Don’t Wait to Anticoagulate (DWAC)
Quality Improvement in Primary Care

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Aim of DWAC

To optimise anticoagulation of high risk patients with a diagnosis of atrial fibrillation, in line with updated NICE Guidance CG180
Project approach

- Collaboration with clinicians (primary and secondary care), commissioners, patients, voluntary sector, private sector

- Update clinical knowledge and QI skills training

- Toolkit of resources (clinicians and patients)

- Methodology – baseline, identify patients, review treatment, measure changes
Phase one - design

• 11 innovator practices

• Trial four operational models
  - GP-led (3)
  - MOP-led (4)
  - Independent Pharmacist – led (3)
  - Upskilling staff (1)
Phase two - development

A partnership with CCG, Bayer and AHSN

- Refining the processes
- Creation of online tools (bespoke website for clinicians and patients)
  - Patient information
  - Clinical information
  - QI ‘walkthrough’ documents
- Focus on QI elements and sustainability
  - Quality improvement support team from Bayer
Phase two results

- 51 (out of 86) practices participated (8652 AF patients)
- 3148 AF patients reviewed in 12 weeks
- Overall prevalence increased from 2.24% to 2.29%
- National prevalence 1.61%
- Local prevalence (West of England AHSN) 1.91%

But

- 12 week period not long enough to see full impact
Key challenges

• Partnership working
• Additional cost of NOACs (focus on optimising AC not using more NOACs)
• Suspicion of Bayer involvement
• Lack of resources in primary care
• NICE guidance is not enforceable
Key enablers

- Strong clinical leadership (££)
- Need for project and QI support
- Incentivising GP involvement
- West of England AHSN involvement was the driver
- QIST was well received - collaboration with Bayer was seen as successful and critical (boots on the ground)
- Communication between partners
Phase three – spread

• 48 GP practices across Bristol CCG
• AHSN funding
• MOPS – led approach (minimise impact of GP capacity)
• Education
• Baseline
• 12 week
• Data review
Project approach

Phase 1
11 innovator practices
- 2688 patients with AF
- 335 patients suitable for review
- 131 patients reviewed

Potential strokes prevented

7

Phase 2
51 Glos practices
- 8652 patients with AF
- 3148 patients reviewed
- Anticoagulants started in 265 patients

13

Phase 3
48 Bristol practices
- 942 patients suitable for review
- 724 patients reviewed
- Anticoagulants started in 134 patients

6

Declaration: The programme is funded through a joint working project between Bayer and West of England AHSN
• 238 GP practices have adopted DWAC across North West of England, Yorkshire and Humberside, Buckinghamshire and East Berkshire, with more engaged to start. Estimated 20 (theoretical) strokes saved.

• Plus further spread across two CCG areas in the West.
National recognition

Anticoagulation Achievement Awards 2017
AF Association Healthcare Pioneers 2018 - Showcasing Best Practice (endorsed by the all party parliamentary group on PMEA award for Excellence in healthcare collaborations and partnerships - 2016
Effective communication is key

https://www.youtube.com/watch?v=9_8IA6ig3_A
THANK YOU, THANK YOU VERY MUCH
Any questions?

Who?
What?
Where?
When?
Why?
How?