

PE1566/T

Petitions Committee PE1566 re Warfarin

NHS Shetland

1. We do not have a service delivery model for self testing and self management of warfarin.
2. We do not train staff regarding self testing and self management of warfarin as it is not applicable.
3. We do not promote self testing. Each GP surgery undertakes the testing of patients on warfarin and uses the INRSTAR computer programme for monitoring dosages. Evidence is that this is providing overall better control of INRs than clinicians advising on dosages. There is good evidence from the hospital laboratory to suggest that the INR results in the community are accurate as there is rarely a discrepancy between the GP based results and the hospital results when a patient is admitted or discharged from hospital. The laboratory had a process for calibrating the INR machines but due to staff shortages this has been curtailed but there was no evidence that calibration was a problem and there is no evidence that the accuracy of results has been adversely affected. The primary care pharmacy lead has provided a robust training programme for primary care in the use of INRSTAR. Any Significant events involving warfarin are reviewed by senior clinicians and learning disseminated throughout the organisation as appropriate.
4. There are only sporadic paediatric cases requiring warfarin and these cases are managed on an individualised case by case basis supported by the relevant consultant paediatric specialist and local paediatric nurses and GPWSI.
5. There are 333 patients (approximately as the number varies from time to time) on warfarin and none self test or self monitor.