PHARMACY FACTORS

Prescribing anti-coagulants in today's NHS

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Preventing VTE: putting guidance into practice

Dr Roopen Arya, Head of Anticoagulation and Clinical Thrombosis Services, King's College Hospital, looks at the issues facing the Implementation Working Group (IWG) in providing leadership for national roll-out of the CMO recommendations for VTE prevention. He draws on ten-years experience at King's.

The recently published working group report to the CMO on prevention of VTE in hospitalised patients is a "milestone in developing a systematic approach to preventing VTE in all healthcare systems."[1] The NICE guidance was released soon after this (read about the controversy around this - page 3). These initiatives together provide an impetus for widespread implementation of thrombosis prevention.

Risk assessment

To prevent VTE, the at-risk patient has to be identified, counselled and given appropriate prophylaxis. Risk assessment triggers the thrombo-

Pic: Alamy

prophylaxis (TP) pathway, hence the recommendation for a documented mandatory risk assessment of every patient on admission. This will need to be firmly embedded within a Trust's risk management framework: 100% compliance will be a key performance measure. The IWG will assist with development of a national risk assessment tool. There is no need to 'reinvent the wheel' - several models are already available and may be adapted to suit local needs.

There are generally two approaches to risk assessment: individualised or 'opt in' and a group-specific or 'opt-out' approach. The latter is simple, robust and easier to implement. At King's, the use of a group-specific guideline for medical TP in pocket card and poster format has been well-received and has improved delivery of prophylaxis to those at risk. Since VTE affects patients from every specialty it is important that guidelines be drawn up with the specialty team, enabling those responsible for risk assessment and prescribing prophylaxis to 'own' the process.

Committees and teams

Thrombosis committees and teams are likely to be important drivers of prevention. We established an anticoagulation and thrombosis committee at King's eight years ago with doctors, nurses, pharmacists and diagnostic staff. It enabled swift consensus about protocols for anticoagulation and TP and was recognised as a valuable resource. One of its first recommendations was to form multidisciplinary thrombosis team for management of patients with VTE. There is now a culture of thrombosis prevention, vigorously supported by hospital management. Inevitably, our team is getting more involved with raising awareness and providing education. And, weekly team meetings have gradually supplanted the role of our committee.

Exemplar sites

The IWG also recommended the development of VTE demonstration or exemplar sites. Such sites will be hospitals with an existing track record of excellent VTE management and would provide an expanded role to include quality control, audit and education whether in the NHS or independent sector. At King's we have had a VTE team for eight years. We started with just two individuals but are now ten strong. The multi-professional team comprises haematologists, a pharmacist, nurse-specialists and an administrator. We have cared for over 4000 patients with suspected DVT, with 90% of those with proven DVT managed entirely as out

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Consensus needed for new pharmacy College

Patriarchal views must give way to a truly consensual approach in the make up of a new Pharmacy College, said Duncan McRobbie, Principal Clinical Pharmacist, Guy's and St Thomas' and UKCPA Chair.

Health Minister, Lord Hunt, responding to the Carter report, believes that a new organisation needs to be formed to reflect the views of the whole of the profession. "The rich diversity within the profession must be embraced within the College," Mr McRobbie said.

"Pharmacy has grown to be incredibly rich and diverse, embracing a multitude of practice areas. Figures quoted in various reports put the number of organisations at around 200. The challenge for the Society is to engage these organisations and convince their members that they will be able to change sufficiently to meet their diverse professional needs."

"To truly demonstrate 'leadership' the Society should take this process forward in a spirit of altruism not self preservation. Failure will result in the loss of the Society and also the loss of the opportunity to bring the profession together," Mr McRobbie warned.

See article on regulation and leadership split on page 6

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patients. Hospitals such as King's can share examples of good practice such as exemplar guidelines, educational and audit material. We are happy to advise on VTE prevention/treatment and anticoagulation and regularly receive visitors to observe our practice.

The pharmacist's role

At King's the anticoagulation and thrombosis pharmacist is a key member of the thrombosis committee and team. Our current incumbent, Rosalind Perrott, has been particularly proactive in the prevention initiative. She has helped develop our local guidelines for TP in surgical and medical patients, painstakingly refined in our thrombosis team meetings. Roz plays

Rosalind Perrott, Anticoagulation and Thrombosis Pharmacist, King's

an important role in education of medical, nursing and pharmacy staff. She has taken the lead in auditing TP across different specialties in the Trust. In future this audit will include not only uptake of TP but also percentage risk assessment, counselling of patients and outcome measures.

The ward pharmacist also has an invaluable role in education and audit as well as ensuring compliance with TP guidelines.

The TP initiative at King's is consonant with important patient safety work, particularly the activity of the Medication Safety Group led by senior pharmacist Gillian Cavell.

We did not require a lengthy financial case for TP at King's. In some hospitals, resource issues are a barrier and pharmacists will have to assist in developing a business case for TP. It is more cost-effective to prevent clots than to treat them and costing models are available to help support such business cases.

REFERENCE:

1. Report of the independent expert working group on the prevention of VTE in hospitalised patients. March 2007. www.dh.gov.uk/publications.

■ Useful link: www.dvtsafetyzone.co.uk