Survey of GP and community pharmacist confidence in ensuring safe and effective anticoagulation
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NICE guidance on atrial fibrillation (AF) recommends that patients on anticoagulation with warfarin should have time in therapeutic range (TTR) assessed. Patients with TTR <65% should be reviewed to try and improve control; for some direct oral anticoagulants (DOACs) may be suitable.

Oxford University Hospitals (OUHFT) provides a ‘dose and post’ warfarin service, managing 8000 patients (5600 with AF). Whilst this service benchmarks well (mean TTR 72%), analysis in 2016 showed that 2125 patients had TTR <65% (1500 with AF). Oxfordshire GPs are responsible for review of anticoagulation control and DOAC initiation. Informal feedback suggested not all GPs felt confident to do this. In order to more fully understand the anticoagulation educational and service needs of local GPs, a questionnaire was sent to all Oxfordshire GP practices in April 2016.

76 responses were received from individual GPs. 43% of GP respondents did not feel confident in assessing anticoagulation control on warfarin; 67% did not feel confident in knowledge of DOACs; 53% did not feel confident in prescribing DOACs. Additional services considered useful: email support (77%), telephone advice (49%), education (49%), specialist pharmacist outreach support (30%), centralised DOAC initiation (45%). 37 respondents provided comments which were thematically coded, some containing multiple codes. Themes included: education/outreach (13), centralised information resource and local guidance (11), time pressures (9), resources and cost (9), safety concerns (2).

A similar survey was sent to community pharmacists in Oxfordshire. From a total of 21 respondents: 38% did not feel confident in their knowledge of DOACs; 28% were not certain that they had access to materials to help them with counselling; 43% did not feel confident to counsel a patient on a DOAC; 29% did not feel their knowledge was sufficient to undertake a New Medicines Service review for DOACs; and 33% did not feel confident to undertake an Medicines Use Review for DOACs. Whilst the numbers are small, it suggests that significant numbers of pharmacists would require upskilling to offer a full service and realise the benefits.

These surveys highlight finite knowledge and confidence amongst Oxfordshire GPs and pharmacists in assessing warfarin control and safe prescribing of DOACs. The surveys encouraged collaboration between OUHFT, Oxford Academic Health Service Network and Oxford Clinical Commissioning Group. A one year project is currently underway, funded by a
Medical Educational Goods Services grants from Pfizer and Daiichi Sankyo, aiming to upskill both GPs and community and practice pharmacists using outreach education sessions and offering further support with an email advice line. Feedback of the service so far is positive and TTR data will be reviewed regularly to analyse impact.

Nationally, varying projects are underway to optimise anticoagulation locally, many dependent on a centralised initiation service for DOACs; and it will be important to evaluate the impact of these different approaches. The knowledge and confidence of GPs and pharmacists might vary regionally, depending on local commissioned services and education/support available. However, the authors believe that whatever service is used for initiation of anticoagulation, it is crucial that GPs and pharmacists have sufficient understanding of a rapidly evolving field to ensure safe prescribing and sustained insightful monitoring.