

Royal College of General Practitioners and Warwick Medical School
Annual Education, Research and Innovation Symposium
16th June 2016 - Abstract Submission Form

PRESENTER'S DETAILS Session C. Audits		
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Department or organisation Warwick Medical School- medical students		
Category Audit		
Authors Tom Beirne Patrick Elder Marc Heymann		Title of Study Are patients prescribed novel oral anticoagulants being correctly monitored? An audit of a GP surgery
What's the problem you are tackling? Novel anticoagulants (NOACs) are increasingly being used by GPs for patients with atrial fibrillation, in line with NICE recommendations. Benefits include not needing to monitor INR, decreased interactions with other medications and food, and predictable effects on coagulation. However, they should be used cautiously in patients with renal and hepatic impairment, and there is a risk of bleeding and anaemia. Due to their novelty, it is important for GPs to be vigilant with patients on NOACs; this audit looked at whether a practice was monitoring patients appropriately, in accordance with BNF and NICE guidelines.		
How did/will you do it? 94 patients attending a GP surgery that were started on a NOAC since 2012 were included in the study. Blood tests recommended as a baseline and for monitoring include a full blood count, urea and electrolytes and liver function tests, while an INR is recommended as a baseline only. Data were collected accordingly and adherence of the practice to the guidelines was assessed.		

What did you find?

A wide variety of tests were performed by the practice, albeit inconsistently. Only 12.8% of patients received baseline renal function tests, while even fewer had a full blood count or INR. Monitoring was performed more frequently, with renal function assessed in 76.3% of treatment years; full blood count, however, was measured in only 39.5%.

Neither NICE nor the BNF recommend INR monitoring due to its unreliability in patients taking NOACs, yet 8.51% still received this test after beginning treatment.

Why does this matter?

This reveals an awareness of the importance of risk-assessing patients, though it also highlights the lack of consensus in terms of which tests have the most validity: renal function tests and a full blood count were performed too infrequently, yet futile INR tests were ordered.

It is worth reconsidering current practice to minimise unnecessary investigation, while ensuring patients receive the correct assessments, and then re-auditing.