(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 Highland does not have a protocol or delivery model for self testing. The decision to self test and self manage is left as a matter to be agreed by a patient and his or her GP as they are best placed to understand the individual patient's needs and capabilities. To support this there is no restriction on GP prescribing of anticoagulant test strips.

(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?

NHS Highland does not provide guidance or training to its staff on self testing and self management for warfarin patients. However staff are able to contact the Haematology Service for advice should they wish to discuss any aspect on INR monitoring, and this includes patient self-testing and monitoring.

(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.

NHS Highland does not promote or discourage self-testing and self management amongst its warfarin patients. GPs may prescribe self-testing strips and to support patients to self manage their warfarin if they consider it to be in the patients' best interest.

Publications from SIGN (129) in 2012 and HIS (Evidence Note) in 2013 advised that self testing and self monitoring was unlikely to be cost effective and therefore NHS Highland continued to support testing via general medical practices.

NHS Highland notes that NICE issued DG14 (Atrial Fibrillation and heart disease: self monitoring coagulation status using point of care coagulometers) in September 2014 was issued and evidence was presented which suggested that self-testing and self management is possibly more cost effective than indicated in the Evidence Note from HIS. The Haematology Service in NHS Highland has indicated that it will consider the evidence presented in NICE Guidance DG14 at the next anticoagulation service meeting.

(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? As management is provided by GPs there is no handover required when a child transfers to adult services.

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

As most warfarin management has been handed over to GPs, central records are no longer held. Before this time there were about 2500 patients in Northern NHS Highland (ie excluding Argyll and Bute). It is therefore likely that about 1000 to 1500 patients in Argyll and Bute were being prescribed warfarin at that time. These numbers are likely to have declined with the introduction of the new oral anticoagulants and will decline further in the next few years.

Prescription data shows that in NHS Highland about 27 patients are prescribed anticoagulant testing strips - these patients might be considered to be self managing their warfarin. This is likely to be in the region of 1% of all patients being prescribed warfarin in NHS Highland.