Atrial Fibrillation
The first national AHSN programme

Helen Williams, FFRPS, FRPharmS
Consultant Pharmacist for CVD, Southwark CCG
Clinical Adviser for AF, AHSNs Network
Clinical Director for AF, Health Innovation Network

June 2018
Why Atrial Fibrillation (AF)?

- Across England AF is sub-optimally detected and managed, resulting in avoidable strokes
- AF-related stroke represents a significant burden to patients, carers, the NHS and Social Care
- The AHSN Network identified that the spread and adoption of AF best practice across all AHSNs could make a stepped improvement in care outcomes, leading to a reduction in AF-related strokes across England
Atrial Fibrillation
National target impacts 2018-20

6,000  AF detection devices distributed nationally
100,000 extra people treated with anticoagulant therapy
4,000  strokes prevented
1,000  lives saved
£84m  savings for the NHS
£100m social care savings
AF Programme Work to date:

- AF agreed as a priority for all 15 AHSNs, local work programmes established, national AF community of practice
- Agreed national delivery metrics
- Identified 14 resources / best practice projects for spread and adoption
- Received £500k funding from NHSE for procurement and distribution of mobile ECG devices
- Developed a national framework for mobile ECG device implementation including centralised data collection for the most commonly used device
- Established AF Industry forum to support future collaborative work
- Delivered educational events with PHE, RCGP, and AHSN symposia at Heart Rhythm congresses
Detect Best Practice:

- Agreed Detection Device Procured
- Targeted Dissemination and Monitor Use
- Implement specific device protocol where available
- Choose the right setting -> Long Term Conditions – Heart Failure/diabetes

FLU Clinics have proven to be effective

Educate Users on Devices and AF Pathways

Caveat

Clear AF pathway must be in place before any detection campaign is implemented
Devices to detect AF

• Plethora of new and emerging devices
  • 35 to date, and counting!
• Can enhance detection of AF in community settings
• Better sensitivity and specificity than pulse palpation
• Can reduce costs of ‘unnecessary’ 12-lead ECGs
• Quick and easy to use
• Affordable – from £80+ per device
Mobile ECG devices

- National rollout of mobile ECG devices funded by NHS England is now underway
- Devices procured by Innovation Agency
- Opportunistic case-finding in diverse range of settings
- AHSN guidance on distribution, information governance and integration into local care pathways
- Developed centralised data collection
- Evaluation team appointed (Wessex AHSN)
Mobile devices – Where?

- GP practices
- Community pharmacy
- Community and district nursing
- Nursing homes
- Urgent care centres
- Mental health services
- Podiatry
- Out patient clinics
- Optometry
- Fire service ‘Safe and Well’ Checks
Lessons learned from the AF detection device project

- **Data security and GDPR**
  - Use of mobile apps and personal phones / tablets for clinical care
  - Protecting patient identifiable data

- Innovative solutions to IG challenges in light of GDPR and data security
- Local engagement and “boots on the ground” is essential for success - need adequate resources
- Clinical leadership and project management support essential
- Clear project brief at the start
- Robust procurement with detailed specification
- Robust due diligence on devices
- Centralised data collection to minimise the burden on frontline staff
Protect Best Practice:

Case Finding Tools, for example PRIMIS

Training and Education provided through:
- Local GP expert and GP champions
- Specialist Nurse/Pharmacist

Quality Improvement Methodology

Programme components and model are dependant on a number of factors:
- Resource
- Engagement
- Local performance

Clinical Decision making tools, for example:
- AF Cards
- AF Clinical Template
- AF Treatment Algorithm

‘Starting Anticoagulation with Jack’ video which can be used to support practitioners in their discussions with people when considering anticoagulation therapy, and is also a resource for patients to refer to after discussions in clinic. 
www.wessexahsn.org.uk/jack
NICE AF Priorities (CG180)

- Personalised package of care
- Assessment of stroke and bleeding risk
  - Use of CHA2DS2-VASc and HASBLED
- **Anticoagulation with warfarin or a NOAC**
- **Do not offer aspirin monotherapy solely for stroke prevention to people with atrial fibrillation**
- Rate and rhythm control
- Specialist referral and interventions where first line options fail to manage symptoms adequately
81.7% patients with AF and at risk of stroke are now anticoagulated in England
DOAC Uptake across England

CCG uptake ranges from 21.84% to 84.8%

Virtual Clinics to Increase Anticoagulation in AF

- 1340 patients reviewed in virtual clinics across Lambeth and Southwark from Oct 2015 to Dec 2016.
  - Lambeth: 567 additional patients have been anticoagulated which will prevent up to 20 strokes per annum.
  - Southwark: 725 additional patients have been anticoagulated which will prevent up to 25 strokes per annum.
- 15% reduction in AF-related strokes seen.

Now delivered across Southwark, Lambeth, Kingston and Lewisham, >3000 people reviewed.
Ischaemic strokes in patients with known AF (Charing Cross)

1265 ischaemic strokes

266 (21%) had known AF prior to stroke

96 / 115 (83%) had inadequate anticoagulation control prior to stroke
Checklist for Delivering Excellence in Anticoagulant Care

In line with *Excellence in anticoagulant care* the checklist summarises the components of an excellent anticoagulant pathway, regardless of the model of care delivery (primary care, community-based or acute care).

Commissioners and providers should use this list to benchmark current services to identify gaps in service provision.

1. **Excellent anticoagulation services for a local population should be patient-centred and directly involve users and carers**

<table>
<thead>
<tr>
<th></th>
<th>Yes / No</th>
<th>Evidence provided</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and patients are actively involved in the design of their local anticoagulant pathway</td>
<td></td>
<td>(for example, involvement of patients in consultations regarding service redesign, local thrombosis committees)</td>
<td></td>
</tr>
<tr>
<td>Patient and carer feedback, including (but not limited to) results of patient satisfaction and experience surveys, is used to improve anticoagulant service pathways</td>
<td></td>
<td>(for example: results of patient satisfaction and experience surveys)</td>
<td></td>
</tr>
<tr>
<td>Services are offered in a convenient ‘one-stop’ clinic offering patient education, discussion and support, blood tests and drug / dose changes and date of next appointment in the same consultation.</td>
<td></td>
<td>(for example, clinic arrangements demonstrate one-stop approach, evidence from patient satisfaction questionnaires)</td>
<td></td>
</tr>
<tr>
<td>Anticoagulant services are located to maximise convenience for the service user, with accessible public transport links and parking facilities.</td>
<td></td>
<td>(for example: Clinic times and locations and facilities available)</td>
<td></td>
</tr>
<tr>
<td>The local anticoagulant pathway offers appointment times to meet the needs of the whole population, including working age adults.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Successes and recommendations for other national programmes (1)

- Engagement local and national - takes time to develop and needs to be nurtured
  - Facilitate communication across project partners – online collaboration portal and improved WebEx facilities (with training)
  - Clearly defined expectations, purpose and aims of programme at the outset
  - Metrics need to be meaningful and achievable
- Resources allocated sufficient to deliver project aims at local and national level – wide variation
Successes and recommendations for other national programmes (2)

- Governance structure should be clear to avoid unnecessary duplication of effort
- Share resources, minimise duplication, spread what works (with local adaption)
- Co-location of Programme Manager and Clinical Advisor is of huge benefit to programme delivery
- Awareness and collaboration with other similar national initiatives e.g RightCare, PHE, NHSE
Atrial Fibrillation

The first national AHSN programme

Helen Williams, FFRPS, FRPharmS
Consultant Pharmacist for CVD, Southwark CCG
Clinical Adviser for AF, AHSNs Network
Clinical Director for AF, Health Innovation Network

June 2018