SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	03-CVDS-0003
Service	Community Anticoagulation Service
Commissioner Lead	CCP for CVDS
Provider Lead	
Period	2013/14
Date of Review	To be Agreed

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	*

1. Population Needs

1.1 National/local context and evidence base

Anticoagulant drugs are used to prevent Thrombosis with the most commonly used oral anticoagulant in the UK being Warfarin.

Anticoagulants are associated with increased risks of bleeding, and affected by patient's medication and diet.

2. Outcomes

2.2 Local defined outcomes

3. Scope

3.1 Aims and objectives of service

The aim of this service is to support the delivery of Dorset PCT's strategic priorities:

The intention of the service is to manage patients within the community, where appropriate, ensuring that patients are transferred to secondary care only when the treatment needs require secondary care services.

It will do so by providing a high quality community Anticoagulation Service founded on the principles of good practice and clinical governance.

3.2 Service description/care pathway

The service will be focused on the person and centered on the premise that the individual's

needs must come first. Amongst other criteria it is expected that patients will receive:

- rapid and easy access to individually tailored treatment and care;
- effective communication in both administrative and interpersonal exchanges;
- correct investigations delivered first time (i.e. a minimum number of attendances), an accurate diagnosis and the most effective and clinically suitable treatments;
- reduction of disability and pain or discomfort caused by disease;
- help in accessing social and psychological support services.

The Community Anticoagulation Team will:

- Give appropriate high quality patient information, both verbal and written, at each stage of the care pathway and review regularly based on patient feedback;

- In all cases, patients will be fully informed about any proposed changes to their treatment plan;

- The clinicians will maintain good links with local secondary care and the identified local practices to ensure that patients can be smoothly transferred between services when appropriate;

- Practices shall be given a report or patient tests and results via email on a weekly basis;

- The service may provide telephone consultations and support for general practitioners;

- The service will participate in local audits and governance and protocols and guidelines.

- Patients with Atrial Fibrillation can be inducted by the community team;

- For patients who are due to stop treatment; a letter will be sent to their registered Practice informing them of the stop date, unless The Practice contacts the service Warfarin will cease as per the information provided;

- Patients with signs of over-anticoagulation, the community nurse will liaise directly with their Practice.

The practice will:

- Provide all the relevant referral information as per the appendix A;

- Where any patients require urgent INR's the practice will organise a venous blood sample to be taken, this ensures patient safety;

- In the case of urgent INRs the Wareham Practice may be asked to act on the results in relation to vitamin K or missed doses. This will purely be in an advisory capacity and the practice would not be asked to provide dosing arrangements;

- The practice at which the patient is registered will ensure it communicates directly with the community teams in regards to any issue relating to the patients ongoing care whenever appropriate.

Administrative Processes

The service will need:

- efficient processes in place to deal with all administration from the point of referral onwards, including a bookings and appointments system that meets all waiting time targets and other targets required of the PCT and NHS services nationally.
- to have suitable processes in place to handle and manage variations in demand (e.g. seasonality)
- to have procedures in place to deal with patients who do not attend or cancel appointments
- to have procedures in place to follow up and/or recall patients as appropriate

IM&T

The service will have appropriate electronic communications, patient administration and financial management systems.

There will be appropriate information management and governance systems and processes in place to safeguard patient information. This will need to be supported by appropriate training of staff.

3.3 Any acceptance and exclusion criteria and thresholds

The service will be provided to patients who are registered with practices within NHS Dorset and temporary residents of the area (in Weymouth, Dorchester and Bridport). The service shall be applicable to all age ranges but will only provide the community service for those patients with two stable INR results or induction of patients with Atrial Fibrillation.

This service will include capillary finger prick testing and Warfarin dosing regulated by DAWN clinical dosing software. Patients will receive medical management and appropriate.

3.5 Interdependence with other services/providers

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

The Community service will meet the National quality standards

Performance Measures

The following data will be available to the CommissionersMonthly –

- Activity data by patient diagnosis
- New and follow up appointments
- Source of referral (new patient)
- DNA rates

Core Skills/Competencies of team

The nursing team will ensure that clinical staff meet the CPD requirements of their professional and regulatory bodies, that they are competent to deliver the service and that their skills are regularly updated.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

The service will be provided from Weymouth, Dorchester and Bridport, which:

i. Complies with appropriate health and safety legislation
ii. Has disabled access
iii. Has appropriate waiting and treatment areas
iv. is appropriately furnished and equipped with necessary equipment
v. Meet cleanliness and hygiene standards

The service will be available to patients at times that reflect patients' needs/preferences whenever possible taking account of the general service requirements , the patients next appointment will be arranged (whenever possible) whilst the patient is in attendance at the clinic.

7. Individual Service User Placement