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DATE :15 July 2015

Ms Rachael C Griffin
Assistant Coroner
H M Coroners Court
Paderborn House
Howell Croft North
Bolton
BL1 1QY

Dear Ms Griffin

RE: Mrs Dorothy Delaney DOB 20 Jul 1928 (Deceased)
Warwick Drive, Hindley, Wigan, WN2 4DT

Thank you for your letter dated 23 September 2015 providing the inquest report on Mrs Dorothy Delaney, and at the same time making us aware of your concerns regarding the combined treatment of anticoagulant like Warfarin with an antiplatelet agent like Aspirin or Clopidogrel. This letter was addressed to my senior Partner [REDACTED] but unfortunately he is on long term sick leave on medical grounds and I did not feel it was appropriate to delay replying about the concerns over the patient's treatment. Herewith I am providing the details of the steps which were taken following the receipt of your report, and I assure you that a copy of this report will be given to [REDACTED] when he returns from his illness, and a copy to the Practice Manager for her attention as well.

As you mentioned in your inquest report you were concerned with the combined prescribing of antiplatelet with anticoagulant agents and this concern was raised because the Stroke Consultant from Salford Hospital pointed out that it is not standard practice to prescribe this. I was not aware of any particular guidelines or protocol on the matter. Hence at the time of the inquest I provided my contact details to the Consultant from Salford Hospital to forward to me any kind of correspondence, guidelines or protocol he might have which I could look into. To date I have not received any correspondence back from the consultant.

Instead of just waiting for the Stroke Consultant from Salford Hospital to return the request to take further action, I decided to approach Salford Hospital myself as well. I have spoken to the Haematology Consultant at Salford explaining the situation and raising my concerns regarding the prescribing of

combined anticoagulant and antiplatelet agents. She was of the same opinion as the Stroke Consultant, that it would not be appropriate to prescribe both antiplatelet and anticoagulant agents at the same time. However, at the same time she also pointed out that there is a certain group of patients who need to have both treatments and that is usually recommended by the cardiologists, or following a stroke by a Consultant Physician. When I asked for any particular protocol from Salford, or national guidelines she was not able to provide me with any evidence, and she was not aware of any protocol regarding this. According to her it was standard practice, and the doctor usually follows the advice, but she had not come across any particular guidance on this.

Furthermore I have approached the local Haematology consultant at Wigan Hospital, as well as the Clinical Director of Medicine Management for Wigan CCG, explaining the same concerns of combined prescribing of the agents and requesting them to provide me with further guidance which I would be able to use to help my patients and avoid any medication errors. I enclose copies of these letters

So far I have not had any feedback from the Clinical Director of Medicine Management following my query. At the same time the local Haematology Consultant from Wigan Hospital has kindly provided me with his feedback regarding how to deal with patients in prescribing antiplatelet and anticoagulant agents together. His feedback was really very helpful.

According to him a patient on antiplatelet agent and full dose anticoagulation medication is at a very high risk from bleeding and for most patients this is an unnecessary risk. His recommendation was to screen all patients who may be on antiplatelet and anticoagulant therapy to find out if there is any documented reason why they need to be on both. At the same time if you read paragraph three of the report antiplatelet agents are still given to patient who have had a previous stroke, as well as cardiac patients with a stent procedure while they are taking anticoagulants. If you look at the second to last paragraph of the response it said that the responsibility for discontinuing therapy would primarily be with the consultant or the GP. But he did not say it is wholly the total responsibility of the specialist from secondary care to decide whether the patient should be on both agents. This is the opinion of the Haematology Consultant from our local Wigan area. This statement makes me believe that it is not up to the expert to decide combined treatment in every patient who is on both agents. The local Haematology Department is expecting the GP to make that decision as well.

I also tried to find NICE guidelines or advice on prescribing anticoagulant with antiplatelet agents. So far I have been unable to locate any particular guidelines on this issue. You have kindly pointed out to me the technological appraisal document published in March 2015, advising on this topic, but the technological appraisal guidance means that this is an area which NICE has to look into to provide help with uniform guidance, as there will be variable practice in different parts of the country. The technologic appraisal guidance is not fully implemented NICE guidelines, but they are in the process of being implemented. Herewith I am enclosing technological appraisal guidance issued in March 15, which does suggest to have discussion with patient regarding combined treatment but not giving any advise like combined treatment can't be given and we need to have expert advise before having combined treatment,

In summary, most health care professionals I have approached for advice on this issue have advised that it is safer to have a single agent, either anticoagulant or antiplatelet, instead of having combined treatment with both agents, but there is no agreed guidance or protocol in place to follow.

Although I was not able to find any protocol or guidance on this issue, as I have feedback from our local Haematology Department, I decided to produce a protocol for our practice for future prescribing of anticoagulant with antiplatelet agents. Furthermore I have reviewed all the patients who are on combined treatment. I have looked at their medical records and checked the suitability of the patient to be on both groups of medication. In any patient, if I was not sure, I have liaised with secondary care to clarify the matter.

I felt on reviewing their records, most of the patients could be managed by a singly anticoagulant agent instead of combined treatment, as per our local Haematology guidance. Accordingly I made the

necessary changes to prescriptions after having a discussion with each individual patient.

Herewith I am including the audit report on the work I have done.

I hope this level of work will help to satisfy the concerns following the inquest, and the questions you have raised regarding my medical practice on the prescribing of combined antiplatelet and anticoagulant agents. If you are not satisfied with the outcome please feel free to contact me again and I will look into the matter further.

Kind regards

Yours sincerely

[Redacted]

MBBS

Cc [Redacted]

[Redacted] Practice Manager, Alexander House Health Centre.

Enc. [Redacted]