Development and Expansion of the Leeds Anticoagulant Service

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Leeds Anticoagulant Service (Leeds ACS) started as a Consultant led clinic that experienced long waiting lists and queues. To help with this issue, DAWN AC was purchased in 1996 and a Warfarin clinic was established at Seacroft Hospital.

By 1999, the service had become Biomedical Scientist (BMS) led with a full time clinician that dealt with complex cases, Vitamin K and prescribing. Home visits were introduced that saw phlebotomists sent out to take patients' blood and community clinics were expanded, operating on 20 sites as well as 3 hospital sites, which in total dealt with around 43,000 doses a year.

In 2007 a lack of safety in anticoagulation nationally prompted the 2007 National Patient Safety Agency (NPSA) indicators to be released which led to Leeds ACS changing working practices in order to meet these indicators and improve efficiency. Over time, there had been a reduction in Leeds ACS staff numbers including the retirement of the lead clinician which led to the pharmacy assisting with prescribing for the service.

In 2011 the Leeds ACS team was expanded to incorporate a multi-disciplinary team, adding a new Consultant Haematologist, a Consultant Clinical Pharmacist and a Chief Biomedical Scientist. The team operated under three separate directorates; Clinical Haematology; Medicines Management; and Pathology.

Due to the number of new staff, 2012 saw a service review carried out to see how things were done and where improvements could be made now that an established team was in place. The review found that the process for taking blood tests and receiving the results was a lengthy one and as a result, point of care testing was introduced to clinics. A risk assessment performed by the PCT shortly after determined that the service had safe working practices.

In 2013 the team visited their colleagues at anticoagulation services in other hospitals to share best practice and see how they could make further improvements to their own service and as a result, new technologies were investigated, meetings with Leeds West Clinical Commissioning Group (CCG), responsible for funding and overseeing the service, were held and a NOAC clinic was set-up, which, whilst slow on the uptake, sees patient numbers continue to grow.

Overall, Leeds ACS patient numbers continue to increase, now standing at just under 10,000 with an expectation that this number will increase to around 15,000 in the next couple of years. Service reconfiguration is needed to address the additional capacity required to serve the growing patient population and this will be in the form of a hub and spoke model with St James's Hospital as the hub and community sites making up the spokes.

There are both enablers and barriers to this reconfiguration:

Enablers	**Barriers**

• Leeds West CCG keen to support the service
  ○ *Risk assessment data shows that the service is working well and can meet the CCG's Outcomes Based Specification if the funding is available*
• Experience and expertise of the Leeds ACS team
	• Delays to the pathology managed service contract
	• Technology issues
	  ○ *Connectivity, networking, new pathways*
	• Recruitment
	  ○ *Justification and time*
	• Estates and facilities

• Pathology managed service contract to be agreed soon • GRASP-AF and NICE Guidelines ○ *Help justify to the CCG how they want to develop the service in the future* • Clinical leadership • Dedicated staff • Enthusiasm and determination of the team!	○ *More room required in community sites* ○ *Hub location to be established* ○ *Space for fleet and patients* ○ *Convenient locations*

A project board has been set up to move the reconfiguration forward and meets on a monthly basis to focus on 8 work streams with the aim of implementing the required changes by April 2015.

Work streams:

- Staffing & Delivery
- Facilities & Estate
- Costing & Tariff
- Training & Development
- Patient Engagement
- Service Management
- Domiciliary Visits
- IT & Connectivity