

# Surrey Heartlands Locally Commissioned Services 2024

SHLCS-A02-2024-DOAC	Direct Oral Anticoagulation (DOAC) Initiation and Review in Adults (>18 years)
KEY ELEMENTS	<ul style="list-style-type: none"> <li>➤ This LCS includes remuneration for initiating a DOAC, which includes any transfer of prescribing that has been commenced by another provider (e.g. secondary care), and monitoring and reviewing of DOAC prescribing in line with national (e.g. NICE) and local clinical guidance (e.g., Area Prescribing Committee Recommendations that are published on the Prescribing Advisory Database PAD).</li> <li>➤ Limited healthcare professional contact is required with these medicines compared with warfarin, as no INR monitoring is required. It is important that this point is raised with the patient, on initiation and as a minimum at each annual review.</li> <li>➤ Initiation for New Patients (definition is clearly set out in the specification);</li> <li>➤ An initiation review does not have to be undertaken if the clinician considers the patient has received <b>sufficient</b> information from the initiator, which must include baseline monitoring.</li> <li>➤ It is important to ensure that all relevant information is available on the practice clinical system and as a minimum creatinine clearance should be calculated as specified using agreed local guidance.</li> <li>➤ Ongoing monitoring of patients on DOACs - The frequency of monitoring should be determined based on the <a href="#">NICE Clinical Knowledge Summaries guidance</a>. Patients with unstable renal function or with a creatinine clearance &lt;30ml/min should be reviewed and the suitability of a DOAC reassessed.</li> <li>➤ The monitoring appointments should be undertaken by a registered Health Care Professional with the frequency of monitoring appointments determined based on individual patient needs.</li> </ul>
OF SPECIAL NOTE	<ul style="list-style-type: none"> <li>➤ Identify patients with specific needs such as poor compliance to optimise patient treatment and reduce adverse events.</li> </ul>
RISKS	<ul style="list-style-type: none"> <li>➤ Bridging for patients undergoing surgery who are taking a DOAC is <b>excluded</b> from this LCS and is the responsibility of the organisation carrying out the procedure.</li> <li>➤ Maintaining a record of activity is important if practices need to justify the value of their work through recorded outcomes. We encourage a simple process to be put in place to complete this.</li> <li>➤ MDT meetings on a 6 monthly basis are required.</li> </ul>
PRACTICE CONSIDERATIONS	<ul style="list-style-type: none"> <li>➤ Ensure all elements of the annual monitoring appointment are completed</li> <li>➤ Practices must have a DOAC clinical lead</li> <li>➤ Practices must have an up-to-date register with call and recall mechanisms in place</li> </ul>
PRICING:	<ul style="list-style-type: none"> <li>➤ Only one <b>annual monitoring</b> payment for each DOAC patient may be claimed irrespective of the need for intermediate monitoring appointments per patient per year <b>£55.15</b></li> <li>➤ This price reflects an aggregation of likely monitoring frequency.</li> <li>➤ Initiation – paid per appt. <b>£63.83</b></li> </ul>