

Chairperson's Summary

The 23rd DAWN AC User Group saw a great cross-section of healthcare professionals from around the UK and also Iceland; BMSs, pharmacists, nurses, doctors and academics with representation of primary care, secondary care, pharmacies, the Academic Health Science Network and the National Institute for Health and Care Excellence (NICE).

Numbers of patients on anticoagulants are increasing with a potential of 1 million atrial fibrillation patients requiring anticoagulation and 100,000 new VTE patients in the UK per year.

Discussions and talks centred on the following themes:

- Validation and quality control of point of care testing devices
- Atrial fibrillation and stroke prevention. Anticoagulation uptake data in high risk patients is available from the Sentinel Stroke National Audit Programme (SSNAP) and has increased by 20% from 50% in 2008 to 70% in 2015. The Quality and Outcomes Framework (QOF) has driven this change but there are still information issues around the quality of anticoagulation and uptake of different anticoagulation choices. NICE CG180, their quality standards, QOF, Hospital Episode Statistics (HES), SSNAP, GRASP-AF tool and ePACT (the NHS's Prescribing Database) data provides a wealth of data regarding standards and practice and the Academic Health Sciences Network is working to engage providers with their data and drive up quality of anticoagulation care
- Services that almost exclusively use either warfarin or DOACs and how they manage initiation and patient choice
- The DAWN VTE module developments highlighting the benefits of clean, clear data
- Laboratory testing of warfarin and the possibility of needing a paradigm shift in thinking using a new test 'FiiX PT'. Single centre trial data from Iceland was presented and flagged up the intriguing possibility that warfarin control may not be a problem but rather what we are testing!
- Real life experience of taking on other hospitals patients and undergoing a process of tendering for an anticoagulation service and the pitfalls of any qualified provider (AQP)

4S DAWN staff gave an excellent tour of their website, benchmarking data and product updates and the meeting finished with an interactive workshop sharing practice and problem-solving.

DAWN Clinical Software undoubtedly is a powerful IT tool to manage anticoagulated patients and capture venous thromboembolism assessment, diagnosis, treatment and follow-up information and use it to drive quality, equitable, lean healthcare.

Dr Jane Strong

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Chairperson, DAWN AC Annual User Group Meeting**