

Anticoagulation procurement – patient focus group engagement report

Wednesday 17 May, 1pm – 2:30pm, Meeting room C (Beckenham Beacon)

Summary/Background

The current contract for the community anticoagulation service in Bromley, expires on 31 March 2018. Bromley CCG is therefore required to re-procure the service under current NHS procurement law.

Bromley CCG is refreshing the service specification to include feedback from patients via this patient focus group and also via the Boots annual survey.

The service will provide a comprehensive community anticoagulation service which will serve patients aged 16 and over and registered to a GP practice within the London Borough of Bromley.

Organisations Involved

Bromley CCG
Healthwatch Bromley

Attendees:

- Alex Humphrey - Procurement Lead for Bromley CCG
- Two members of the Patient Advisory Group
- Stephanie Wood – Healthwatch Bromley
- Trish Gray – Communications and Engagement Manager for Bromley CCG

Outcomes of the session



PAG service
specification + questi

Attendees were asked to review the patient relevant sections of an early draft of the service specification, for the community anticoagulation service (above) before the engagement meeting. Following each section are some questions to consider and discuss.

Overall patients feel that the service is excellent. They feel that staff are friendly, confident and kind and really value the one to one, face to face care given. Patients feel that they are educated and for the most part empowered to manage their condition and treatment. We were told that the locations are very good and easy to get to and that the treatment rooms and equipment is very clean. One patient who had used the domiciliary service temporarily said that this is also true for the home visits.

Patients advised that you almost never have to wait for your appointment and that the staff are very

polite.

Patients felt that very positive things about the service are:

- You no longer need to pay NHS car parking charges
- You no longer need to wait in a queue for a blood test
- You no longer need to have a test before the 10:30 deadline
- There is no need for a full blood test with a needle and syringe
- You no longer need to wait 24 hours for results
- The tests are now at a convenient time and location
- The consistency of staff means that there is more chance of developing a relationship

When asked for some things that could be improved about the service, patients felt that:

- More information for patients could be given on the criteria of using the domiciliary service i.e. how do patients notify Boots that their normal routine appointments need to be changed to home visits – this is likely to need to be done by the GP/Hospital discharge but more clarification for patients is needed. Also some specific groups of patients need to be considered such as those that are vulnerable but don't qualify for the domiciliary services i.e. those needing transportation (this may be more expensive than providing the domiciliary service).
- Communications between GPs/Hospitals and Boots needs to improve i.e. if GP doesn't send a letter to Boots, they will not see the patient so this communication is important for patient care.
- One patient reported that when her INR levels drop, the pharmacist has advised that the same dosage of Warfarin is needed, when the patient felt that she could manage her condition better and adjusts her own levels. This is largely due to the system used being able to calculate appropriate levels relating to INR and the pharmacist using this as evidence, when sometimes the patient has other factors or other clinicians saying otherwise. The patient did say however, that once this was explained the pharmacist agreed to the levels being changed.
- The yellow book given could be thicker as they run out of pages pretty quickly. It was agreed that this was a good way to record the information and that the patient needs to be responsible for carrying this at all times.
- Individual management plans need to be available in written format and discussed with the patients.
- Lifestyle seems to be a major factor in INR levels, i.e. eating more/less green vegetables. There could be more information from the provider on this at the appointment or given afterwards.
- In an emergency situation, the provider needs to ensure that patients are aware of what to do and where to go.
- There could be more information on the different types of treatment (Warfarin or DOACs) as some patients are not aware of the difference and could possibly switch treatments if beneficial and appropriate.
- Information on drug interactions needs to be more prominent and perhaps written for the patient to take home. Patients did say that when they call for advice Boots are very helpful.
- Boots (and then the new provider) main call centre (when contacting the telephone service) need to have access to the patients information for continuity of care.
- Regarding locations, patients advised that six clinics seems sensible as long as they are spread appropriately across the borough, this needs to be clear in the service specification.
- Patients felt that when people do not turn up for their appointments, it is taken more

seriously and it needs to be clear what happens afterwards.

- Accessibility with locations needs to be considered i.e. disabled access. One patient advised that at Boots in Bromley, the room is very small and wouldn't fit a wheelchair in it.
- Healthwatch Bromley advised that they have received queries from patients (across many services including this one) that GPs have not received information from the hospital which is then difficult for patients and carers.
- It is important for the provider to employ staff that make the patient feel empowered and able to manage their diagnosis.
- There could be more peer support groups available for patients.

We also asked patients how they felt about the possibility of being able to self-monitor at home.

This would include doing the blood test (in the same way that the pharmacist does) themselves and the results would then be sent to the clinic.

Patients felt that this would be a valuable addition to the service, although some patients recognised that this would be more use for some than others i.e. less mobile patients.

Best ways to communicate with patients

Patients really value face to face contact and being able to ask questions to a trained professional.

Next Steps

Alex Humphrey to discuss at the next anticoagulation procurement meeting and include patient feedback in the service specification.

Service specification to be shared with the patients from this focus group and then one of these patients will be invited to sit on the procurement panel.