**Structured Medication Reviews and Direct Oral Anticoagulants (DOACs) IIF Dorset Resource Guide**

**General Introduction and Background**

Following the national procurement agreement for DOACs and the publication of the new IIF indicators for 22/23 we have put together some resources to support PCNs with these areas of work.

The national plan to accelerate the uptake of DOACs could see over 600,000 more patients receive treatment over the next three years, with the opportunity to prevent tens of thousands of stroke events.  NHS England recently published [Commissioning Guidance](https://generalpracticebulletin.cmail19.com/t/d-l-fyhhjg-juxdhhltd-g/) for DOACs which recommends that clinicians should use edoxaban, where clinically appropriate, consistent with the latest guidance from the National Institute for health and Care Excellence (NICE).  This approach has also been endorsed by the UK’s leading stroke charity, Stroke Association. To support the new DOAC guidance. NHSE has funded two new PCN IIF indicators CVD-05 encourages more AF patients to be treated with DOACs and CVD-06 encourages, where clinically appropriate, more patients with AF to be treated with DOACs to be prescribed Edoxaban. One of the stated aims of the IIF is to make the NHS more sustainable. These indicators were developed with this in mind and could realise substantial financial savings for the NHS. We are asking for your professional assistance, and that of your PCN pharmacy teams, to deliver these indicators.

[NHS England » Network Contract Directed Enhanced Service – Investment and Impact Fund 2022/23: Updated Guidance](https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-investment-and-impact-fund-2022-23-updated-guidance/)

SMR-01a & SMR-02 indicators aim to reduce medicines related harm and in significant aspects overlap with optimising DOAC assessment and review we have designed searches which identify patients that fall into both to aid efficient use of resource, extract from IIF guidance:

‘Provide Structured Medication Reviews (SMRs) to patients who are eligible for them. Review patients who are prescribed medicines, alone or in combination, which have higher risk of harm such as dependency or gastrointestinal haemorrhage. Review patients who are prescribed DOACs, recording their creatinine levels, weight and calculating Creatinine Clearance to ensure the dose is correct.’

Locally the Cardiology working group agreed that in line with NICE guidance that all the DOACs are considered clinically effective for treating AF,’ Apixaban, dabigatran, Edoxaban and rivaroxaban are all recommended as options, when used in line with the criteria specified in the relevant NICE technology appraisal guidance (see the [NICE technology appraisal guidance on our topic page on embolism and thrombosis](https://www.nice.org.uk/guidance/conditions-and-diseases/cardiovascular-conditions/embolism-and-thrombosis/products?GuidanceProgramme=TA)). **[2021]**.’ Link to NICE Guideline 196 [here](https://www.nice.org.uk/guidance/ng196). The group approved that Edoxaban should highlighted as first choice on the formulary to support the adoption of the national procurement commissioning recommendations in Dorset. Please note that locally we are not asking for the other DOACs to be considered in any order of preference if Edoxaban is considered not appropriate first line, all will be remaining green on the formulary. Dorset formulary can be accessed [here](https://www.dorsetformulary.nhs.uk/). Representatives from the cardiology working group and our team are taking it to the appropriate meetings in both acute trusts. The Chief Pharmacists at the acutes have also been cited on all the information / guidance on this. We will be monitoring the prescribing of DOACs in both Secondary and Primary Care and will pick up any issues moving forward. Communication has also gone out to community pharmacies in Dorset so they are aware of the changes and can support patients via the New Medicine Service (NMS).

**Resources**

**Searches**

Video detailing how to use searches <https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/IIF%2022%2023%20Searches%20and%20Recalls%20Information%20Video.mp4?web=1>

Video reference times:

Introduction 0:00

Seeing appropriate patients 4:14

Recall Coding 12:34

Search construction 14:39

Searches in SystmOne 17:00

Batch reports 30:36

Using configured outputs 34:15

Each search will pick up whether patients have been seen since 1 April from multiple indicators categories from SMR-01 and SMR-02 indicator groups

Each search category enables a PCN to choose how to prioritise their recalls dependent on workforce and strategy as described in Table 2

**Table 1 Summary of recall list options in searches**

|  |  |
| --- | --- |
| **Priority Search Groups and Descriptors** | **Explanation** |
| **IIF 22 23 SMR recall invites** | **Only patients outlined in SMR-01 and SMR-02** |
| Recall 1st invite for SMR IIF populations - no SMR in last 12m. No invite since 1 Apr |
| Recall 2nd invite to SMR IIF populations - no SMR last 12m. 1 invite since 1 Apr |
| **IIF 22 23 SMR and 10 plus medications recall invites** | **Patients in SMR-01 & SMR-02 and who also have 10 plus repeat medication templates of relevant medication to polypharmacy burden (not including appliances)** |
| Recall 1st invite for SMR total at risk populations - no SMR in last 12m. No invite since 1 Apr |
| Recall 2nd invite to SMR total at risk populations - no SMR last 12m. 1 invite since 1 Apr |
| **IIF 22 23 SMR and DOAC assessment recall invites** | **Patients in SMR-01 & SMR-02 and who also are not prescribed Edoxaban in AF** |
| All f2f Recall 1st invite for SMR IIF population - no SMR in last 12m. No invite since 1 Apr taking DOAC excl Edoxaban with AF |
| All f2f Recall 2nd invite for SMR IIF population - no SMR in last 12m. No invite since 1 Apr taking DOAC excl Edoxaban with AF |
| Rivaroxaban review and potential change to edoxaban last CrCl > 30 <90 &<120kg | **For PCNs who have requested to review Rivaroxaban as a separate workstream**  **Patients in SMR-01 & SMR-02 and who also are prescribed apixaban or dabigatran in AF** |
| Recall 1st invite for SMR IIF population - no SMR in last 12m. No invite since 1 Apr taking apixaban / dabigatran with AF |
| Recall 2nd invite for SMR IIF population - no SMR in last 12m. No invite since 1 Apr taking apixaban / dabigatran with AF |

**Configured output format for recall clerks/ teams**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHS number | Name | Age | Address | Preferred contact number | Mobile telephone | Invitations | Date | DOAC | Dose | Severe Frailty | Usual GP | Usual branch |

Configured output highlights address (to identify care home patients) previous invitation coding and date, DOAC prescribed and frailty coding.

**Coding**

Each search will pick up whether patients have been seen or invited for an SMR since 1 April until Mar 31 in any given financial year. Invitation and declined coding are listed below. Historic coding will be included in searches for next 12 months to avoid duplication of effort but newly published codes for SMR invitations should be used in future.

|  |  |
| --- | --- |
| Preferred Coding | |
| Invitation | Invitation for structured medication review Y35e3 |
| Declined | Invitation for structured medication review declined Y35da |
| Historic coding | |
| Invitation | Medication review invitation XagbK |
| Declined | Medication review declined XaJf5 |

**Templates:**

Rivaroxaban post consult letter <https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/Rivaroxaban%20Post%20Consult%20Template%20Letter%20(1).docx?web=1>

Apixaban post consult letter <https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/Apixaban%20post%20consult%20template%20letter.docx?web=1>

DOAC review letter

<https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/DOAC%20Review%20Invite%20Letter%20Template.docx?web=1>

Text template

<https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/DOAC%20TxT%20template.docx?web=1>

**DOAC Initiative FAQ document hosted on formulary** <http://www.dorsetformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=2&SubSectionRef=02.08.02&SubSectionID=A100#5332>

**DOAC Audit Report**

<https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/Dorset%20CCG%20DOAC%20audit%20report%2022.docx?web=1>

**Communication to Community Pharmacy**

<https://nhsdorsetgp.sharepoint.com/sites/Medicines/Resources/Edoxaban%20resources/Community%20Pharmacy%20communication.docx?web=1>