Direct Acting Oral Anticoagulant (DOAC) Referral Pathway for Venous Thromboembolism (VTE): DVT or PE Patients in South East London (Secondary to Primary Care)

Secondary care pathway and/or from Outpatient clinics
A shared decision is made with the patient to start anticoagulation with a DOAC. See SEL IMOC CVD guidance**:** Guidance concerning anticoagulation for VTE and NICE guidance for VTE: NG158.

Hospital discharge letter or outpatient clinic letter states: DOAC indication, dose and frequency, baseline blood results (serum creatinine: Cr, haemoglobin: Hb, liver function tests: LFTs), body weight and creatine clearance (CrCl) calculation and monitoring requirements. *From 2020, Initiation and transfer of care TOC forms are no longer used in line with amber 2 categorisation.*

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

For all patients (except blister pack patients) the hospital will supply the **first 3 month's supply** at discharge/ continued at the follow up appointment with the thrombosis clinic. Primary care/GP to ensure continuation of DOAC supply according to the information provided by secondary care if treatment is to be continued beyond 3 months and/or if VTE prophylaxis is required. ***For blister/housebound patients, local policies currently vary but communication is key to reducing patient safety risks due to medication errors.***

In hospital most patients are referred to thrombosis clinic for follow up

Patients will be reviewed within 3 months of treatment by the thrombosis/haematology clinic (telephone appointment is available as appropriate). **Provoked DVTs are not followed up in all SEL acute Trusts. Some PEs may be followed up by respiratory teams.*

Duration of treatment and the need for further review will be decided at this appointment. Any dose changes or longer term/ travel VTE prophylaxis will be communicated via clinic letters following thrombosis review/prescription.

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

Transfer to primary care if long term treatment or prophylaxis is required

Primary Care
General practitioner (GP) or practice-based pharmacist **ensures continuation of medication supply** and plans for repeat prescriptions/ monitoring, checks for side effects/bleeding issues and adherence/understanding concerning therapy with patient at next routine appointment (DOAC initiation/monitoring guidance).

For blister pack patients, please be aware of the risk of overdosage and patient safety risks- ensure communication is clear and prescriptions are updated, without any delay to anticoagulation therapy or duplication of therapy.

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

AC clinic or haematology advice and guidance is available (also for bridging queries): DOAC FAQs document

***ALL PATIENTS ESTABLISHED ON MEDICINES COMPLIANCE AID (OR IF HOUSEBOUND)**
Supply blister pack according to hospital policy and/or liaise with **community pharmacist** for follow up. Contact community support teams/interface team if available locally.

Ensure GP has received a detailed discharge letter as above: Primary care will then continue the prescription post discharge from hospital/clinic into a compliance aid if requested.

Follow up within 3 months of diagnosis with thrombosis or haematology clinic (telephone appointment is available if appropriate)

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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