Direct Oral Anticoagulant (DOAC) Referral Pathway for Non-Valvular Atrial Fibrillation (NVAF) Patients In South East London (Secondary to Primary Care)

Secondary care pathway and/ or from Outpatients:
A shared decision is made with the patient to start anticoagulation with a DOAC to prevent the risk of stroke in NVAF (see *DOAC initiation/monitoring guidance*)

Hospital discharge letter states: DOAC indication, dose and frequency, baseline blood results (serum creatinine: Cr, haemoglobin: Hb, liver function tests: LFTs), body weight and creatinine clearance (CrCL) calculation, monitoring requirements and **4 weeks' supply** is given at the point of discharge (*initiation and transfer of care-TOC forms are not required- from 2020 in line with amber 2 categorisation*). Exception for medicines compliance aid (MCA) patients (see below).

Patient is counselled on DOAC medication (consult pharmacy team) including indication, side effects, precautions, and an anticoagulation (AC) alert card is given with written information. Refer to community pharmacy (CP) for new medicines service (NMS) and NHS discharge medicines service (DMS) (*see counselling checklist in DOAC initiation/monitoring guidance).*

For outpatients (OP): Ensure all above information has been communicated to patient and primary care plus **4 weeks' supply** of medication (*no initiation and TOC forms are required*). For MCA patients/housebound see below.

For all patients, irrespective of the follow-up pathway, primary care/GP to ensure continuation of DOAC supply according to the information provided by secondary care.

AC CLINIC FOLLOW UP

Anticoagulation clinic referral criteria

- Weight <50kg or >150kg (*drug level monitoring requirements*)
- Complex drug interactions (*check BNF/SPC*)
- Patients also prescribed antiplatelets without a duration plan **(*refer to cardiology/vascular for review of triple therapy*)**
- Significant bleeding issues
- Compliance issues concerning anticoagulation
- Absorption problems
- Confirmed cancer diagnosis within last month
- Raised LFTs: AST/ALT (>2xULN), Bilirubin (>1.5xULN)
- Thrombocytopenia (platelets <75)
- Reaction to DOAC or intolerance
- Dosing queries (A&G)
- Overprescribing (A&G)

Clinic letter sent to GP with monitoring and follow up guidance (*replaces initiation and TOC forms*)

PRIMARY CARE FOLLOW UP

Primary Care:
General practitioner (GP) or practice pharmacist (PP) **ensures:**

- **continuation of medication supply** and plans for repeat prescriptions
- monitoring for side effects/bleeding issues
- monitoring for adherence issues

see DOAC initiation/monitoring guidance

See renal monitoring guidance for frequency of renal function checks dictated by baseline CrCl

For all DOAC patients at least an **annual review for dosing, monitoring and adherence/tolerability.** Seek further advice from AC clinic or refer to DOAC FAQs

ALL PATIENT ESTABLISHED ON MEDICINES COMPLIANCE AID (MCA) OR HOUSEBOUND

- Supply MCA according to hospital policy and/or liaise with **community pharmacist** for follow up.
- Contact community support teams/interface team if available (*as per local guidance*).
- **Telephone anticoagulation clinic for consultation where appropriate.**

Ensure GP has received a detailed discharge letter as above and continues prescription post discharge (*as agreed with hospital discharging team*).

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark)and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

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