Update to support the safe management of patients on Warfarin for the management of non valvular AF during the COVID-19 situation.

Dear Primary Care,

We have held discussions with LTHT clinicians, Confederation Medicines Optimisation team and CCG Commissioners to consider the current position for the above group of patients.

More than ever before the system needs to work together to optimise care and management for people receiving anticoagulation. To facilitate this we are proposing a collaborative approach between LTHT, LCH and Primary Care to ensure that identified patients suitable for switching from Warfarin to DOAC are reviewed and managed in a timely manner.

Our approach has resulted in the identification of key priorities, aims and next steps which are outlined below.

**Our Aims:**
- Ensure the safe management of patients currently attending anticoagulation clinics in community settings
- Reduce the risk of exposure for these people to COVID-19 due to the necessity for continued INR testing
- Reduce the number of INR tests and Face to Face contacts for this cohort of people
- Identify suitable patients and initiate safe switching from warfarin to DOAC

**Issues:**
During discussions we have identified a number of issues
- Currently there are **6000 patients in Leeds** who require regular INR testing
- **Capacity within LTHT anticoagulation clinics is becoming limited** due to the reduced number of staff (self-isolating) we anticipate this will only worsen in the next few weeks and the reduction in clinic sizes due to social distancing measures (clinics have been reduced from 100 capacity to 40),
- **Limited capacity to maintain the current home visiting** requirements, which means this approach cannot be used to support the service and reduce the risk to patients.
Awareness that many of these people are either vulnerable patients and/or have been asked to be shielding to reduce their risk.

There is a need to consider the reduction and/or the relocation of the Community clinics due to the reducing staff resource and effective utilisation of estates, however we are aware that could raise concerns for patients with increased travelling and potential increased exposure.

What is already being done?

- LTHT clinicians are extending INR Intervals in suitable patients (Stable INRs for > 3 months).
- LTHT clinicians have identified approximately 2000 patients suitable for safe switching from Warfarin to DOAC.
- Staff are actively supporting safe switching to patients identified in clinic at present.
- LCH have identified possible alternative sites for community clinics.
- LTHT will write to practices notifying when DOAC has been initiated by clinic to avoid duplication by practice.

Proposed Plan

- The system aims to switch 1000 patients over next three months.
- LTHT anticoagulation team aim to review and switch up to 500 patients but can only manage approximately 100 patients in the next three weeks. This will require further support from Primary Care.
- LTHT Staff will continue to switch patients following consultation either in clinic or Virtual clinics – this is resulting in the issuing of Treatment advice notes/clinic letters to Primary Care.
- All patients who are switched by the anticoagulation team will be advised to contact the team if they are experiencing any problems/ side effects with the medication in the first month.
- Patients who experience side effects/ unable to tolerate the DOAC, will be prescribed alternative DOACs before warfarin is reconsidered. This will be in line with the guidance.
- Determine how to increase home visiting capacity for shielded patients and other housebound patients in conjunction with Neighbourhood teams.
- Increase the number of patients switching safely within a primary care setting.

What needs to be done in conjunction with Primary Care:
Work with PCNs and practices to identify solutions for community clinic locations which support safe practice, reduce risk to patients and minimise travel for patients.

Work with Practices to identify, review and manage patients who are suitable and willing to switch safely from Warfarin to DOACs.

Aim to review and switch a further 500 patients

Work with Practices and PCNs to identify staff resources available including pharmacists to support the identification and safe switching in primary care

Establish practice processes that ensure Treatment Advice Notes (EPRO) from Anticoagulation clinics are actioned within two working days of receipt

LTHT anticoagulation clinic will write to practices following virtual/clinic review notifying when DOAC has been recommended by clinic to avoid duplication by practice

Practices to issue a one month supply of recommended DOAC initially, patients will be advised to contact anticoagulation clinic if they experience any problems in first month

Patients with other conditions including VTE will also be reviewed by the anticoagulation service and recommendations made to Primary care to initiate DOAC.

If patients who are shielding or isolating decline blood tests or routine monitoring the Anticoagulation service will contact GP practice directly to discuss next steps.

**Resources available for Primary Care:**

- Searches to identify and prioritise patients suitable for switching from warfarin to DOACs (to follow)
- Primary care guidance for switching from warfarin to DOAC including flowchart
- Advice and guidance from Anticoagulation Service - due to extremely busy phone lines in the anticoagulant service please refer through the advice and guidance system where possible
- National Guidance

Kind regards

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