



Beacon Medical Practice improves patient care using a point-of-care coagulometer in the community

With around 600,000 people in the UK currently taking warfarin⁽¹⁾ many NHS trusts are moving anticoagulation clinics into primary care. Hospital-based services are often over-subscribed and this is set to worsen with the growing number of patients taking oral anticoagulation therapies (OATs), such as warfarin.

Patients are normally prescribed warfarin to help prevent blood clots from forming as the result of a number of conditions including; atrial fibrillation, artificial heart valve or deep vein thrombosis (DVT). It is vitally important that health care professionals monitor the blood clotting time when patients are taking warfarin to ensure the correct dosage is administered. This blood clotting time is normally referred to as the INR level (International Normalised Ratio). The INR test will need to be regularly performed to ensure no alterations are needed to the prescribed dosage.

When Jean Walton, formerly a lead anticoagulation practitioner for Lincolnshire PCT, was given the opportunity by GPs in the Lincolnshire area to set up anticoagulation services at their surgeries, she decided to take the leading role in coordinating this process. In this article Jean details her story and outlines the success of her service explaining how using coagulometers in primary care can not only save money, but vastly improve patient care in the community.

"We set up our clinics in 2006, with the aim of helping to improve the care of patients in our area that were taking OATs, such as warfarin, and to take pressure off over-crowded hospital based services. I had previously worked in this hospital environment for a number of years and had experienced many busy clinics in secondary care.

"Within our service we decided to use a coagulometer called Thrombotrack™ (Axis-Shield UK) which we found correlated well with laboratory results from venous samples. Recently we calculated that using this system cost us £7,852.50 to perform 10,250 tests, whereas using another popular strip based system would have cost £28,495*. Performing an INR test on the Thrombotrack™ costs us as little as £0.77 per result, whereas doing the same test on the other system works out at £2.69 per test.



“However, not only are there these obvious cost benefits, there are also many patient advantages to be seen. Using this coagulometer allowed us to process results in the clinic rather than sending samples to the laboratory for testing. This meant we could provide a one-stop clinic for patients, enabling us to advise the warfarin dosage required at the same time as doing the actual test. This is obviously a huge benefit to patients who can discuss any concerns they have with us there and then. It also means that patients can be stabilised earlier and no longer have to attend follow-up appointments, which is obviously having a positive effect.

“With our services being situated in a holiday resort, many of the patients I see, because of changes in their diet and drinking habits whilst away from home, often have INR results outside of their recommended levels. Prior to having access to this point-of-care system, I spent a lot of time trying to track patients down on caravan parks to tell them that they needed to alter their warfarin dose. Having the Thrombotrack™ system has eliminated this as I can now advise patients on their results whilst I am with them. If a patient’s INR is too high this could lead to a risk of uncontrolled bleeding and if it is too low it may not provide adequate protection from clotting risks. Knowing these results gives patient’s peace of mind as they know the dosage they have been prescribed is accurate.

“Our team assessed what patients thought of this new service by conducting a small survey in the surrounding area. This revealed that patients were very happy with the clinic’s work. They liked receiving the individual consultations and seeing the same staff each time.”

The daily clinics cover an area of three practices in Skegness on different sites with a current patient load of 710. Conditions that are treated on an everyday basis include; cardiac problems, acute VTE, cardiac surgery and thromboprophylaxis.

(Ends)

Footnote:

⁽¹⁾ British Heart Foundation, November 2007: <https://www.bhf.org.uk/plugins/PublicationsSearchResults/DownloadFile.aspx?docid=d3e3e26f-90e7-4360-9b4a-8b95c77946f2&version=-1&title=IS67+Warfarin&resource=IS67>

* including lancets, but excluding the instrument and controls, which would add to this total

For further information about Thrombotrack™ please visit www.axis-shielduk.com

