

NHS FIFE RESPONSE TO PUBLIC PETITIONS COMMITTEE PETITION [PE1566](#)

In answer to the specific questions raised in the correspondence:

- (i) Does your NHS Board have a protocol, e.g. a service delivery model or similar policy, on self-testing and self-management for warfarin patients?**

NHS Fife has an existing service delivery model to enable patients to self-manage / self-test their anticoagulants in certain circumstances. The protocol was developed through a small multidisciplinary group in East Fife and tested on a small group of patients interested in self-managing their warfarin. The initial testing demonstrated that patients were maintained at a high level of Time in Therapeutic Range (TTR) a marker of good anticoagulant control. The protocol was based on existing national guidance on 'Patient self-testing and self-management of oral anticoagulation with vitamin K antagonists: guidance from the British Committee for Standards in Haematology'. The service was developed with the support of the NHS Fife Point of Care Testing Committee. The development evaluated well qualitatively from both patient and GP perspective.

Patients are provided with training and education and are then assessed on use of the coagulometers and results recording. Ongoing Quality Control arrangements are provided where possible by the GP practice after agreement and liaison with the service team. For patients registered with practices without Near Patient Testing technology patients are followed up by the service team. This service has historically been based in the East of Fife. A small number of practices have also supported self-management and developed their own protocols based on that described above. The protocols underpinning the service have been shared with other Health Boards.

We currently have a small supply of coagulometers which can be loaned to patients interested in self-managing / testing their warfarin to see if the benefit obtained would warrant them buying their own meter for ongoing self-management. This has proven popular for patients on long-term warfarin interested in buying their own meter to inform their decision. Almost all patients referred from practice have gone on to buy their own meter. Some patients had already bought a meter prior to referral and have also been supported through the service.

- (ii) What guidance and training does your NHS Board provide to its NHS staff on self-testing and self-management for warfarin patients and is its implementation monitored?**

The service team currently consists of two pharmacists dedicating a small amount of time. One attended a 'Training the Trainers' course for anticoagulant self-management at the University of Birmingham Primary Care Department where the UK self-management model was developed. Local guidance was developed through a multidisciplinary team and based on the Birmingham model with support from the NHS Fife Point of Care Testing Committee. The second pharmacist was trained by the first in delivering the service through patient training and assessment.

When patients are transferred back to their practices for ongoing support, information is provided to their practice around ongoing QC requirements and results reporting. The patients are supported by the practice staff delivering anticoagulant clinics and ongoing liaison with the service team if needed is encouraged.

The individual practices that support some of their patients have been provided with the self-management protocols above though how staff have been trained specifically has been managed through the practices.

- (iii) What is your NHS Board doing to promote self-testing and self-management amongst its warfarin patients? If it does not promote self-testing and self-management, please explain the reasoning behind this decision.**

In 2012 SIGN 129 – ‘Antithrombotics: indications and management’ advised that self-management / testing is safe and effective and can be considered for some patients. The HIS Evidence Note 50 released in June 2013 advised Boards that ‘*Economic analyses suggest that in the United Kingdom (UK) healthcare setting, INR self-monitoring is unlikely to be cost effective when compared with usual care.*’ As a result the service has not been widely promoted even within the local area of development, though referrals continued from those practices with existing patients. The small pharmacy resource used to support patients would need increased should more patients be accepted into the service.

However, since the release of the Evidence Note further guidance has become available through NICE (September 2014) with further cost-effectiveness information included and suggesting that self-management was more cost-effective than indicated in the Evidence Note. With this information and the development of the Clinical Strategy for NHS Fife all Primary Care based anticoagulation services will be reviewed to standardise services offered and an expanded self-management service would be considered.

- (iv) What protocol, guidance or measures are in place in paediatric hospitals or paediatric care facilities in your area to provide support for warfarin patients who move from paediatric to adult services? Is there any oversight of this process, especially in circumstances where an individual is moving between different NHS Board areas, and what training or guidance is provided to staff on this issue?**

There is limited support available in paediatric care facilities in Fife as most paediatric patients initiated on warfarin are done so through tertiary centres. The patient’s parents are trained by specialist tertiary care staff to undertake the test and phone the tertiary centre for dosing advice. For patients moving from paediatric to adult care, the transition is currently managed through the individual practices with minimal centralised involvement.

- (v) How many warfarin patients are there within your authority and, of those, how many self-test and/or self-monitor?**

Total number of patients taking warfarin in Fife – 4,721 (April 2015)

Total number of patients receiving test strips – 60 (1.2% of warfarinised patients)