

COMMUNITY CARE, COMMUNITY PHARMACY

Oral anticoagulant care out of hospital, in your local pharmacy

Pharmacies can support patients with the introduction of new anticoagulation agents into clinical practice.



Specially trained pharmacists can provide safe and effective management of a high-alert blood thinning medication to help prevent potentially life-threatening clots or bleeding.

The pharmacist can seamlessly provide this service locally in your community.

Warfarin therapy may be lifelong or short-term (three to six months), but all patients require regular monitoring with blood tests.

Anticoagulation pharmacists, as part of an AMS (anticoagulation management service), can provide a continuum of care for patients when discharged home from hospital, as an outpatient in the community or as a resident of a long-term care facility or care home.

Community Pharmacy based anticoagulation education and monitoring programmes have highlighted the impact one stop centres can have on patient outcomes. In a recent pilot it was exhibited that patients accessing pharmacy based anticoagulation services had a decreased risk of a thrombotic event. More than 80% of patients had INR values within their targeted range. Pharmacy INR testing improves convenience and accessibility to testing by offering an increased choice of location and extended hours of availability, along with easy access information, support and advice.

Pharmacy based anticoagulation services are not limited to just INR, they can also encompass newer oral anticoagulants that require less monitoring but more patient education. Pharmacists are ideally placed to educate these patients, improving their overall compliance and concordance.

Speak to a friendly face at your local community pharmacy

A testing revolution

Taking Warfarin?

- Clinics in your local pharmacy
- Convenient access
- Excellent patient satisfaction results
- Better control and improved safety
- Reduced hospital admissions

Community Pharmacy Unfulfilled Potential?

Anticoagulation treatment titration pathways are complicated enough without the added barrier of distance from where the blood was taken, test carried out, results assessed and doses changed. This inconvenience has presented a risk to patients over many years.

With the projected prescribing showing an increased demand for anticoagulation, is it not time we made better use of pharmacy services for anticoagulation.

There is clear evidence outlining that community pharmacies can effectively implement an anticoagulation education and monitoring programme.

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Background

Consider these situations:

- It's Thursday and you have just been discharged from hospital following heart surgery for a new heart valve. The cardiologist advises you to contact your family doctor to manage your blood thinners, but you are unable to make an appointment until the following week.
- You've had a clot in your leg and your doctor requests that you travel to the lab twice a week for blood tests. It's now been two months, and the "blood test" is still not stable.
- You have a "clotting disorder" and have had clots in your lungs and now your legs. You will be taking blood thinners for the rest of your life. You will need to have your blood clotting factors – INR – tested regularly to ensure that your dose is safe.

Anticoagulants ("blood thinners") are used to treat and prevent blood clots for many "clotting" disorders such as deep venous thrombosis, pulmonary embolism, valvular heart disease, hereditary clotting disorders and, more commonly with our ageing population, atrial fibrillation which, if not adequately treated, poses a risk for cardio embolic stroke. Effective therapy with warfarin can be measured only with a blood test (INR/PT), and if the range is suboptimal (too low or too high), the patient is at risk for a clot or bleeding.

Traditionally, anticoagulation therapy has been managed by hospital clinics. The need for patients to attend clinics can be inconvenient and time-consuming. This means that patients miss appointments and can be poorly controlled. Timely monitoring of these patients is vital.

Proven Solution

When patients can access clinics at their local pharmacy, hospital admissions are reduced. On average, a patient will need to stay in hospital for 3 days when admitted due to poor control of their INR.

Patients can access testing in their local Community Pharmacy. Patients prefer improved access and are more likely to attend appointments.

The results of their blood test are available in one minute, and the specially trained Pharmacists can adjust the patients' medication if needed. The pharmacist informs the patients' GP of the results, ensuring that patient care is seamless.

Patient satisfaction is very high, as are the proven health and cost benefits of this service. Patients using the service are empowered, better educated and get a one stop service without the need to travel. Near patient testing greatly increases patient involvement in the decision making process.

We wish to work with local stakeholders to find ways to better use the skills of Community Pharmacy teams.

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