

Appendix 9

Transfer pathway from Royal Free anticoagulant clinic to Primary Care

Transfer of anticoagulant patients between the Royal Free and Camden Primary Care Providers of Anticoagulation

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Purpose and Scope

The Primary Care Anticoagulation Service in Camden is a local commissioned service (LCS) with clinical governance support from the Royal Free Anticoagulation Team. The Primary Care service is aimed at offering a cost effective, standardised and clinically effective service for patients on warfarin with a stable INR (International Normal Ratio) that meet the agreed criteria for transfer from secondary to primary care.

This document sets the required standards for good communication and specifies roles and lines of responsibility to ensure the safe and efficient transfer of suitable patients from secondary care to a primary care provider.

The document will be used by the Anticoagulation team at the Royal Free and clinicians providing anticoagulation therapy under the Camden Clinical Commissioning Group LCS within the Primary Care setting.

Transfer procedure

Requirements to be met by Primary Care provider before start of transfer process

All providers involved in delivering anticoagulation must have undertaken the essential training, which consists of theoretical and practical training at the Royal Free anticoagulation clinic as well as DAWN (dosing software) training. Clinical competencies based on NPSA recommendations have to be completed and passed.

Inclusion and exclusion criteria for referring patients from Royal Free to a Primary Care provider

Inclusion criteria

In order for patients to have their anticoagulation therapy monitored in Primary Care, patients need to be identified as being eligible for transfer from secondary care, whereby they meet the following inclusion criteria:

Patients with AF requiring oral anticoagulation with warfarin (CHADS₂VASC₂ score ≥ 1), who have achieved good anticoagulation control (time in range > 65%) three months after initiation of warfarin (excluding the first six weeks on oral anticoagulation) should be considered for transfer to their GP anticoagulant clinic. The transfer process should follow the agreed pathway and take account of the exclusion criteria.

Non-AF patients are not currently part of the target group and transfer to primary care will only be considered in exceptional clinical circumstances following consultation with the Anticoagulation service at the RFH and prior to discussing this with the patient. The management of existing non-AF patients in primary care will be supported if agreed by the Royal Free Hospital.

Exclusion criteria

Patients with the following conditions/problems will be excluded from Primary Care service. These patients will continue to receive treatment at the Royal Free anticoagulation clinic.

- Patients with antiphospholipid syndrome
- Patients with a mechanical cardiac valve replacement
- Patients with a DVT/PE, portal vein thrombosis, venous sinus thrombosis
- Children under the age of 18 years
- Patients who self-test
- Documented evidence of Central Nervous System (CNS) haemorrhage in the past
- GI bleed in the last 6 months
- Liver failure
- Thrombocytopenia (platelets $< 75 \times 10^9/L$)
- Patients who have had previous monitoring problems resulting in serious clinical incident
- Dementia or memory problems
- Housebound patients
- Patients requiring hospital transport

- Known heredity or acquired bleeding disorder
- Patients regularly attending hospital for other significant medical consultations i.e. chemotherapy/radiotherapy when their blood test can be performed as part of their care in other parts of the hospital

Procedure for referring from Royal Free anticoagulant clinic to a Primary Care provider

The Royal Free anticoagulation team will alert the relevant Primary Care provider (via NHS.net e-mail) about the patient's suitability for transfer and imminent discharge to the Primary Care provider (see appendix 2 for flow chart).

The Primary Care provider has to accept the patient transfer with a confirmatory e-mail to rfh.acc@nhs.net within 1 working day of receiving the referral.

Written and verbal information will be provided to the patient on primary care services by the Royal Free anticoagulation team and/or the receiving primary care provider.

Clinical information relating to the anticoagulation therapy (indication for treatment, significant co-morbidities, length of treatment, INR target range) and the latest INR recordings will be available on DAWN along with a date for when the next INR check is due.

Primary care practitioners are responsible for reviewing this clinical information on DAWN upon receipt of the email informing them of the pending patient transfer.

It is the responsibility of the Primary Care provider to then transfer any relevant clinical information from DAWN onto EMIS web and to contact the patient and schedule their first appointment in the general practice.

Once the patient has been seen for the first time by the Primary Care provider, the anticoagulation team at the Royal Free must be informed of this via e-mail rfh.acc@nhs.net – in order that the safety net appointment in secondary care can be cancelled

The RFH anticoagulation team will keep a log of patients who refuse transfer to a Primary Care provider along with the reasons for refusal and this will be reported to the Steering Group on a monthly basis. The CCG will be responsible for feeding this information back to the patient's GP and identifying if any further support is required to facilitate transfer to a primary care service.

Referrals from other anticoagulation teams

Other secondary care providers in Camden as well as anticoagulation clinics outside Camden should provide a referral form incorporating the same information as the RFH referral form (see appendix 1). It should include clear evidence of assessment, treatment and a treatment plan.

The Primary Care provider delivering the Anticoagulant service should confirm the transfer of care with the transferring team following the same processes as those agreed with RFH.

Primary care providers are responsible for sending a copy of the referral to the RFH anticoagulation team by NHS.net e-mail rfh.acc@nhs.net so that the care of the patient can be supported under the agreed clinical governance structure.

The patient's details must be up-loaded by the community provider onto DAWN and EMIS web and the community provider has to contact the patient to schedule their first appointment. Process for each clinic/patient contact

Only patients who have been formally transferred to a Primary Care provider for management should be seen for Anticoagulation in a general practice. After transfer these patients will not be seen in the Royal Free Anticoagulation Clinic, unless transferred back to secondary care.

Eligible patients will have their INR checked by point-of-care testing unless contraindicated (see POCT protocol).

The POCT device must be calibrated before each use and internal and external quality performed as per POCT protocol.

Patients should be dosed using DAWN software. Dosing will be performed by a GP or a Practice Nurse with adequate anticoagulation training.

The POCT-INR result will be up-loaded by the practitioner into the decision support software (DAWN) before completing the dosing process.

The INR result and dosing advice must be documented on DAWN, EMIS web and in the patients yellow book.

There should be provision for patients to access anticoagulation monitoring at least twice a week, where this is required

There should be clinical advice available to reinforce any information given to the patient and to answer any queries relating to their anticoagulation therapy.

- Warfarin prescriptions should only be issued by Anticoagulation Primary Care Providers to patients who are registered at their Practice.

Self-testing patients

There are a small number of patients who have purchased their own CoaguCheck machines and self-test. These patients will remain under the care of the RFH Anticoagulant Clinic and will contact the RFH for dosing advice. At present, these patients will remain the responsibility of RFH, and are excluded from the LCS.

Managing patients who are temporarily house bound where POCT may not be feasible

- These patients can be managed within Primary Care, as long as phlebotomy is available.
- Robust systems must be in place to ensure that coagulation samples (blue top container) reach the RFH Coagulation laboratory within 2-3 hours of the sample being taken (the sample does not need to be refrigerated).
- There needs to be a mechanism for the INR result to be available to the Primary Care provider within 24 hours for a stable patient.
- The Primary Care provider will record the INR result on DAWN and in the yellow book and inform the patient by telephone of the result and dosing advice. Then the yellow book will be returned to the patient by first class mail.

Transfer back to Royal Free

A patient may need to be transferred back to RFH due to:

- A need for further tests regarding their anticoagulation status

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- Patient or GP request
- Change in the patient's condition and no longer meets inclusion criteria

The Primary Care provider will inform the patient of the need for transfer back to RFH, and discuss this with the anticoagulation nurses at RFH and re-refer the patient back to the RFH Anticoagulation Clinic via the generic email: rfh.acc@nhs.net.

If the patient has been transferred to a different provider please use the anticoagulation referral form attached to the end of this appendix.

The RFH anticoagulation team will offer the patient an appointment.

Discontinuation of oral anticoagulation and discharge from Primary Care Anticoagulation Service

- When a patient discontinues oral anticoagulation, moves out of the area or dies, the Primary Care practitioner needs to close the patient's record on DAWN.
- The RFH anticoagulation team has to be informed of this via e-mail to rfh.acc@nhs.net.
- Other specialists providing care for this patient also have to be informed in writing of the discharge/discontinuation of anticoagulation.

Contact details for RFH

The RFH anticoagulation department will provide the initial training to the providers, and quarterly training updates.

Individual practitioners should consult the lead practitioner within the Primary Care provider for day to day queries around anticoagulation management. If the query cannot be resolved then the RFH should be contacted for advice.

The RFH contact telephone numbers relevant to the anticoagulation service will be regularly updated by the Anticoagulation Service Coordinator (jennifer.oakes@nhs.net).

For clinical advice please contact RFH as follows:

Specialist Nurses: Paul Priest (Lead Nurse), Lida Moghaddam, Shaila Bates, Anu Kadam

Clinical advice line: 02077940500 ext. 38384

Please leave a message on the answering machine (checked twice daily) or call between 3 and 4 pm to speak directly to a Specialist Anticoagulant Nurse

Fax: 020 7830 2228

Bleep: 1263 via main switchboard 020 7794 0500 (9am -4pm Mon – Fri)

E mail: rfh.acc@nhs.net - checked once daily Mon – Fri

For urgent advice:

Haemophilia registrar bleep 1811 via main switchboard 020 7794 0500

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Out of hours (4pm to 9am the next working day):

Haemophilia registrar or consultant on call on their mobile via main switchboard.

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Transferring Patients to Community Services

Suitable patients identified by RFH



Written and verbal information on primary care services given to patient



RFH to inform primary care provider of imminent discharge rfh.acc@nhs.net



Primary care provider to review clinical information on DAWN



Primary care provider to accept patient for transfer via rfh.acc@nhs.net and add clinical information to EMIS web



Primary care provider to contact patient and schedule first appointment in community clinic close to date for next INR check on DAWN



Primary care provider to inform RFH via rfh.acc@nhs.net once patient seen for the first time

INCLUSION CRITERIA:

Patients with AF requiring oral anticoagulation with warfarin (CHADS2VASC2 score ≥ 1), who have achieved good anticoagulation control (time in range > 65%) three months after initiation of warfarin (excluding the first six weeks on oral anticoagulation)

EXCLUSION CRITERIA:

- Patients with antiphospholipid syndrome
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- Patients who self-test
- Documented evidence of Central Nervous System (CNS) haemorrhage in the past
- GI bleed in the last 6 months
- Liver failure
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- Patients who have had previous monitoring problems resulting in serious clinical incident
- Dementia or memory problems
- Housebound patients
- Patients requiring hospital transport
- Known heredity or acquired bleeding

