

Welcome to the seventh newsletter of the AntiCoagulation Self-Monitoring Alliance (ACSMA). We formed in September 2012 and comprise four of the UK's leading charities and patient groups – AntiCoagulation Europe; the Children's Heart Federation; the Atrial Fibrillation Association; the Mechanical Heart Valve Support Group. The healthcare company Roche is also part of the alliance.

## ACSMA's achievements since August...

# NICE diagnostic evaluation of self-monitoring technology

Since the last newsletter, our campaign has seen a significant development. In September last year, the National Institute for Health and Care Excellence (NICE) recommended the CoaguChek XS system and the INRatio2 PT/INR self-monitoring devices for adults and children with atrial fibrillation or heart valve disease.

NICE state two conditions need to be met for people to self-monitor:

- The patient prefers this form of testing; and
- The patient or their carer is both physically and cognitively able to self-monitor effectively.

NICE concluded that 'the use of these coagulometers may reduce the frequency of visits to hospital or clinics for

patients and enable them to be monitored more regularly. This may improve health outcomes by enabling the dose of therapy to be adjusted more accurately, thereby avoiding adverse events that can result from an over- or under-dose of long-term vitamin K antagonist therapy, such as stroke and major haemorrhage.<sup>1</sup> **In addition, the guidance stated that both self-testing and self-managing are cost effective<sup>2</sup> and likely to be clinically effective<sup>3</sup>.**

Eve Knight, Chief Executive of AntiCoagulation Europe and ACSMA member, said; "We are delighted that NICE has concluded that self-monitoring and self-testing with these devices is a clinically beneficial and cost-effective use of NHS resources.

cntd. ▼

## Our Objective

We are campaigning for greater choice for patients on warfarin about how their condition should be managed. Our goal is to empower patients and we believe where possible they should have

the choice about whether to self-test or self-manage their treatment. We believe that this change would enable improved health outcomes and save time and money for both patients and the NHS.



## NICE diagnostic evaluation of self-monitoring technology [cntd](#).

We know of hundreds of patients who would welcome the opportunity to self-monitor their International Normalised Ratio (INR) levels and we hope the NICE guidance will bring us one step closer to making self-monitoring devices available on prescription so that more and more patients who wish to self-monitor their INR have the opportunity to do so.”

Last year, ACSMA produced a report: ‘Anticoagulation services and patient access to INR self-monitoring in the NHS in England’ which revealed that two-thirds of Clinical Commissioning Groups (CCG) in England do not allow or support INR self-monitoring in their area. This means that the vast majority of people on long-term warfarin are being denied the opportunity to self-monitor, despite the benefits to the patient in terms of health outcomes, convenience and quality of life, and the long-term cost savings to the health service.

ACSMA has now written to all 211 CCGs again to enquire how they propose to implement the NICE guidance. We are encouraging all CCGs to look at the guidance closely and incorporate its recommendations into their anticoagulation service at the earliest opportunity, so that the benefits of self-monitoring can be offered to as many people as possible.

The full NICE guidance can be found by going to NICE’s website [www.nice.org.uk/guidance/dg14](http://www.nice.org.uk/guidance/dg14)

To help you go armed with the facts, we have produced a fact sheet about self-monitoring which can be found on ACSMA’s website [www.acsma.org.uk/acsma-fact-sheet/](http://www.acsma.org.uk/acsma-fact-sheet/)

<sup>1</sup> NICE, Diagnostic guidance - AF and heart valve disease, 2 September 2014, p3

<sup>2</sup> NICE, Diagnostic guidance - AF and heart valve disease, September 2014, p36

<sup>3</sup> NICE, Diagnostic guidance - AF and heart valve disease, September 2014, p34

Why not ask about self-monitoring and the NICE guidance next time you see your GP or nurse? We would love to hear from you with their response.





# Government response to the Health Select Committee report into long-term conditions

On 12th September, the Government published its response to the Health Select Committee (HSC) report: 'Managing the care of people with long-term conditions'. You might remember that ACSMA took the opportunity to submit written evidence to the inquiry last year. The HSC's report quoted directly from the evidence ACSMA submitted about how commissioners can be supported in providing an anticoagulation service.

Overall, the Government's response to the report can be welcomed as the Government is in agreement with many of the Committee's recommendations to improve the lives of people living with a long-term condition (LTC). The Government welcomed the scrutiny the HSC has brought to the role of Government, the NHS and wider health and social care organisations as they work collectively to change the way LTCs are managed and to enhance the quality of life for everyone with an LTC, their carers and their families.

The Government acknowledges that more needs to be done to that ensure everyone with an LTC is supported and empowered to live healthily, independently and in control of their own care. The Government's response made two key points that can be particularly welcomed by people wishing to self-monitor:

- 'This Government recognises that better use of technology in the NHS can empower patients, improve communication between services and deliver efficiencies and savings for the NHS. Through the Mandate we have asked NHS England to achieve a significant increase in the use of technology to help people manage their health and care.'
- 'The Government recognises the benefits to both the patient and to the health and care system of robust support for self-management of LTCs.'



**The Health Committee**

The Health Committee is appointed by the House of Commons to examine expenditure, administration, and policy of the Department of Health and associated bodies.

**Current membership<sup>1</sup>**

- David Tredinnick MP (Conservative, Bosworth) (Acting Chair)
- Rosie Cooper MP (Labour, West Lancashire)
- Andrew George MP (Liberal Democrat, St Ives)
- Barbara Keeley MP (Labour, Worsley and Eccles South)
- Charlotte Leslie MP (Conservative, Bristol North West)
- Grahame M. Morris MP (Labour, Easington)
- Andrew Percy MP (Conservative, Brigg and Goole)
- Mr Virendra Sharma MP (Labour, Ealing Southall)
- Valerie Vaz MP (Labour, Walsall South)
- Dr Sarah Wollaston MP (Conservative, Totnes)

**Powers**

The committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO 152. These are available on the internet via [www.parliament.uk](http://www.parliament.uk).

**Publication**

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including notices) are on the internet at [www.parliament.uk/healthcom](http://www.parliament.uk/healthcom). A list of Reports of the Committee in the present Parliament is at the back of this volume.

The Reports of the Committee, the formal minutes relating to that report, or evidence taken and some or all written evidence are available in a printed volume.

Additional written evidence may be published on the internet only.

**Committee staff**

The staff of the Committee are David Lloyd (Clerk), Martyn Atkins (Second Clerk), Laura Daniels (Senior Committee Specialist), Stephen Atkins (Committee Specialist), Daniel Moeller (Senior Committee Specialist), and...

## Medical Technology Week



In November 2014, ACSMA attended the Medical Technology Group's Parliamentary reception, which highlighted issues surrounding medical technologies and how to overcome the current barriers to uptake. The reception brought together a large number of Parliamentarians, patient users, patient groups, industry members, healthcare professionals, commissioners and representatives from the NHS and other Government departments.

The Parliamentary reception was the focal point of Medical Technology Week (3rd – 7th November). The aim of the week was to get people talking about medical technology's great potential to improve patient outcomes and generate efficiency savings in the NHS as well as the societal benefits of getting people back to work earlier or caring for their loved ones.

ACSMA is keen to support and be involved in such events to raise the profile and importance of self-monitoring technology.

Let us know of any events in your area, or if you want literature/information packs to distribute or share.



## Would you like to become an ACSMA Ambassador?

In our last newsletter, we advertised for people to become ACSMA Ambassadors - thank you to everyone who has responded. In summary, the role of the Ambassadors will be to support and promote our work by local influencing and awareness-raising. For example, meeting with the local MPs or CCGs, talking to local communities or the media, or

meeting patients. **Are you confident, enthusiastic and passionate about self-monitoring?** If so, this could be the role for you!

If you would like further information about being an ACSMA Ambassador, please email [info@acsma.org.uk](mailto:info@acsma.org.uk) or telephone Helen Johnson on **01707 330033**.



## Sign the petition on screening for AF in the over 65s

One of ACSMA's founding members, AF Association, has launched an online petition which calls for an early review of the UK National Screening Committee's (NSC) policy on screening for Atrial Fibrillation (AF) in the over 65s. Currently, NSC policy does not recommend screening for AF among those aged 65 or above. However, AF Association is calling for an early review of this policy in light of evidence that strongly indicates that early diagnosis and appropriate management of risk result in an improved outcome for patients, as well as a decrease in the number of AF-related strokes suffered.

AF is the most common heart rhythm disorder and a leading cause of stroke. Screening with a simple pulse check can help detect AF and, with anticoagulation, protect against AF related stroke.

1:4 of us will develop AF, so please read more about AF at [www.afa.org.uk](http://www.afa.org.uk) and sign the petition to call for early screening to help save thousands of lives each year from AF related stroke and heart failure. You can read more and sign the petition here:

<https://www.change.org/p/uk-national-screening-committee-nsc-call-for-an-early-review-of-the-nsc-s-policy-on-screening-for-af-in-the-over-65s-2>

## How can you get involved?

ACSMA now has more than 950 supporters. If you would like to pledge your support for our campaign, tell us how you would like to self-monitor but have been refused, tell us about

living on warfarin and the benefits of self-monitoring, or would just like to keep up to date with what we are doing please visit [www.acsma.org.uk](http://www.acsma.org.uk) or follow on Twitter: **@ACSMA\_UK**