# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

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| **Service Specification No.** |  |
| **Service** | Community Counselling and Commencing of Oral Anticoagulants for Atrial Fibrillation |
| **Commissioner Lead** |  |
| **Provider Lead** |  |
| **Period** | 1st April 2020 – 31st March 2021 |
| **Date of Review** |  |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   Newham CCGs vision for health care is based upon improving services and the experience of those services (especially those that are community based), focusing on health inequalities and patients and public engagement. There is a deep rooted foundation to our vision in Newham - the ‘Golden Thread’. It is the statement of intent that will ensure our energies and approach to health care commissioning are all moving in the same direction in order to achieve the maximum results. The ‘Golden Thread’ is about integrating care so that care for patients, especially those with long term conditions, is better coordinated, of a higher quality and patient centered.  Nationally there is a focus on prevention of stroke to include management of atrial fibrillation via NICE guidelines and Department of Health directives. (DOH, All Party Parliamentary Group).  Currently AF-related stroke costs the UK economy over £2bn and £485m is spent in acute care for AF-related stroke.  The NICE guidance for atrial fibrillation (2014) clearly outlines the importance of   * Individual, personalised packages of care. * Stroke prevention risk analysis * Appropriate use of anticoagulant therapies   This is further underpinned by the NICE Implementation Collaborative Consensus (2014) which states the importance of using the most appropriate anticoagulant that should include shared decision making with individual patients being informed and actively involved.  The counseling and clinical management of patients on anticoagulant therapy will adhere to the most recent national and local guidelines, including those from:   * British Committees of Haematology(BCSH) * NICE Guidance * National Patient Safety Agency(NPSA)   **All anticoagulant related services should be commissioned in line with the NICE guidance on ‘Support for Commissioning: Anticoagulant therapy, Published May 2013** <http://nice.org.uk/guidance/cmg49>   * 1. **Local Context**   Newham has a high number of potentially undiagnosed cases of AF combined with high emergency admissions for stroke and very high lengths of stay. Currently it is estimated that nationally 46% of AF patients who would benefit from anticoagulation are not receiving it and Newham is no exception.  Clinical management of patients on oral anticoagulant therapy in Newham is well-established as an Integrated clinical pathway with the counseling and initiation of treatment commenced by the acute specialist team. Patients on warfarin (a vitamin K antagonist) are then transferred out to the specialist community pharmacy service, a collaborative approach has allowed specialist support and up skilling from the acute team. This has allowed for further development of the community service to manage more complex cases to include patients at the beginning of their treatment pathway who are unable to access acute clinics.  More recently patients commencing on NOAC’s (novel oral anticoagulants) are also counseled, initiated and managed by the acute specialist team for the first weeks. They are then referred for ongoing management to their general practitioner.  The local proposal for an extended primary care service (EPCS) for the identification and treatment of atrial fibrillation will need specialist support to deliver counseling and initiation of oral anticoagulants therapies. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **x** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **x** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** | **x** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **x** |   **2.2 Local defined outcomes**  Newham CCG’s strategic priorities are to enhance the quality of life for people with long term conditions and address health inequalities; this includes the shift to manage long term conditions within the community setting. |
| **3. Scope** |
| **3.1 Aims and objectives of service**  The aims of this service are to:   * Provide a community based counselling and initiation of oral anticoagulant therapy service for patients meeting service criteria. * Provide equitable access for patients ensuring a consistent approach to referral and initiation process * Provide patient education to support the improvement, understanding and long term outcomes of patients on oral anticoagulants * Maintain a robust communication network between all medical and allied health professionals involved in individual patient care   The objectives of this service are to:   * Improve patient access, providing specialist care closer to home * Reduce and minimise inequalities of care * Reduce waiting times and delay in initiation of treatment * Enhance quality of specialist anticoagulant care * Increase service effectiveness of patient care pathway * Be integral to the improvement of clinical outcomes, to include participation relevant data collection and analysis * Demonstrate service user satisfaction * Achieve efficiency savings   **3.2 Service description/care pathway**  This specification requires the provider to deliver a program of initiation of oral anticoagulant therapy and patient choice.  The provider will be expected to deliver the following in line with national and local guidance:   * Anticoagulant drug specific counselling and education – to include completion and signing of an anticoagulant counselling record by staff member and patient(carer) * Record relevant clinical and social history * Advice on dose to commence * Contact numbers and future line of support advise * Patients on warfarin to be given Yellow Oral anticoagulant information pack- including dosing book and alert card * Patients on NOAC to be given relevant drug information pack – including alert card * Manage continued monitoring of patients on warfarin in line with anticoagulant service specifications and protocols * Review patients on NOAC’s in line with service specification and protocol before transferring back to GP for long term management * Prescriptions for all oral anticoagulants will be the responsibility of the patient’s general practitioner.   The provider will be required to deliver a comprehensive counseling service in line with service protocol and documentation to all patients with atrial fibrillation referred to this service, who are deemed clinically safe to be managed in an outpatient facility.  **3.3 Population covered**  The provider will provide the service for patients that are registered with a Newham GP practice and live within the borough of Newham. Clinics will be provided in the community within the geographical boundary of Newham CCG.  The provider will be expected to maintain strong primary care links for wider healthcare support and independencies  It is important that the provider has knowledge and understanding of their patients, the demographical needs of the local area and the local strategic objectives.  **3.4 Any acceptance and exclusion criteria and thresholds Patients who are excluded from this service**  It is the responsibility of the provider to ensure that when patients are referred to their service that the patient meets criteria prior to acceptance.  The service will be available for all eligible patients with atrial fibrillation who are over 16 years of age and do not require rapid anticoagulation.   * Atrial fibrillation – uncomplicated by an embolic event * Non-valvular atrial fibrillation   **3.4.1 Exclusion Criteria**  Patients not eligible for ongoing community anticoagulant management will also be excluded:   * A complicated known hereditary bleeding disorders who need regular haematologist specialist support. * Short term anticoagulant treatment of 12 weeks or less * A complicated treatment plan * Liver failure * Documented evidence of CNS haemorrhage in the previous 6 months who still need specialist haematology support * A history of gastric-intestinal bleeding in the previous 6 months and still need specialist haematology support; * Age under 18 * Pregnancy * No registration at a Newham GP practice * A known alcohol problem; * IV drug users; * On chemotherapy for malignant tumours; * Patients with Lupus / antiphosphilipid syndrome who need venous sample;   **3.4.2 Referral route**  Patients will be referred to the named anticoagulant provider of patient choice.  All referral forms and supporting documents will be fully completed and signed by the referring clinician  All referrals and written communications between health professionals will be sent via safe nhs.net email or a secure fax system.  The provider will confirm receipt of referral and the appointment date for the patients first appointment with referring HCP  It will be the providers responsibility to contact patient with appointment details  **3.5 Interdependence with other services/providers**  The provider will work and develop their service within the community anticoagulant service provider network, with invitations from the commissioner to attend local training events. The provider will attend all quarterly anticoagulation contract meetings for clinical, service and contractual discussions. All service providers within this network are expected support operational policy developments and participate in service redesign from a clinical expertise perspective.  The provider will support the integrated approach between services and other providers. Ensuring all relevant patient records are transferred appropriately so as to support seamless patient transfers. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  NICE Guidance - Atrial fibrillation: the management of atrial fibrillation  NICE guidelines CG180. Published date: June 2014  <https://www.nice.org.uk/guidance/CG180>  NICE Implementation Collaborative Consesus- Supporting local use of the novel(non-vitamin K antagonist)oral anticoagulants in non-valvular atrial fibrillation. Published June 2014.  <https://www.nice.org.uk/resource/CG180/pdf/c/cg180-atrial-fibrillation-nic-consensus-statement-on-the-use-of-noacs?id=gvyb3hjdqrcjtn6ytpwx3ydb64>  National Patient Safety Agency  Actions that can make anticoagulant therapy safer: Alert and other information  NPSA/2007/18. DH Gateway reference7734  <http://www.nrls.npsa.nhs.uk/resources/?entryid45=61790&q=0%c2%acanticoagulant%c2%ac>  Recommendations from the British Committee for Standards in Haematology and National Patient Safety Agency  British Journal of Haematology 2007, 136, 26-29  <http://www.bcshguidelines.com/documents/safety_indicators_oral_anti_coag_bjh_2007.pdf>  The provider will note that the clinical management of patients outlined in this specification may be subject to changes in line with new and emerging national guidance and standards.  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  **4.3 Applicable local standards**  Newham Protocol for Community Counseling and Commencing of Oral Anticoagulants for Atrial Fibrillation  Newham Community Anticoagulation Protocol  Coaguchek XS Plus Standard Operating Procedure– BART’s Health  Cleaning guide for CoaguChek XS devices for Healthcare professionals – Roche Diagnostics |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements**   The provider will be compliant with the Newham community anticoagulant and point of care testing quality audits in support of those patients commencing warfarin  The provider will be required to provide data to the commissioner as part of an audit process in relation to the contractual compliance of the service.  The minimum data required is:  **Activity outcomes data**   |  |  | | --- | --- | | **Indicator** | **Frequency** | | Number of atrial fibrillation patients referred for initiation | Quarterly | | Number of patients referred to commence warfarin | Quarterly | | Number of patients referred to commence NOAC’s | Quarterly | | Number of patients referred but on exclusion criteria for community pathway | Quarterly | | Number of first appointment DNA’s | Quarterly | | Number of patients referred but not attended/treatment not commenced (3 x DNA’s) | Quarterly | |  |  |  * 1. **Applicable CQUIN goals (See Schedule 4 Part [E])** |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:**  Clinics shall be provided in the community and geographically spread in line with population need and within an accessible location  Suitability of premises for anticoagulant monitoring will be reviewed on an annual basis.  The following criteria must be met:   * The consulting room must be private and large enough for all necessary equipment, with the patient and service provider to sit down together and talk at normal speaking volumes without being overheard. * The consulting room must be fitted with the following: * Sink with hot and cold running water * Wipe Down Surfaces * Flooring non-slip blood spillage compliant * Fridge that meets laboratory storage standards(within premises) * Electrical power points and wiring for computer and internet access * Computer terminal (or laptop), filing * Suitable lighting, desk and seating * Secure storage facilities * The premises must be maintained in a clean and tidy condition * There must be sufficient seating for patients whilst they are waiting to be seen at the clinic * Disabled/Wheelchair access in waiting area and consulting room * Each provider will need to show evidence of a strategy for covering anticoagulant clinics and urgent tests in the event of: * Annual leave * Study leave * Sick Leave |
| **7. Individual Service User Placement** |
| **7.1 Financial Summary**    A single payment of £30 will be made to the provider on a monthly basis for each new patient referred to this service on attendance of a first appointment. All further/follow up appointments will be included in the service payment scheme aligned to the main anticoagulant service specification (see below).  **Appropriate discharge:** The provider will be responsible for assuring that patients are registered and discharged on the CDSS (clinical decision support software), DAWN in the appropriate clinic.  ***Clinic attendances – warfarin patients/INR monitoring***  *There will be an annual payment of £249.54 per patient actively attending a community based clinic. This incorporates the cost of test strips and controls based on an average attendance of 14 tests per annum. Providers will invoice the CCG (and include the activity statement) at the end of each calendar month in line with patients registered and actively attending their community based INR monitoring clinic sites at that time (£20.79 per patient).*  ***One Month Follow –up – NOAC Patients***  *To support patient understanding and compliance, to also assess any potential side effects, providers will invoice the CCG (and include the activity statement) at end of each calendar month in line with patients who have kept the second appointment with the provider (£15). Patients in this group will be discharged back into care of their own GP after this second appointment.*  ***Domiciliary attendances***  *An annual payment of £615.98 per patient actively registered as receiving domiciliary visits. This will incorporate the cost of test strips and controls and be based on an average attendance of 16 tests per annum. Providers will be invoiced at the end of each calendar month in line with patients registered and actively having INR monitoring at that time (51.33 per patient).* |