Greater Glasgow and Clyde NHS Board

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Private and Confidential

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 your letter of 24th June 2015. I have provided NHS Greater Glasgow and Clyde's response to each of the Committee's questions below.

(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?

Yes. For many years NHSGGC has provide a single comprehensive INR/warfarin monitoring service (Glasgow and Clyde Anticoagulant Service - GCAS) for adults delivered by a dedicated team via hospital out-patient clinics, community-based clinics, domiciliary visits and also by supporting a small number of 'self-testing' patients. Following a review of all GCAS services in 2014, policies and procedures for the self-testing programme were updated and the service actively promoted via our existing anticoagulant clinics by way of posters and patient leaflets. This has led, so far, to a 66% increase in adult self-testers being supported in NHSGGC.

The paediatric service at the Royal Hospital for Children has a well established INR home monitoring service which has been operating for over 10 years. The service is offered to families where there is a plan for long term anticoagulation and the majority of children on long term warfarin have home monitors which are operated by their parents. Older children and adolescents will self monitor with the support of their parents. The service currently supports around 120 families throughout Scotland.

(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?

GCAS has developed a number of policies and procedures relating to anticoagulant monitoring, including supporting self-testing patients. Senior staff, who manage the self-testers, have all received study leave to attend an external training course on providing a warfarin self-testing programme (including patient assessment, training and quality control).

As with all aspects of the GCAS service, activity and quality and any incidents or complaints are monitored via quarterly GCAS management team meetings. Paediatric nursing staff are offered the same training and learning opportunities.

(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.

As stated above, following introduction of an active promotion programme in late 2014 (by way of posters displayed at anticoagulant clinics and issuing of patient leaflets) the numbers of self-testing adult patients has increased by 66% (from 50 to 83).

(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?

The paediatric hospital in NHSGGC has an active warfarin self-testing programme currently supporting 120 children from all across Scotland. When these children transfer their cardiac follow-up to the adult sector, the paediatric anticoagulant service transfers their anticoagulant support to the relevant local adult anticoagulant service. Within NHSGGC this works very well – there is an Standard Operating Procedure (SOP) for the transfer process and a referral letter is sent from paediatric to adult anticoagulant service. Furthermore, since both adult and paediatric services use the same anticoagulant monitoring database [DAWN^{AC}] there is a seamless transfer of all the relevant anticoagulant history.

Where the child comes from an external NHS Board the paediatric anticoagulant service will refer the young adult to their local anticoagulant service provider, however difficulties may arise if that provider does not support patient self-testing!

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

Within NHSGGC there are approximately 14,000 adults on warfarin managed through the GCAS service. Of these, 83 are self-testers supported by the GCAS service. In addition, the NHSGGC paediatric service currently supports 120 self-testing children from across Scotland (including NHSGGC). None of the children or adults currently self-manage.

I trust this is helpful but please do not hesitate to contact me if you require anything further.

Kind regards.

Yours sincerely

ROBERT CALDERWOOD Chief Executive