

Commissioning for anticoagulation

NOACs in a time of austerity

A South London approach

Heart Rhythm Congress

4 October 2011



Commissioning

Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population.

www.dh.gov.uk



Commissioning Cycle

- Strategic planning
 - Assessing needs
 - Reviewing current provision
 - Deciding priorities
- Procuring services
 - Designing services
 - Demand and capacity
- Monitoring and evaluation
 - Managing performance
 - Views of patients and public

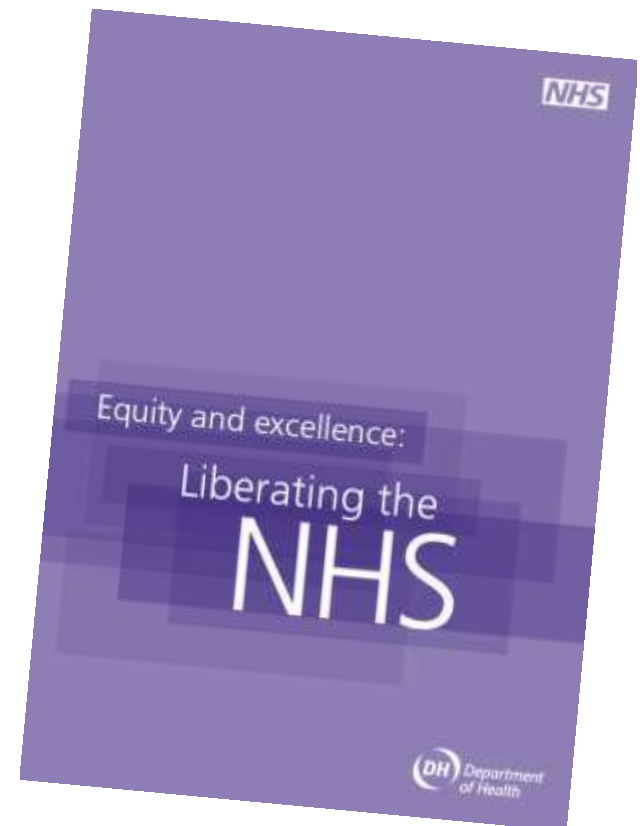


Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Patients and public at centre of cycle

Who leads on commissioning?

- PCTs
- Clusters
- Clinical Commissioning Groups
- Specialised Commissioning Groups
- National Commissioning Board



Commissioning Cycle Timescales

- Specific services (such as anticoagulation)
 - Contract agreed on an annual basis;
 - Intention to substantially change must be flagged six months in advance
 - Sept for new financial year
 - Details to be agreed Oct – Feb
 - New contract implemented from April onwards

Anticoagulation Service Redesign:

- Complex issue
- Needs a multidisciplinary approach:
 - Clinicians: GPs, cardiology, haematology, stroke physicians, anticoagulation nurses
 - Pharmacists: anticoagulant, cardiac
 - Service managers
 - Public Health
 - Commissioners: acute and community / primary care
 - **Patients!**

South London Approach

- **Strategic planning**
 - Assessing needs
 - Reviewing current provision
 - Deciding priorities
- **Procuring services**
 - Designing services
 - Demand and capacity
- **Monitoring and evaluation**
 - Managing performance
 - **Views of patients and public**



Plan for South London

- Anticoagulation working group
 - To look at pathway
 - To plan for the publication of a NICE HTA on dabigatran in December 2012
- Develop local prescribing guidance
 - For all clinicians (primary and acute)
- Involve patients

Reviewing Current Anticoagulation Provision

- Hospital services
 - Block contracts
 - Activity based
- Community based:
 - GP / Community pharmacy LES
 - Hub and spoke models / outreach
 - New initiations or just stable patients

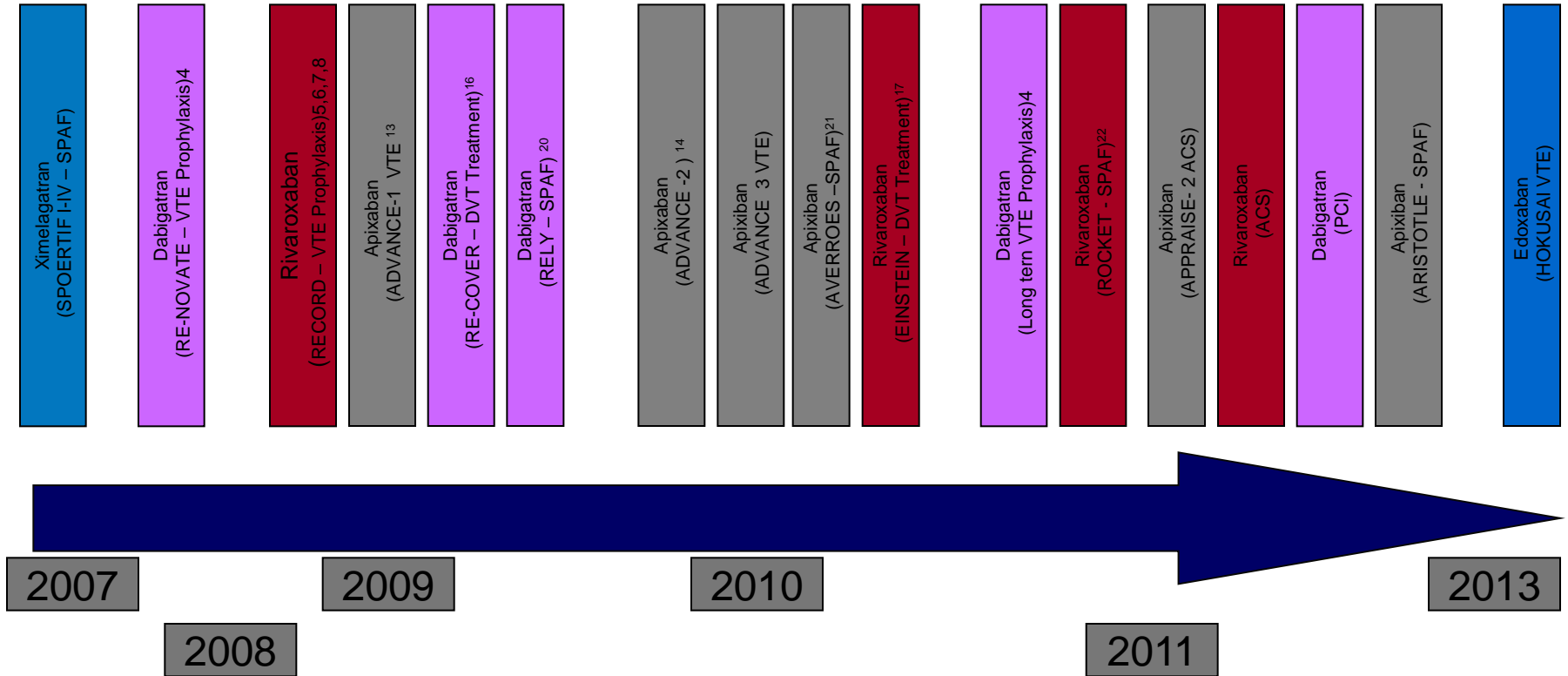
What do we still need to know?

- Activity data
- Make up of patients attending
 - AF vs other conditions
- Time in Therapeutic Range
- Cost of current service
 - Block contract
 - At patient level
- Non-NHS costs

Commissioning Issues

- Fixed costs associated with anticoagulant services
 - Not just for AF: Mechanical valves, DVTs, PE's, Thrombophilias
- Impact of NOACs on anticoagulation services
 - **Block contracts** – lack of flexibility in year
 - **Increased unit price** for remaining patients
 - Potential to **destabilise** haematology services
 - But, could **relieve pressure** on over-booked clinics....
- Commissioners need to
 - Establish current funding streams
 - Build in flexibility for future contracts

New Oral Anticoagulants



This table provides a guide only to the variety of trials underway, the dates reported or license granted. Due to the large number of indications being reviewed and the continual changing landscape it is not intended to be comprehensive.

Problems with Warfarin

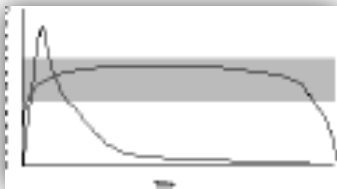
Food and drug interactions



Genetic variation in metabolism



Narrow therapeutic window



Slow onset of action

Dosage adjustments and frequent monitor with INR



Overlap with parenteral drugs



NOACs Starting Point

“I’m going to prescribe the NOACs for all my patients”

Clinicians



“We’re not going to commission any of those NOACs”

Commissioners

“I’ve heard about this new drug and I want it”

Patients



Competing Agendas

- Current services earn organisations money
 - Acute Trust anticoagulation services
 - GP enhanced services
 - Community pharmacy enhanced services
- Professional protectionism
 - Clinical
 - Laboratory
- Individual patient demands vs wider health economy

“Nothing about me without me”



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning



Anticoagulation Patient Advisory Panel

- Aim of APAP

*To engage and involve **patients** in the **planning** for and **implementation** of new anticoagulation therapies and in **supporting** service redesign of current anticoagulation services in South London*

- Membership

- People with **AF**
- And who had experience of **warfarin** and therefore **existing anticoagulation services**



APAP Perspective

- Patients want a **safe and effective anticoagulant** which does not require frequent visits to the clinics
- Patients prioritise:
 - **Safety**
 - **Effectiveness**
 - **Convenience**
- Clear **information** for patients on pros and cons of new agents essential
- Preferred option: **warfarin with home based monitoring!**



Budget Impact

Table 1: Modelled AF population – based on 100,000 population

Population	Registered AF Population (National prevalence 1.28%; detected prevalence 0.9%)	AF population currently anti-coagulated (40%)	Potential AF Population requiring anti-coagulation (60%)	Estimated New Patients Per Year
100,000	900	360	540	87

Table 3: Potential Costs of New Oral Anticoagulants

	All Patients switch from Warfarin (£) (minus warfarin costs)	New Patients only at 60% rate (£)	Out of Range on Warfarin only (£) (<65% TTR; minus warfarin costs)	Currently untreated only (assuming 50% identified) (£)	Warfarin Contraindicated only (11%) (£)
Per 100,000 population	191k	52k	109k	173k	36-54k



NOACs potential cost pressure for South London:

£11,000,000

- Need a short-term strategy (2011/2012)
- And a longer-term strategy (2012+)

Work in South London

- Interim position statement
- Local prescribing guidance
 - For all clinicians (primary and acute)
- Communication plan
 - For GPs
 - Acute Trusts
 - Patients



Interim Position Statement on NOACs for Stroke Prevention in AF

Warfarin

- to remain the **agent of choice** for AF stroke prevention (pending NICE guidance)

Focus of AF management

- Identification of patients with AF
- Assessment of risk of stroke
- Warfarin initiation for high risk patients (unless contraindicated)

Patients stable on warfarin should NOT be switched to NOACs

Interim Position Statement on NOACs for Stroke Prevention in AF

NOACs

- should only be considered for **patients with contra-indications to warfarin therapy**
- Prescribing only by clinicians **specialising in stroke prevention in AF**

Aspirin (with or without clopidogrel)

- not a suitable alternative to warfarin or NOACs in patients with AF and high risk of stroke

APAP – future work

- Secure funding to share knowledge and expertise
 - Wider patient education events
- Review once NICE has published guidance
- Consider implications for other NOACs
- Investigate in more depth re self testing

Longer term strategic work

- December 2011
 - NICE decision re dabigatran
 - Review position statement
 - Review adherence to position statement
- December 2011 – March 2012
 - Review commissioning arrangements for anticoagulation services
 - Plan for arrival of rivaroxaban
- April 2012 onwards
 - Long term planning of commissioning arrangements

In summary

- Challenges
 - Financial
 - Human (clinicians and patients)
 - Increase in numbers of patients with AF
 - New therapies and technologies
- Strategic approach crucial
 - Long term vision
 - Multidisciplinary – including patients

***“In five years’ time,
anticoagulation for people with
AF will look very different”***

Consultant cardiologist
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London Stroke Strategy website: www.slcsn.nhs.uk/lss

London Cardiovascular Project website: www.slcsn.nhs.uk/lcv

