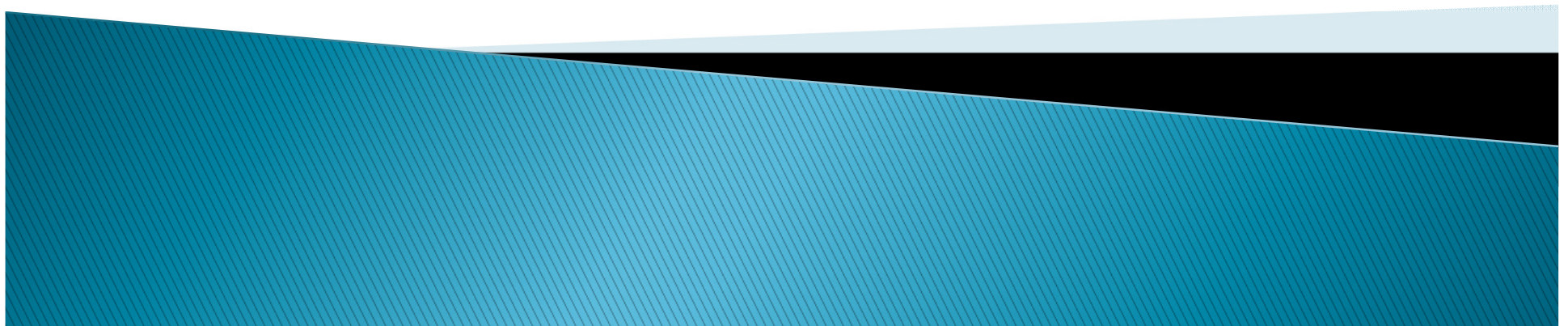


Development and Expansion of the Leeds Anticoagulant Service

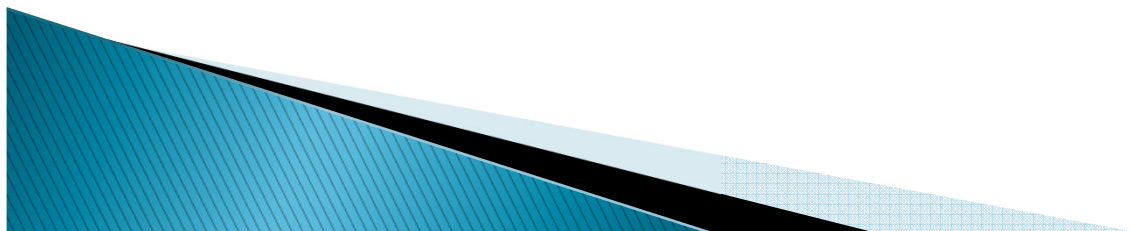
(...or stealing ideas from Blackpool and
Northumbria)

Brad Dickinson Chief BMS, Leeds ACS



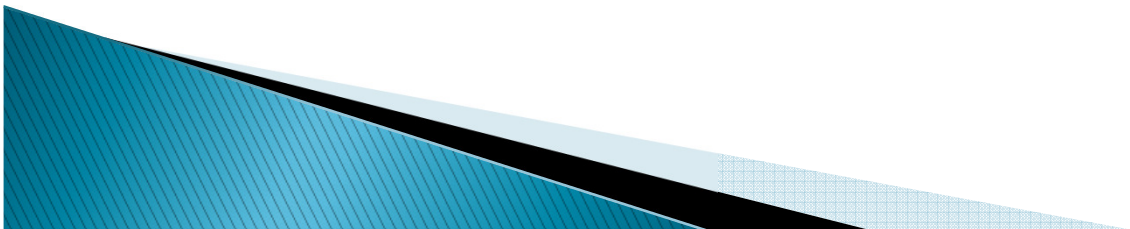
Leeds Anticoagulant Service

- ▶ *“Wafrin Clinic”*
- ▶ Established 1996 Seacroft Hospital – DAWN purchased



Leeds ACS 1999

- ▶ 1999 Home Visit service started
 - 1170 visits for year
- ▶ Community clinic expansion
 - 20 community sites
 - 3 Hospital sites
 - 43,875 doses for year
- ▶ BMS led with a full time clinician
 - Complex cases
 - Vit K and Tinz
 - Prescribing



Leeds ACS 2007

- ▶ 2007
 - NPSA indicators
 - Change in working practices
 - Changed from Yellow books to Report Forms
- ▶ 2008
 - Centralisation of Pathology Services
- ▶ 2010
 - Clinician retired





Leeds Oral Anticoagulation Control Service, Pathology Department, St James's University Hospital, Tel: 0113 2067369 / 2067371

- Test patient ACS Office SJUH Leeds W Yorks LS9 7TF	Target range Reason for Anticoagulation: Anticoagulant: Current treatment INR date: 18/07/2014 Please Take:	Target 3.00 (2.5 - 3.5) Af For Cardioversion Warfarin INR: 3.1 4mg Daily
---	---	---

Rothwell HC, Friday, LS26

Previous treatments:

Date	INR	Previous Doses
06/07/2014	0	
04/07/2014	0	
06/02/2014	2.3	3½mg/4mg Alternate Days
13/12/2013	2	3½mg Daily

Clinic: Rothwell HC, Friday, LS26	NHS No: 123456789		Have you stopped or started any drugs in the last 10 days, if so please state drug ? Yes ___ No ___
Appointment Date: 19/07/2014	Surname: Test patient Forename: - Sex: M DOB: 01/01/1965 Address: ACS Office SJUH Leeds Postcode: LS9 7TF Phone/Mobile: 1234567/07791235642 G.P.: Dr. TEST, GP		Drug Name: Have you experienced any severe bleeding or bruising since your last INR check? Yes ___ No ___
Appointment Time:	Location: Dummy GP Practice		
Reason for Anticoagulation: Af For Cardioversion Anticoagulant: Warfarin hm Tablets	Lab No:		
Target Range: Target 3.00 (2.5 - 3.5)	Clinical Details: On Anticoagulants		DAWNQ 

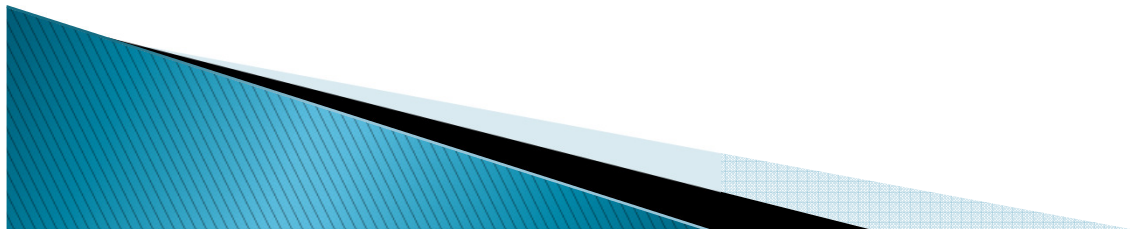
PLEASE ENSURE THAT YOU BRING THIS FORM FOR YOUR BLOOD TEST.

Leeds ACS 2011

- ▶ New Blood
- ▶ Consultant Haematologist
 - Dr Lishel Horn
- ▶ Consultant Clinical Pharmacist
 - Mrs Katherine Stirling
- ▶ Chief Biomedical Scientist
 - Yours truly

Leeds ACS 2012

- ▶ July 2012
 - Initial stakeholder meeting
 - Leeds PCT and GP representatives
- ▶ September 2012
 - Internal service improvement
 - MfS
 - PoCT in Hospital clinics
- ▶ December 2012
 - Risk analysis by PCT



Leeds ACS 2013

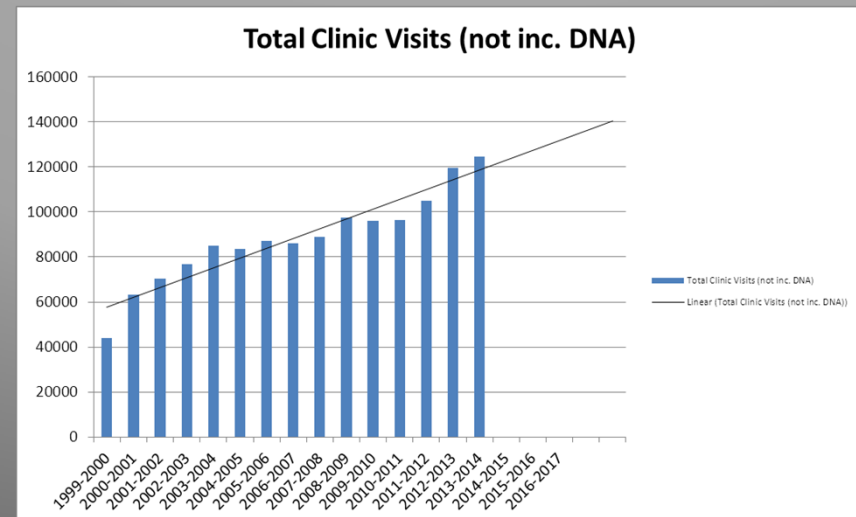
- ▶ Visits to other sites
 - Blackpool ADAS
 - Wansbeck ACS
 - Nottingham ACS
- ▶ Service models appraisal
 - “*What ideas can we nick adapt?*”
 - Good working practices

Leeds ACS 2014

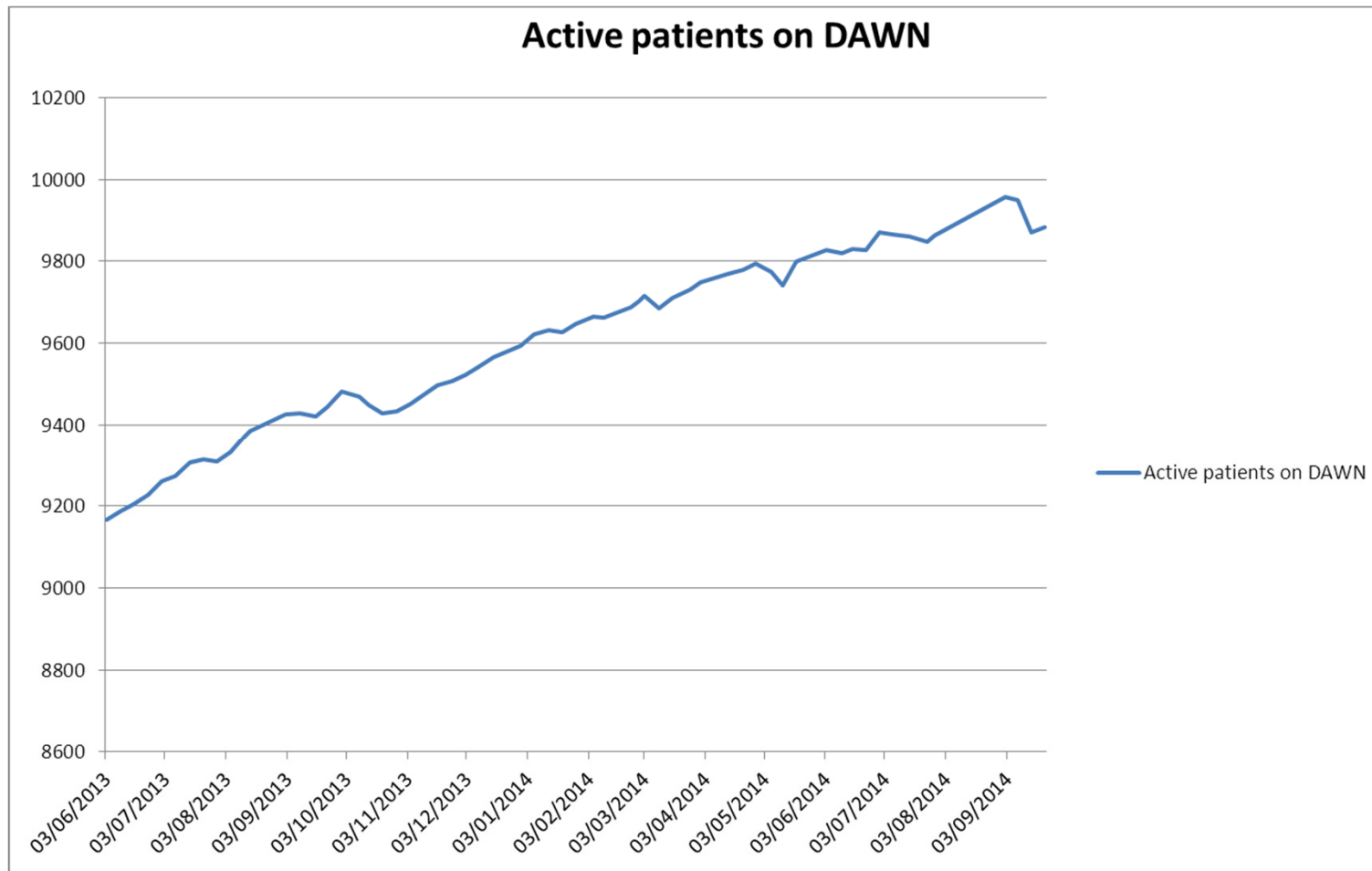
- ▶ January 2014
 - Investigation into alternative technologies
 - NOAC clinic started
 - Meeting with Leeds West CCG
- ▶ Radical improvements
 - Equals a better service
- ▶ However...

Leeds ACS 2014

- ▶ 2013–2014
 - Around 125,000 INR and doses
- ▶ Community Clinics
 - 22 Community clinic
 - 109,000 INR and doses
- ▶ Staffing issues
- ▶ Referrals move faster than the NHS

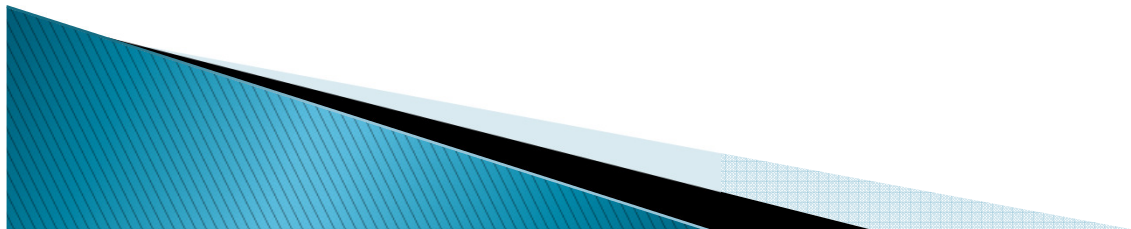


Leeds ACS 2014



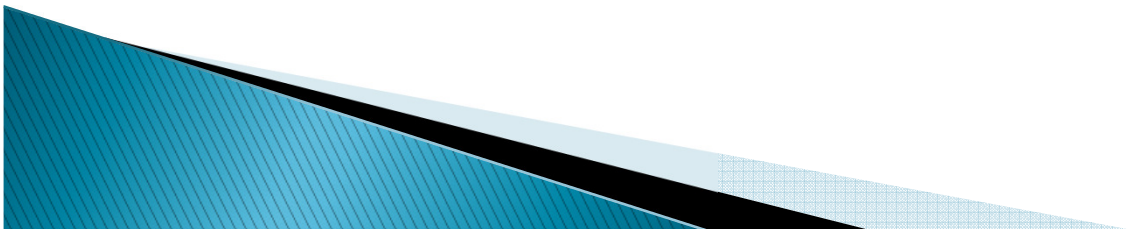
Barriers

- ▶ Recruitment
 - Justification
 - Time
- ▶ Pathology Managed Service Contract
 - ~~April 2013, April 2014, June 2014, September 2014~~
 - November 2014?
- ▶ IT issues
 - Connectivity, Networking, New Pathways



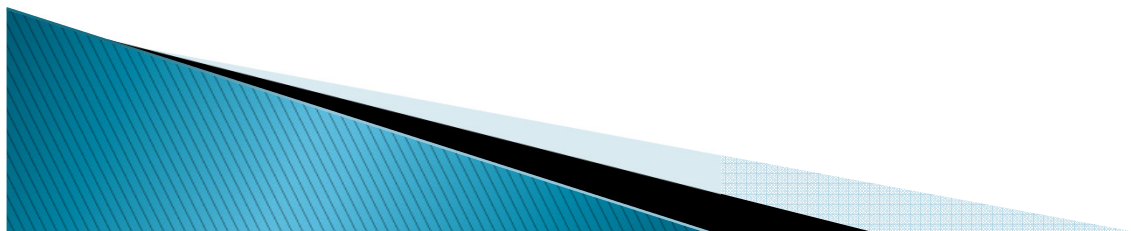
Barriers

- ▶ Estates and Facilities
 - More room required in community sites
 - Hub location to be established
 - Space for fleet and patients
 - Convenient locations



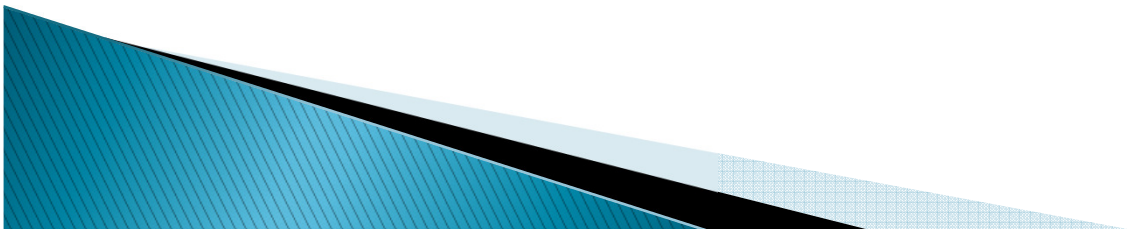
Enablers

- ▶ Leeds West CCG keen to support service
 - Risk assessment data
 - Service record
 - Outcomes based service specification
- ▶ Experience and expertise
- ▶ Pathology managed service contract...eventually
- ▶ GRASP-AF and NICE guidelines



Enablers

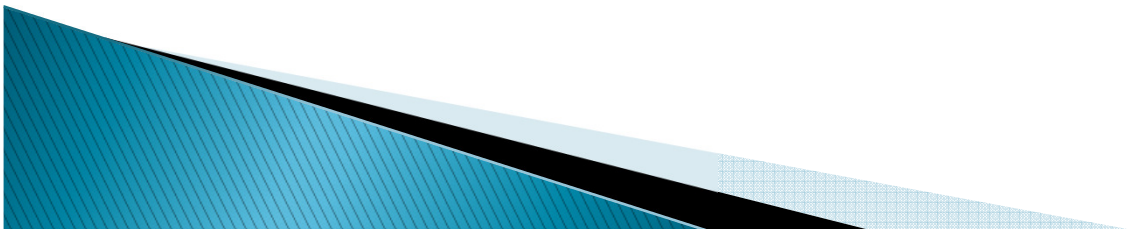
- ▶ Clinical leadership
 - Dr Lishel Horn, Katherine Stirling
- ▶ Dedicated staffing
 - My marvellous team
- ▶ Our unerring enthusiasm and dogged determination



Current Service Design

▶ Hospital Clinics

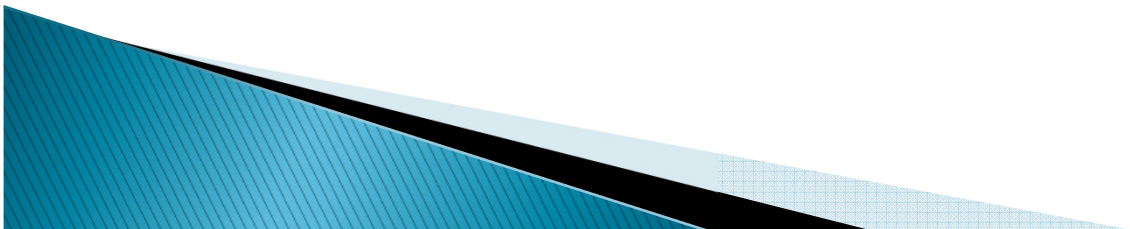
- 6 Sessions over 3 sites, plus one complex case clinic
- PoCT fingerprick testing
- Manual result input
- Clinical pharmacists, Clinical assistant, Pharmacy Technicians



Current Service Design

▶ Community Clinics

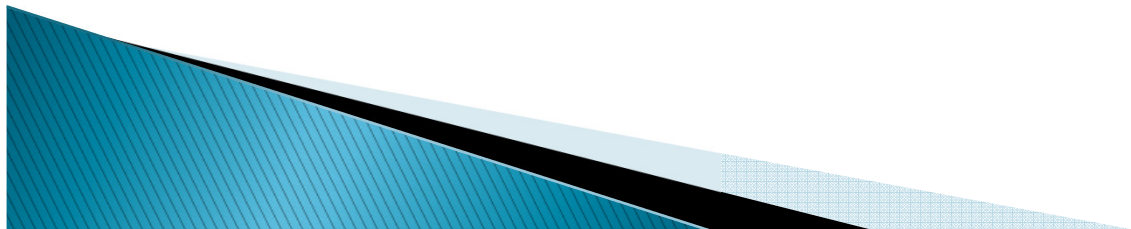
- 22 clinics over 21 sites across Leeds
- Mornings only
- Venous sampling, laboratory testing
- Electronic transfer of results
- Electronic relay of INR, Dose, Appointment to GP and EPR



Current Service Design

▶ Community Clinics

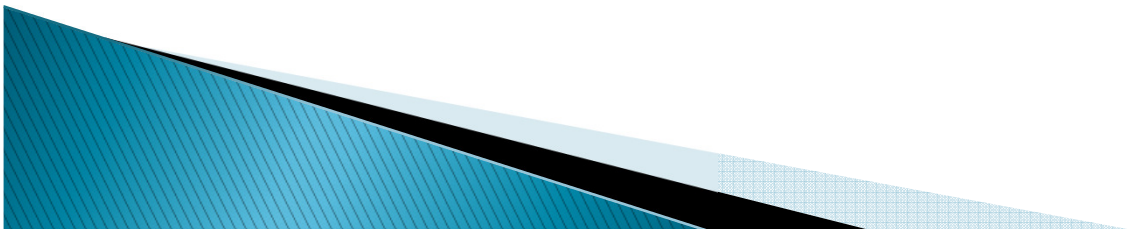
- 3 to 5 dosing staff, 500–600 INRs per day
- 14:00 – 17:00
- Dose report returned to patient by first class post
- Patients telephoned:
 - out-of-range, interacting drugs, bleeding bruising
- INR > 8.0 requested to attend hospital for Vit K



Current Service Design

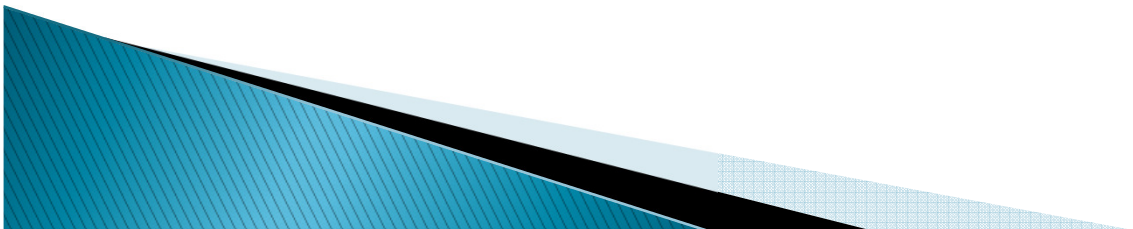
▶ Home Visits

- Approx 200 visits per week
- Arranged by postcode
- Venepuncture
- Sent to lab via GP surgeries
- May take over 24 hours to return results



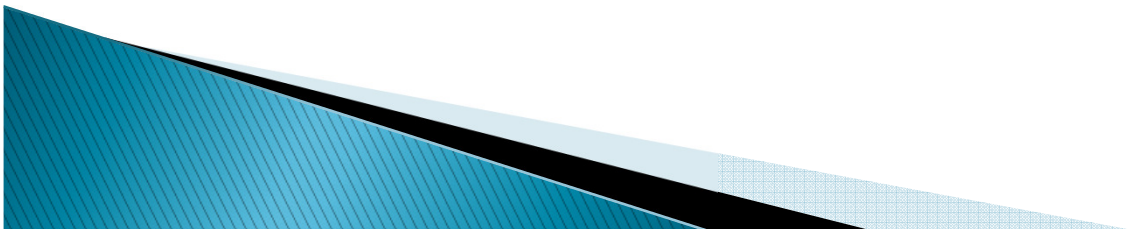
Service Reconfiguration

- ▶ What it will look like
 - Hub and spoke model
 - Real time dosing and return
- ▶ 3 Key Areas
 - Hospital / Hub
 - Community
 - Home Visits



Service Reconfiguration

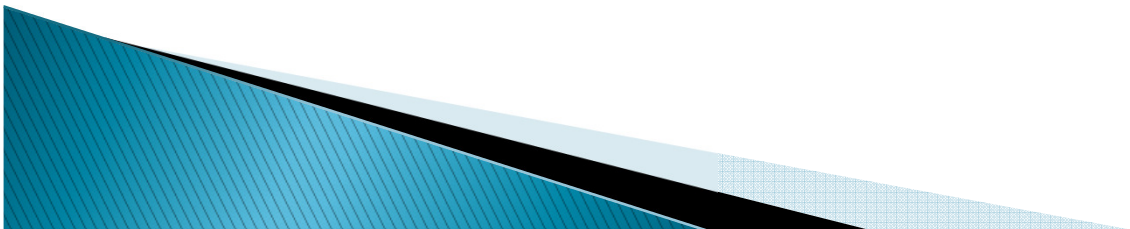
- ▶ Hospital clinics
 - Hub based
 - Additional capacity
- ▶ Community
 - 30 to 45 sessions per week, 100 patients
 - Dosing staff, support workers, prescriber/PGD
 - Mornings and afternoon sessions
 - Capillary testing
 - Vit K / tinz in clinic



Service Reconfiguration

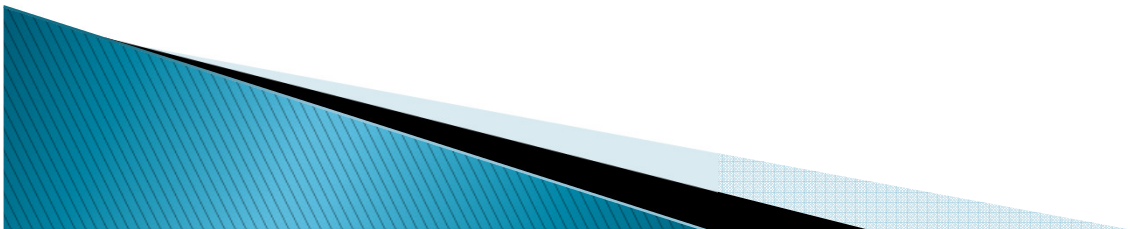
▶ Home Visits

- Additional capacity
- PoCT testing
- Direct contact to hub
- Nurse available for triage / intervention
- Parity of service



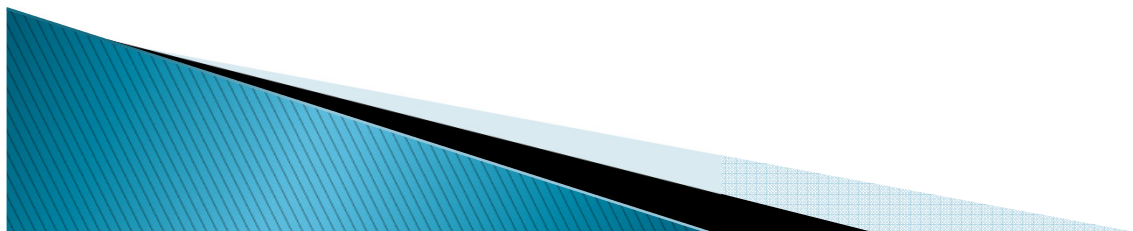
Moving Forward

- ▶ **Project Board**
 - Meet monthly
- ▶ **Workstreams**
 - 8 workstreams
- ▶ **Potential partnerships**
 - Joint working
 - Project management



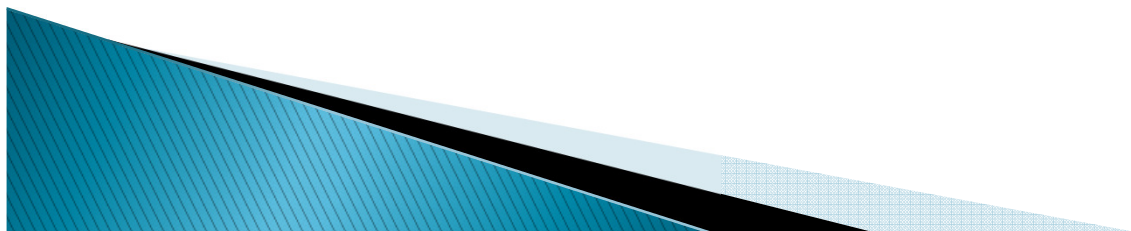
Workstreams

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



What Next?

- ▶ Implementation by April 2015
- ▶ Pulling together workstream goals
- ▶ IT and Connectivity
- ▶ Locations to work
- ▶ Recruitment of Staff
- ▶ Update next year?



Acknowledgements

- ▶ Leeds Teaching Hospitals
- ▶ Leeds West CCG
- ▶ Blackpool ADAS
- ▶ Wansbeck ACS
- ▶ Nottingham ACS

