

# Commissioning guide

---

---

NICE support for commissioning:  
anticoagulation therapy

---

THE | COMMISSIONING  
**review**

**NICE** National Institute for  
Health and Care Excellence

NICE provided the content for this booklet which is  
independent of any company or product advertised

# Introduction

**N**ICE support for commissioning guides help commissioners to work with clinicians and managers to commission high-quality evidence-based care. Commissioning care in line with NICE quality standards and guidance should enable commissioners to be confident that the services they are commissioning are cost-effective and focused on driving up quality.

Commissioning high quality, cost effective and value based care should improve health and social care outcomes. When planning for health improvement and the associated health outcomes or for comparative information for patients and the public about the quality of health services commissioned by clinical commissioning groups, commissioners should refer to the clinical commissioning group outcome indicator set.

NICE Support for commissioning are web-based resources supporting quality improvement and service redesign. Support for commissioning also signposts to other implementation support tools to assist with quality improvement and provides information on key clinical, cost and service-related issues to consider during the commissioning process. Each Commissioning Support contains a commissioning and benchmarking tool, which is a resource that can be used to estimate and inform the level of service needed locally as well as the cost of local commissioning decisions.

NICE Support for commissioning accompany NICE quality standards and are available on the home page of each published quality standard.

For further information please see the NICE website at:  
[www.nice.org.uk/usingguidance/commissioningguides/bytopic.jsp](http://www.nice.org.uk/usingguidance/commissioningguides/bytopic.jsp)

# Anticoagulation therapy

In May 2013 NICE published its updated support for commissioning to help commissioners work with clinicians and managers to commission high-quality, evidence-based anticoagulation therapy for adults across England with atrial fibrillation (AF)<sup>i</sup>, venous thromboembolism (VTE)<sup>ii</sup> and other conditions such as prosthetic heart valves and cardiomyopathy.

## People who need anticoagulation therapy

Anticoagulation therapy is needed for people with a range of different conditions, who are identified in a range of settings and, in the case of deep vein thrombosis and pulmonary embolism, require urgent intervention.

AF is the most common sustained cardiac arrhythmia and if left untreated is a significant risk factor for stroke and other morbidities. It is often only detected after people present with serious complications of AF, such as stroke, thromboembolism or heart failure. People with AF who develop a stroke have greater mortality, more disability, more severe strokes, longer hospital stay and a lower rate of discharge to their own homes compared with people without AF who develop a stroke. Appropriate anticoagulation therapy for people with AF can reduce mortality and morbidity

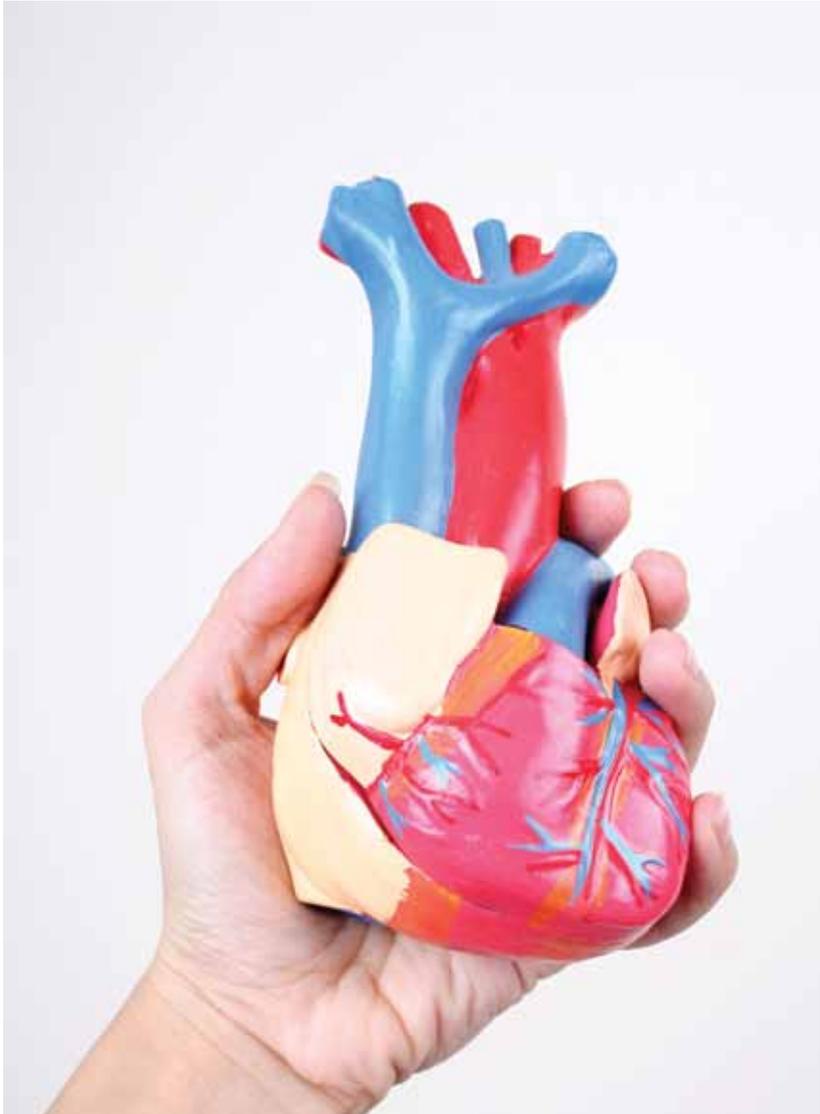
through reduction in incidence of stroke.

VTE is a condition in which a blood clot (a thrombus) forms in a vein, most commonly in the deep veins of the legs or pelvis. This is known as deep vein thrombosis, or DVT. The thrombus can dislodge and travel in the blood, particularly to the pulmonary arteries. This is known as pulmonary embolism, or PE. When DVT and PE occur together, it is called VTE.

VTE is treated with anticoagulation therapy and people who have had recurrent VTE or who are at high risk of recurrence may be given prescribed anticoagulants indefinitely to prevent further VTE episodes. There are a number of anticoagulants available, including low molecular weight heparin, fondaparinux, vitamin K antagonists and rivaroxaban. This is covered in detail in the NICE clinical guideline on venous thromboembolic diseases.

The advice suggests that there are up to 980,000 adults in England who may require anticoagulation therapy. This represents up to 2.4% or 2400 per 100,000 of the population aged 18 years or over. The duration of anticoagulant treatment varies according to a person's diagnosis, from 3 months to lifelong for people with VTE, and lifelong for people with AF or prosthetic heart valves.

## COMMISSIONING GUIDE



Anticoagulation therapy is a fast-moving area of care and the commissioning of services for people receiving anticoagulation therapy can be complex. Given the pace of change in this area it is not surprising that there is evidence that practice and services currently vary in quality and effectiveness across the country. In particular, evidence suggests that a large proportion of people with AF who need anticoagulation therapy are not receiving it. The fundamental premise of the NICE Support for commissioning package is that effective commissioning for anticoagulation therapy in line with NICE guidance will improve outcomes for patients by increasing the number of people receiving safe and effective anticoagulation therapy.

The NICE support for commissioning covers the key issues in commissioning anticoagulation therapy, including new recommendations on oral anticoagulation therapy. In 2012/13 NICE published recommendations for 'new-generation' or 'novel' oral anticoagulants for the management of AF and VTE. Rivaroxaban, dabigatran and apixaban do not require the regular monitoring needed by people taking vitamin K antagonists. The novel oral anticoagulants can be readily prescribed in primary care by GPs and a dedicated monitoring service is not needed. The advice highlights that commissioners should ensure they are in line with recommendations from NICE technology appraisals for these novel oral anticoagulants. It encourages

commissioners to review current anticoagulation services in light of these recent NICE technology appraisals with a view to rationalising services for the monitoring of Vitamin K antagonists, such as warfarin, over time.

The section in the advice to commissioners that focuses on the safety and quality of anticoagulation provision reflects the fact that anticoagulants are one of the classes of medicines that most frequently cause preventable harm and admission to hospital. People receiving vitamin K antagonists are at risk of under-coagulation, which can result in thrombosis, and over-coagulation, which can result in haemorrhage. Both of these can cause serious illness or death. People receiving these drugs therefore need regular monitoring of their international normalised ratio (INR) to allow adjustments to be made to their warfarin doses and to minimise bleeding risk. There are several different methods for monitoring INR and therefore the support for commissioning recommends that commissioners should work alongside service users and clinicians to consider the clinical and cost effectiveness of different forms of testing, including laboratory testing and/or point-of-care testing.

The advice highlights the aspects of high quality care required for all people taking anticoagulation therapy. As well as monitoring arrangements, these include people taking anticoagulation

## COMMISSIONING GUIDE



therapy who have complex needs (for example, people taking multiple medications), integration with other services and the need to ensure that people prescribed anticoagulants are involved in decisions about their medication and are given high quality information about anticoagulation therapy.

Illustrated with service model examples, the support package will help commissioners towards achieving the outcomes set out in the NHS, Public Health and Adult Social Care Outcomes Frameworks, as well as achieving improvement areas in the Clinical Commissioning Group outcomes indicator set.

The support package also includes a commissioning and budgeting tool

to help users determine the level of service that might be needed locally. It can be used to model desired future activity and capacity requirements over a period of four years. This includes the cost impact of reducing capacity in traditional vitamin K antagonist monitoring services as more people are prescribed the novel oral anticoagulants in a primary care setting, the cost impact of extending anticoagulation therapy to those people who currently don't receive treatment but should, and the cost impact of a change in the choice of drug used.

NICE Support for commissioning: anticoagulation therapy is available on the NICE website at: <http://publications.nice.org.uk/support-for-commissioning-anticoagulation-therapy-cmg49>.

