SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Anticoagulation Monitoring within Primary Care
Commissioner Lead	Sarah Boyd-Short, Wirral Health & Care Commissioning
Period	1 April 2019 – 31 March 2021
Date of Review	Circa Jan 2020

1. Population Needs

1.1. National/local context and evidence base

NHS Wirral Clinical Commissioning Group has a registered population of 336,210 patients (31 March 2018), with 51 GP member practices.

The introduction of Quality Outcomes Framework (QOF) indicators for atrial fibrillation (AF) has greatly increased the identification and treatment of this group of patients (who are often asymptomatic). The number of Wirral patients with a diagnosis of AF and recorded as being on anticoagulants is approximately 7728, (as at March 2019).

Prior to the introduction of the Direct Oral Anticoagulants (DOACs), there was limited patient choice for the management of Atrial Fibrillation. DOACs are now an option for treating adults at risk of stroke or systemic embolism with Non-Valvular Atrial Fibrillation (AF). It is recognised that not all patients will be suitable for warfarin and these types of patients could benefit from the use of DOACs. Both Warfarin and DOACS are now considered first line agents in anticoagulation treatment.

Clinical management of patients will respect and adhere to the appropriate national guidelines issued by the British Committees of Haematology (BCSH), NICE guidance and the National Patient Safety Agency (NPSA).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

Key service outcomes are as follows:

- Reduced AF-related stroke rates and lower bleeding rates
- Improved health outcomes for patients requiring anticoagulation
- Improved stability of patients' INR levels
- Enhance patient knowledge of their condition and activity in their treatment management
- Provision of care closer to home
- Greater equity in healthcare across Wirral
- Continuity of care and holistic care for patients

3. Scope

3.1. Aims and objectives of service

- To deliver an anticoagulation monitoring service within the community setting.
- To offer a standardised and clinically effective monitoring and management of patients undergoing oral anticoagulation therapy in order to ensure good control, reduce complications and to achieve therapeutic objective of effective and safe thromboprophylaxis.
- To have an understanding of a patient's initiation onto anticoagulation therapy, including details of recognised indications and the specified length of time.
- To offer a convenient service for patients' - appreciating additional needs such as any comorbidities, polypharmacy and frailty considerations, including those who are housebound.
- To regularly review the need for continuation of therapy and discontinue therapy when appropriate.
- To refer the patients to other services as clinically appropriate.
- To provide comprehensive and ongoing education to patients to better understand their therapy.
- To use an evidence-based Clinical Decision Support System (CDSS) set up and used to support the healthcare professional when dosing.

The service provides a general practice based service for the management of the following patients (where agreed clinically appropriate):

- ✓ Warfarin & DOACs (Direct Oral Anticoagulation Drugs – formerly known as New or Novel Oral Anticoagulation Drugs - NOACs)
- ✓ Warfarin only
- ✓ DOACs only
- ✓

This specification presents a variant to the previous Anticoagulation National Enhanced Service and includes the use of DOACs.

3.2 General Overview

Warfarin, DOACs or an alternative Vitamin K Antagonist (VKA)

Warfarin is for the management of an increasing number of patients and conditions, including patient's post myocardial infarction, atrial fibrillation, DVTs and other disorders. While it is a very effective drug in these conditions, it can also have serious side effects, e.g. severe haemorrhage. Warfarin is also problematic as it has a narrow therapeutic window, meaning that for some patients, control is difficult to achieve. These side effects are related to the International Normalised Ratio (INR) level which measures the delay in the clotting of the blood caused by the Warfarin. While the normal INR is 1, the specific range of INR values depends on the disease and the clinical conditions. Warfarin monitoring aims to stabilise the INR within set limits to help prevent serious side effects, while maximising the effective treatment.

The choice of anticoagulation agent should be made following full discussion with the patient and based on their clinical features and preferences.

DOAC drugs have now been available and fully licensed for some years. They are NICE approved for use as anticoagulants in patients with Non-Valvular AF and in the prevention and management of patients with acute or recurrent venous thromboembolic (VTE) disease such as DVT and or PE. They are also licensed and approved in the prevention of VTE post operatively in hip and knee cases. They are not approved for use in VTE associated with malignancy or in patients with mechanical heart valves or in those patients with significant mitral stenosis

3.3 Service Description/Care Pathway

The role of anti-coagulation in primary and secondary prevention of ischaemic stroke and other conditions is well established. There are a number of groups of patients who benefit from anticoagulation therapy, including those with replacement heart valves, recurrent thrombosis or atrial fibrillation (AF). Ongoing monitoring of these patients is required to ensure that dosing is adjusted to maintain the optimum effect and to reduce the risk of adverse events and complications.

Providers must deliver anticoagulation monitoring for all patients who take anticoagulation medication; unless there are exceptional clinical reasons where appropriate referrals to secondary care are to be made for further advice and management.

The practice shall identify a clinical lead(s) that shall be responsible for ensuring that the service is delivered in accordance with the specification.

3.3.1 For Patients on Warfarin or alternative Vitamin K Antagonist (VKA)

A patient contact will constitute:

- Taking of blood sample (and testing the sample if adopting a point of care test – level 3)
- Interpretation of results through consultation with the patient on: bleeding or thrombotic incidences, tablet compliance, changes of medication, lifestyle changes
- Adjust warfarin dosage accordingly, principally supported by an accredited CDSS.
- Counsel the patient
- Update the patient's yellow book – i.e. date, INR result, dose in mg and date of next appointment
- Update the patient record and communicate with the prescriber appropriately
- Determine and booking appropriate/suitable follow up appointment(s) depending on the stability of the patients result.
- An assessment of overall control (as per NICE) should be undertaken at each INR visit.

Assessing Anticoagulation Control with Vitamin K Antagonists.

Calculating and documenting the patient's Time in Therapeutic Range (TTR) at each visit. When calculating TTR:

- Use validated method of measurement such as the Rosendale method for computer- assisted dosing or proportion of tests in range for manual dosing.
- Exclude measurements taken during the first 6 weeks of treatment.
- Calculate TTR over a maintenance period of at least 6 months.

Reassess anticoagulation for a person with poor anticoagulation control shown by any of the following:

- 2 INR values higher than 5 or 1 INR value higher than 8 within the past 6 months
- 2 INR values less than 1.5 within the past 6 months
- TTR less than 65%

Education and newly diagnosed patients - Patients attending their first visit for anticoagulation therapy in primary care may have had information on the management of, and prevention of, secondary complications of their condition. Such information will be reviewed with them and educational counselling should be provided at initial appointment, and regularly, to ensure the patient is aware of and understands the following:

- Name of drug and current dose including tablet colours
- A contents of the Oral Anticoagulation Therapy (OAT) pack and yellow anticoagulation book
- Target INR and range
- Reason for and objectives of treatment
- Anticipated length of treatment
- What to do in the event of a missed or wrong dose
- Symptoms of under dose (e.g. progressive worsening of thrombotic signs or new symptoms such as PE) and overdose and what to do if these occur
- Complications of treatment including side effects and bleeding
- Drug and food interactions
- Changes in medication or new medication requiring early monitoring
- Which medications (e.g. antibiotics) including OTC medications require particular care
- What to do if dental treatment or surgery is required
- Contact details for the practice in case of concerns

Individual management plan – these will be prepared with the patient, giving the diagnosis, planned duration and therapeutic range to be obtained, and how to access further support and advice.

Clinical Procedures - ensure that at initial diagnosis, and at least annually, an appropriate review of the patient's health is undertaken, including checks for potential complications and, as necessary a review of the patient's own monitoring records. This includes a clinical review at the end of treatment for all patients, particularly for those presenting with spontaneous DVTs as specified in the NICE Guidance.

To ensure that all clinical information related to the service is recorded in the patient's own GP held record, including the completion of appropriate documentation to record that the patient is on Warfarin.

Checking the INR and recommendations related to omitting doses or adjusting doses will be carried out in line with the British Committee for Standards in Haematology guidelines (BCSH). In addition, for patients with a newly diagnosed VTE, if their INR drops below 2.0 within the first 30 days then bridging therapy with treatment doses of LMWH is needed. Bridging therapy with LMWH or unfractionated heparin. Where INR is below 2 (for any INR target range) and the patient is at higher risk of thromboembolism (e.g. within the first 30 days of acute VTE or has had recurrent VTE at lower levels of INR previously) then bridging therapy should be used. Enoxaparin is the preferred choice but in some cases it may be appropriate to use unfractionated heparin. The dose of enoxaparin should give full anticoagulation until the INR reaches 2. In the case of a newly diagnosed DVT or PE, the enoxaparin or UFH should be continued for a minimum of 5 days and until the INR is in range for 2 consecutive days.

There are various situations where bridging therapy may be required, e.g. restarting warfarin post INR above 8, patients admitted with a sub-therapeutic INR but at risk from thrombosis. Ensure the LMWH or UFH is reviewed daily and discontinued when INR>2.

Ensure patients taking anticoagulants maintain coagulation within a prescribed range by:

a. Stopping or adjusting the therapy when necessary i.e. discontinue one or more anticoagulant drugs in accordance with national and local guidelines and the patient's response. (NPSA Alert 2007).

b. Anticipating and communicating to patients changes that may affect coagulation, such as diet, alcohol consumption, lifestyle and drug interactions.

c. Communicating dose changes to the prescriber.

d. Maintaining a stock of Vitamin K e.g. Konakion. Further guidance is detailed in the Anticoagulation Guidelines (Appendix 1) and in the ORAL ANTI-COAGULANT: High INR Pathway (Appendix 3).

e. Audit **–** to carry out an annual clinical audit of the care of patients against the above criteria, using the BSH/NPSA safety indicators (as detailed below), including untoward incidents. This should also review the success of the practice in maintaining its patients within the designated INR range as part of quality assurance.

- proportion of patient-time in range (or percentage of INRs in range) per quarter
- percentage of INRs >5.0 per quarter
- percentage of INRs > 8.0 per quarter
- percentage of INRs > 1.0 INR unit below target (e.g. percentage of INRs < 1.5 for patients with target INR of 2.5) per quarter
- percentage of patients suffering adverse outcomes, categorised by type e.g. major bleed
- percentage of patients lost to follow-up (and risk assessment of process for identifying patients lost to follow-up)
- percentage of patients with unknown diagnosis, target INR or stop date
- percentage of patients with inappropriate target INR for diagnosis, high and low
- percentage of patients without written patient educational information
- percentage of patients without appropriate written clinical information e.g. diagnosis, target INR, last dosing record.
- Practices should identify any learning and review the annual audit results at a practice meeting, and if required, develop an action plan for improvements based on results.

3.3.2 For Patients on a Direct Oral Anticoagulant (DOAC)

Initiation of DOACs – patients must be properly assessed for their suitability for treatment before they are commenced on DOACs for the first time. This should include:

- Risk/benefits of DOAC therapy compared to other forms of anticoagulation and likely length of therapy
- Baseline assessment (or within past 3 months) of weight, Hb level, renal and liver function
- Adherence with the current Anticoagulation guidelines on NHS Wirral CCG Medicines Management website and Pan Mersey Formulary.

- In the absence of a specific clinical reason to select a particular DOAC, choose the least costly DOAC first. Currently this is Edoxaban.
- Provision of written information to patient or carers regarding particular DOAC to be prescribed
- Details of follow up appointments
- Entering patients onto dedicated DOAC database

A patient contact will constitute:

- Monitoring of anticoagulation level is not required. Haemoglobin, renal and liver function should be measured at least annually or sooner if required. 6 monthly renal function monitoring is recommended in patients with reduced renal function, age over 75 years or if fragile.
- A clinical lead(s) will be identified who shall be responsible for ensuring that the service is delivered in accordance with the specification.

The following elements of the service will be delivered:

DOAC review will include:

- A structured review using an EMIS/Vision template with embedded codes for auditable items
- The review will have an adherence check built in to the template
- Patient recall will have to be planned to fit in the minimum of 1 review per patient per year or more as clinically appropriate.
- 6 monthly reviews will be undertaken for patients with low eGFR/poor renal function
- The template will include capturing the incidence of known side effects and some guidance on their management
- Audit data will need to be produced to give assurance to NHs Wirral CCG that appropriate care is being delivered and data captured will be embedded into this template
- An appropriate DNA policy/process will need to be in place

Develop and maintain a register – providers will be able to produce an up to date register of all patients on DOACs. There must be adequate systems in place to ensure that computer records are backed up regularly and that information is held securely in compliance with data protection legislation. Please see relevant read codes in appendix 2.

Call and Recall System – to ensure that systematic call and recall of patients on this register is taking place either in a hospital or general practice setting for blood tests

Professional Links – to work with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.

Referral Policies – when appropriate, to refer patients promptly to other necessary services and to the relevant support agencies, using locally agreed guidelines where these exist.

Individual Management Plan– this will be devised with the patient, and will detail the diagnosis, planned duration, and how to access further support and advice.

Clinical Procedures – ensure that at initial diagnosis, and at least annually, an appropriate review of the patient's health is undertaken, including checks for potential complications. This includes a clinical review at the end of treatment for all patients, particularly for those presenting with spontaneous DVTs as specified in the NICE Guidance section 4.1.

Training – all staff involved in providing any aspect of care under this service must have the necessary training and skills to do so.

Review - an annual review of the service will include:

- information on the number of patients being monitored, the indications of anticoagulation i.e. DVT, etc and the duration of treatment
- brief details of any computer assisted decision making equipment used and arrangements for internal and external quality assurance
- details of training and education relevant to the anti-coagulation monitoring service received by practitioners and staff
- details of the standards used for the control of anti-coagulation

Medicines Management link to Anticoagulation Guidelines - https://mm.wirral.nhs.uk/guidelines/ and https://www.panmerseyapc.nhs.uk/formulary/online-access/

Providers must deliver the following elements of the service:

a. Identify a clinical lead

b. Consider the use of DOACs in appropriate patients

c. Blood Tests - any blood tests required to monitor anticoagulation therapy will be in line with the commissioned services for community phlebotomy.

d. Post Discharge Review - following discharge from secondary care, each GP practice will be required to review and recommence appropriate monitoring.

e. Develop and Maintain a Register - practices must be able to produce an accurate and current register of all anti-coagulation monitoring and DOAC service patients, the indication for and length of treatment, including the target INR and the reason for the patient being on anticoagulation therapy. There must be adequate systems in place to ensure that computer records are backed up regularly and that information is held securely in compliance with data protection legislation. Please see relevant read codes in appendix 2.

f. Call and Recall System – to ensure that systematic call and recall of patients on this register is taking place.

g. Professional Links – to work together with other professionals where appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.

h. Outcomes Manager Tool (replacement for GRASP AF Tool) – Provider are responsible for using and running the Outcomes Manager Tool to identify patients requiring AF monitoring to support the delivery of this service and wider stroke prevention activity, in addition to aggregate data being uploaded periodically for audit and reporting purposes. Specific training in using this tool will be provided by NHS Wirral CCG/partners as necessary. Evidence of clinical activity and review of Outcome Manager lists may be requested for review by NHS Wirral CCG.

3.4 General Practitioners Responsibilities:

a. Checking the clinical indication for warfarin/VKA/DOAC and stopping treatment at the planned time. Recording in the patient's medical record the indication for Warfarin/VKA, the target INR, and duration of treatment. It may be necessary for the GP (or GP clinical pharmacist working at the practice) to contact the Hospital Consultant if this information is not provided at the start of treatment.

b. Managing repeat prescribing.

c. Managing potential drug interactions with warfarin/VKA/DOAC. If the patient is started on, or stops, a potentially interacting drug (see BNF), the GP should arrange for them to have an INR done 4-5 days after the change is made, where appropriate, and note the reason on the request slip.

d. Acute hospitals should manage the process of stopping warfarin/VKA/DOAC pre-surgery and re-starting afterwards. When this does not happen, patients may approach GPs for advice.

e. GPs providing Minor Surgery under the Directed Enhanced Service (DES) or Local Commissioned Service should follow the guidelines attached to the Minor Surgery Schemes, about how to manage patients on warfarin/VKA/DOAC.

f. Review the risks and benefits for warfarin/VKA/DOAC therapy as patients get older and develop other diseases, at least annually.

g. All patients on Warfarin/VKA/DOACs should receive counselling and education at the onset of therapy regarding any lifestyle changes needed to reduce the risk of bleeding, how to recognise the signs of significant bleeding and the need to carry personal evidence of the use of anticoagulant therapy.

h. Any significant bleeding either through the use of Warfarin or DOAC therapy must be recorded and treated as a significant event.

3.5 Training

All staff involved in providing any aspect of care under this service, must have the necessary training and skills to do so. e-learning modules are available on the BMJ website (for subscribers) such as; the relevant British Medical Journal (BMJ) modules '*Starting patients on anticoagulants: how to do it'*

Please click here and *Maintaining patients on anticoagulants: how to do it'*
Please click here. In addition the British Journal of Cardiology (BJC) modules are available for staff, especially each practice's identified Anticoagulation Clinical Lead to undertake as a minimum. https://bjcardio.co.uk/category/anticoagulation-learning/ (modules 3 & 4 in particular).

3.5.1 NHS Wirral CCG Led Training

Providers must participate in any NHS Wirral CCG led Anticoagulation/DOAC training with at least one representative involved per practice.

3.6 Service Review

Providers should perform an annual review of the service, which is to include:

- number of patients
- information on the number of patients being monitored, the indications of anti-coagulation, i.e. DVT, etc. and the duration of treatment
- brief details of any computer assisted decision making equipment used and arrangements for internal and external quality assurance
- details of any near patient testing equipment used and arrangements for internal and external quality assurance
- details of training and education relevant to the anti-coagulation monitoring service received by practitioners and staff
- details of the standards used for the control of anti-coagulation
- Utilisation/review of NHS Wirral CCG Primary Care Dashboard and relevant comparative data.

3.7 Population covered

All patients aged over the age of 18 registered with a Wirral GP practice and require anticoagulation treatment and monitoring.

3.8 Any acceptance and exclusion criteria and thresholds

The criteria for domiciliary visits is as follows:

- Are so elderly and frail or infirm that it prevents them leaving the house
- Have a severe physical disability that it prevents them leaving the house
- Have mental health problems which make it difficult to leave the home
- Have sensory disabilities especially severe visual impairment which make it difficult to leave the home
- Has profound or severe learning difficulties which make it difficult to leave the home
- Are temporarily housebound e.g. post-surgery

3.9 Interdependence with other services/providers

- NHS Wirral CCG and partner agencies involved with AF
- Wirral University Teaching Hospital NHS Foundation Trust
- Wirral Community NHS Trust
- Other health/care/third sector agencies (as appropriate)

3.10 Validation and Payment (for the term of the service specification)

Providers must ensure **all** patients monitored under this service are coded appropriately for the respective elements of Warfarin and DOAC monitoring as per appendix 2. These codes and subsequent designated searches will be used to ensure upon data consistency and for new payment purposes as advised by NHS Wirral CCG accordingly.

Providers must submit quarterly payment returns (or otherwise advised) paid in arrears for the preceding quarter. Payments will be paid pro-rata.

3.10.1 Payment for DOAC Patients

DOAC – payment is based on the number of patients actively monitored at any point in the respective quarter*.

- **£90** for the first year from initiation *(12 month period commences from date of first initiation).*
- **£30** per active patient for subsequent year(s) – post completion of year 1 initiation

3.10.2 Payment for Warfarin Patients

Warfarin patients – payment is based on the number of patients actively monitored at any point in the respective quarter *.

- **£100** per patient per annum for Warfarin monitoring

All domiciliary visits are included in these payments.

* The provider must ensure that deceased registered patients and patients who have left the practice are not included in any quarterly claims unless appropriate, such as being actively monitored at some point during the respective quarter.

The provider will be subject to routine Post Payment Verification processes as advised by NHS Wirral CCG in respect of the delivery of this service.

4 Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

The applicable national standards for the service includes;

- British Committee for Standards in Haematology Recommendations from the British Committee for Standards in Haematology and National Patient Safety Agency British Journal of Haematology 2006, 136, 26-29 https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2141.2006.06379.x

- Guidelines on oral anticoagulation with warfarin-fourth edition British Journal of Haematology 2011 https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2141.2011.08753.x

NICE Guidance

- Management of Atrial Fibrillation. NICE Clinical guideline CG180. June 2014 https://www.nice.org.uk/guidance/cg180/resources/atrial-fibrillation-management- 35109805981381

- Venous thromboembolic diseases: The management of venous thromboembolic diseases and the role of thrombophilia testing NICE Clinical guideline CG144 June 2012 http://www.nice.org.uk/nicemedia/live/13767/59720/59720.pdf

NICE TAGs

Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (TA341)

Apixaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation (TA275)

Apixaban for the prevention of venous thromboembolism after total hip or knee replacement in adults (TA245)

Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (TA327)

Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation (TA249)

Dabigatran etexilate for the prevention of venous thromboembolism after hip or knee replacement surgery in adults (TA157)

Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (TA355)

Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism (TA354)

Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome (TA335)

Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism (TA287)

Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism (TA261)

Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation (TA256)

Rivaroxaban for the prevention of venous thromboembolism after total hip or total knee replacement in adults (TA170)

National Patient Safety Agency

Actions that can make anticoagulant therapy safer. National Patient Safety Agency Alert no 18. 28 March 2007 http://www.nrls.npsa.nhs.uk/resources/?entryid45=59814

4.2 Applicable Local Standards

4.2.1 Significant Events

The provider will:

- Supply NHS Wirral CCG with full details of all serious significant events occurring within this service provision, including details of actions taken to remedy these situations.

- **All patients with a major bleed and or an INR of >= 8.0 must be reviewed as significant events.** This should be done following the high INR pathway found here

- Notify NHS Wirral CCG within 1 working day of any significant event/ incident affecting patients, staff or premises giving rise to concern via the DATIX reporting system available to all practices.

- The provider should be aware of the various reporting systems, such as the:
  - National Patient Safety Agency National Reporting and Learning System
  - Medicines and Healthcare Products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system) and accidents involving medical devices
  - Legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

4.2.2 Information Management - Data Protection

Providers must manage service user identifiable data in accordance with the law and established good practice in health and social care settings. Key laws include the General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 (DPA), Freedom of Information Act 2000 (FOIA), the common law duty of confidence and Human Rights Act 2000 (HRA).

The provider is also responsible for compliance with all NHS policies and procedures and ensuring it complies with the mandatory assertions in the Data Security and Protection Toolkit (DSPT) for the service provision.

The same standards apply to any sub-contractors the provider appoints and in the case of a sub-contractor who is data 'Processors' as defined by the DPA 2018 approval must first be sought from the data 'Controller'.

5 Applicable quality requirements and CQUIN goals

Applicable Quality Requirements (See Schedule 4A-C)

CQUIN payments do not apply to this scheme.

6 Location of Provider Premises

GP Practice

APPENDIX 1

Oral Anticoagulation Guidelines can be found here http://mm.wirral.nhs.uk/guidelines/

APPENDIX 2

Please note changes to coding of patients:

Warfarin Monitoring Code	
66Q	Warfarin Monitoring

DOAC Monitoring Code	
66QD	Anticoagulant Monitoring

APPENDIX 3

High INR Pathway: http://mm.wirral.nhs.uk/guidelines/