
- One participating CCG has commissioned this service to support all practices in their STP footprint.
- Reliance on a small number of specialist anticoagulation pharmacists would limit the scalability of this service. We would suggest that practice based pharmacists are educated and supported to undertake this work and that commissioners consider commissioning a service from specialist anticoagulation pharmacists in a 'hub' model, supporting a number of practices through a primary care network.