

Taking on another hospital's patients and undergoing a process of tendering

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On 1st November 2014 the University Hospital of North Staffordshire took on services from the Mid Staffordshire Foundation Trust and became The University Hospitals of North Midlands, also combining The Royal Stoke Hospital with County Hospital.

The anticoagulation service was one of the first services to be transferred and had 1,500 patients on DAWN AC Version 6. Due to technical difficulties at the County Hospital site, the patient data was unable to be transferred electronically and the process of addressing this from a technical perspective would have ultimately led to a delay in the transfer of pathology services to The Royal Stoke. As such, the decision was taken to manually enter all of the patients onto The Royal Stoke's DAWN AC Version 7 system.

The 4S DAWN team provided support, guidance and access to the DAWN AC Version 6 system, including additional user licenses to facilitate the manual data entry task onto DAWN AC Version 7. The patient data was entered one GP practice at a time and checks were made after each set of patients were added to ensure that the final patient numbers matched on both systems.

Once the manual entry of patients had been completed, a number of issues arose:

- The DAWN AC patient records at the County Hospital site hadn't been kept as up-to-date as those at Royal Stoke and therefore the newly entered patient records on DAWN AC Version 7 included patients who had stopped taking warfarin, were deceased and had moved out of the area yet were still active on the DAWN AC system.
- The patients had not received any prior communication regarding the changes that had taken place and so a letter had to be sent out from DAWN AC explaining the changes once the patient had been dosed for the first time.
- The patients were not used to receiving DNA (non-attendance) letters and GPs were not used to receiving INR and dose information electronically.
- Patients were used to receiving their dosing letters via first class post the day after their appointment rather than getting their INR result, dose and next appointment at the clinic session.
- Aligning protocols for over and under anticoagulation had to be dealt with across sites that worked to different protocols.

One year on and the anticoagulation service is running smoothly with plans to run clinics in the Stafford area. The only issue remaining is the task of aligning the induction algorithms currently used, which requires the Consultants to agree!

Tender to deliver anticoagulation services

On 26th May 2015 North Staffordshire and Stoke CCGs issued a service specification asking for a prime provider to deliver an 'Anticoagulation One Stop Shop' with two main elements of service: DVT Diagnosis and Anticoagulation initiation, monitoring and review.

The team from the University Hospitals of North Midlands attended a bidder's event in June and enlisted the help of an external company to assist in compiling the tender response which was particularly comprehensive. After three weeks the 175 page tender was submitted, followed by an interview with commissioners and a meeting around tariffs which saw the team awarded the tender mid-August.

The new contract commences on 1st November 2015 with the DVT service operating seven days a week from The Royal Stoke and employing the DAWN AC DVT Diagnosis and Assessment module to support their activities. The anticoagulation service will continue to run in 42 community locations each week and now has responsibility for annual review and clinical governance activities.

GPs will no longer receive the level 4 payment from commissioners, rather the anticoagulation service will offer GPs a sub-contract arrangement. Of the current level 4 practices, the majority use INR Star and this will be replaced with DAWN AC to enable continuity of care across primary and secondary.

A phased approach to the implementation of the new service will be taken to ensure quality and safety with the aim of all patients across North Staffordshire and Stoke able to receive an equable anticoagulation service delivered at a convenient location for them.