

**OFFICE OF CHAIRMAN
& CHIEF EXECUTIVE**

Summerfield House
2 Eday Road
Aberdeen
AB15 6RE



Ms Sigrid Robinson
Assistant Clerk
Public Petitions Committee
Room T3.40
The Scottish Parliament
Edinburgh
EH99 1SP

Dear Ms Robinson

CONSIDERATION OF PETITION PE1566

Thank you for giving NHS Grampian the opportunity to respond to Public Petition PE1566 calling on the Scottish Parliament to urge the Scottish Government to implement a National Service Delivery Model to ensure that all NHS boards have the resources to assess warfarin patients who request (i.e. self-present) for self-testing and/or self-management their condition.

In response to the specific questions you raise we can provide the following information:

- 1 *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 Grampian (NHSG) does not have a protocol for self-testing and self-management for warfarin patients. Several years ago a draft protocol was constructed but this has not been formally adopted by NHSG.

- 2 *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?*

NHSG does not offer guidance to staff in any formal sense. On the rare occasions when patients ask clinicians about self-monitoring the guidelines, which have not been formally adopted by NHSG, suggest that patients should have their coagucek machine checked against a machine which has in turn been subjected to internal and external quality assurance. The practice would be responsible for training the patient in the use of the machine. We suggest that the patient contacts the practice with the INR result for dosing advice.

- 3 *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.*

NHSG does not promote self-testing. We consider that with current evidence that it is best to restrict the use to the small number of patients who will clearly benefit e.g. those who travel a lot and are not suitable for newer anticoagulant therapies.

- 4 *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?*

We are not aware of any specific agreed guidance around paediatric patients. This is likely to be dealt with on a case by case basis.

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

7337 patients are on warfarin. We do not know the number who self-monitor, but requests from practices for advice around individuals occur rarely, suggesting numbers are small.

Thank you again for giving us the opportunity to respond to the Committee's questions.

Yours sincerely

Malcolm Wright
Chief Executive, NHS Grampian