**Project Outline – Pharmacist Led Anticoagulation Initiation Service**

**Background**

The Oxford Academic Health Science Network (AHSN), together with Buckinghamshire Healthcare NHS Trust, is currently establishing a new model of service delivery for the initiation of anticoagulation therapy in primary care. Recognising the recruitment and demand pressures currently facing General Practitioners, we are driving through a system-based change through an innovative model which harnesses the capacity and specialist expertise available within the Pharmaceutical profession. The Primary Care Anticoagulation Initiation Service (PCAIS) is delivered by dedicated Specialist Pharmacists who will assess and counsel patients in the primary care setting and prescribe an appropriate anticoagulant.

Currently the burden of anticoagulation initiation sits with General Practitioners who have varying levels of expertise in prescribing DOACS and who do not always have sufficient time to have a high-quality discussion about the benefits and risks of anticoagulation with patients.

The overall aim of the project, which is currently in pilot phase, is to reduce the number of AF related strokes in participating CCG areas through increasing the number of patients with known AF who are receiving appropriate anticoagulation therapy. The Primary Care Anticoagulation Initiation Service (PCAIS) will achieve this through:

- Taking the burden of “decision to anticoagulate” away from the rushed setting of the GP consultation and into an environment where there is sufficient time for a structured conversation and shared decision making with the patient.
- Providing a secondary care level of expertise in a GP practice setting.
- Ensuring consistency in prescribing; a team of Specialist Pharmacists working to defined guidelines as opposed to multiple GPs with differing levels of expertise.

**Goals**

The goals of the project are to:

1) Improve the quality of patient care

   - All patients with AF being considered for anticoagulation will receive a consultation with a Specialist Anticoagulation Pharmacist. This consultation will include a full discussion of risks and benefits of anticoagulation with the patients so that a shared decision can be made.
• By centralising the decision to initiate anticoagulation into one service provider, patients across the CCG can expect consistent advice on the risks, benefits, efficacy and suitability of each anticoagulant.
• A high quality consultation and the opportunity to discuss side effects (follow-up after 2 weeks) will be likely to increase patient adherence with the treatment regime which will reduce the risk of AF related stroke.

2) Increase the rate of uptake of innovation
• Immediate and future challenges facing GP recruitment require new and innovative approaches to dealing with the shortfall; this proposal draws on the specialist skills of pharmacists to deliver a service traditionally delivered by GPs.
• The project will take a “proof of concept approach” that will enable the rapid creation of a robust and real evidence base. This will be essential for influencing commissioning decisions and ensuring diffusion and spread.

Delivery
The service is led by a Consultant Pharmacist and delivered by dedicated Specialist Pharmacists. GPs refer via email using a proforma template. Referrals are accepted for:
• Treatment naïve patients
• Patients who should be considered transition from Warfarin to NOAC due to poor TTR
• Patients who should be considered for an alternative anticoagulant due to unacceptable side effects, new or resolved contraindications
• Patients who have previously declined treatment but are now willing to discuss treatment

Patients are given a 30-minute structured consultation including information about stroke risk and bleeding risks. Shared decision-making techniques are used to ensure that patients are offered the most appropriate anticoagulant for their clinical condition and preference. All Specialist Pharmacists employed within the service are non-medical prescribers and will issue the first-month prescription. The consultation is detailed on EMIS.

Patients initiated on warfarin are started on warfarin and referred to their usual anticoagulation clinic for on-going monitoring. Patients initiated on a DOAC have a telephone follow-up after 2-3 weeks where any side-effects, anxieties or concerns will be discussed. A helpline will be available for patients and GPs to discuss any queries or concerns.
Results to date

- 371 patients reviewed in first 5 months
- Average age 79
- Average stroke risk – 9% per annum
- 121 anticoagulation naïve patients reviewed; 82 (67%) initiated on anticoagulation
- 250 warfarin patients reviewed – 131 (53%) transitioned to a DOAC