

## A CASE STUDY

# Improving access to Anticoagulation clinics in Newham

Newham Local Healthcare Community (LHC), which includes NHS Newham and Newham University Hospital NHS Trust (NUHT), used the Map of Medicine to communicate a new Anticoagulation pathway. Newham LHC uses the Map of Medicine as the system of choice for receiving, understanding and following the guidelines, services and referral criteria as specified in the localised pathway. The existing anticoagulation pathways were adapted on the Map of Medicine with local clinical service information and guidelines.

The pathway aimed to improve the management of patients receiving anticoagulation drugs and reduce the number of patients developing complications, improving patient safety.

The redesign of the care pathway has resulted in a Point of Care Testing service for stable patients in primary, rather than secondary, care. With 25 clinics available, 33% of patients are now being managed at this level, improving access for patients and saving Newham LHC approximately £300,000.



“I have used the Anticoagulation pathway to refresh the training of another pharmacist within our practice to provide the service. I found the Map very useful for accessing the most up to date localised information on protocols and Standard Operating Procedures”

**Bharat Pandya, pharmacist in Newham providing Anticoagulation service.**

You can view the Newham Anticoagulation pathway on the Map of Medicine by changing your view to Newham

## Project

Anticoagulants are prescribed for certain medical conditions where the patient's blood clotting time needs to be increased so as to prevent clots from forming. It is a high risk service with potentially adverse outcomes if the patients are not closely monitored.

The service was redesigned in controlled steps, with the primary care pathway for mobile patients developed first. Activity data and costs were analysed to establish the need and necessity of the redesign, including future capacity requirements. Clinics were visited to gain insight of the patient flow and general patient opinion.

Primary care anticoagulation service specifications were then developed with the acute provider including the decision to use the same IT software to maximise outcomes and reduce risk in the transfer of patients.

The draft specifications were widely circulated to the GPs, the local medical and pharmaceutical committees and Practice based Commissioners.

Providers were selected using an agreed selection criteria and accredited theoretical and practical training was provided to develop the primary care providers, including competency checks before providing the service.



The new pathway was designed, developed and made available in the Map of Medicine, allowing it be easily communicated to providers.

## Aims

The existing care pathway involved managing patients in secondary care, either using Point of Care Testing (POCT) or organising patients to attend the phlebotomy service at NUHT to have venous blood sample taken. Approximately 1250 patients were managed across four clinics, three in the community and one at NUHT, on a first come first seen basis. There were long waiting times at clinics with limited capacity and delays between monitoring and dosing of venous tests.

Newham LHC redesigned the care pathway by developing and providing a POCT service in primary care for stable patients requiring anticoagulation, in order to achieve a number of objectives:

- To reduce the variation in the delivery of care for patients requiring anticoagulation
- To reduce the number of inappropriate referrals to secondary care
- To manage the transfer of care between care settings in a safe and structured way
- To improve medicine management of patients requiring anticoagulation therapy
- To manage all patients without complications in primary care.

## Challenges

Primary care pathways for housebound patients and those requiring transport were challenging to develop as they impacted multiple stakeholder groups, some of which were difficult to engage with.

Newham are reviewing solutions such as providing phlebotomy training to primary care providers. Further provider development is in the pipeline so that more complex patients can be managed in primary care.

## Results

The anticoagulation service is now managed between primary and secondary care with over 400 patients being managed by primary care providers from 12 sites offering 25 different clinics. Benefits have been seen by patients and the organisation.

Newham LHC has benefited from improved management of long term conditions in primary care, as 33% patients are monitored, dosed and managed in the new clinics. Managing patients in primary care is estimated to save Newham LHC £300,000 for 2009/10, and up to £500,000 in 2010/11. The transfer of patients from secondary care to primary care is done in a controlled and structured manner, and the number of referrals from primary to secondary care for monitoring, almost halved in the months after the pathway was implemented.

Patient benefits and impacts have been improved access, reduced journey times and reduced waiting times. National Patient Safety Agency reports indicate that on average, the percentage of patients within the correct limits increased in the months after the pathway was implemented. The risk to patients has decreased as the patients are monitored and dosed at the same visit, removing any delay and integration between primary and secondary care has improved. 96% of patient respondents said that the new service was an improvement on the previous one.

Newham LHC is now also benefitting from improved planning for service development and capacity management, improved and more effective commissioning, and improved monitoring.

## Next Steps

It is envisaged that the anticoagulation service will be developed further so that 620 patients are managed by primary care providers by the end of the current financial year. Also, more complex patients, house bound patients and transport patients will be managed outside hospital.

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