

## Summary of Changes to Direct Oral Anticoagulants (DOAC) Transfer of Care (TOC) Across SEL (Oct 2020)

DOAC changes from 1 <sup>st</sup> October	For NVAF patients	For VTE patients	For medicines compliance aid patients
<b>Quantity of supply given at discharge from hospital</b>	1 month supply	3 months supply including a follow up/review from anticoagulation (AC) clinic ( <i>unless not indicated on discharge letter</i> )	Currently 1 to 2 weeks supply in a blister pack depending on local policies- <i>this will be reviewed across SEL for a more consistent approach</i>
<b>Communication from secondary to primary care</b>	Removal of TOC and initiation forms to be replaced with more detailed discharge and clinic letters/templates		Discharge or clinic letter plus telephone call/email to community pharmacy
<b>Baseline laboratory tests</b>	Serum creatinine: Cr, haemoglobin: Hb, liver function tests: LFTs, body weight (if possible) and creatinine clearance (CrCl) calculation will be communicated to primary care		
<b>Follow up requirements</b>	High risk patients will continue to be followed up by AC clinics (defined at discharge from hospital) and referrals from primary care may continue to be taken (See SEL <a href="#">NVAF patient pathway</a> )	Patients with long term prophylaxis of VTE will continue to be reviewed annually by AC clinics (see SEL <a href="#">VTE patient pathway</a> )	For housebound patients, virtual or telephone clinic reviews are an option, if referred to AC clinic at discharge or referred from primary care to AC clinic
<b>Monitoring requirements for primary care</b>	Unless specified by the AC clinic: All patients should be reviewed annually for Hb, platelet and LFT check and a renal function review to determine correct DOAC dosing. Patients with renal function <60ml/min or aged over 75 and/or frail should be reviewed 6 monthly. Patients with renal function <30ml/min should be reviewed 3 monthly. See South London <a href="#">renal function guidance</a>		
<b>Follow up of historic TOC and initiation forms</b>	Transfer of care and initiation forms will not be used as communication to primary care from 1 <sup>st</sup> October and historic forms will not be chased up from 31 <sup>st</sup> December 2020 in SEL		
<b>Continuation of prescribing for primary care</b>	Continue prescription of DOAC from discharge from hospital/clinic	Continue prescription of DOAC after 3 month treatment course if indicated by AC clinic	Continue prescription of DOAC from hospital/clinic discharge in blister pack to avoid risk of duplication of therapy
<b>Monitoring of this change process</b>	This change process is being monitored by the cardiovascular medicines working group of the SEL IMOC, please send any feedback to <a href="mailto:rachel.howatson@nhs.net">rachel.howatson@nhs.net</a> Thank you for your collaborative working on this change process with which we aim to safeguard DOAC patients in SEL.		