



**Wessex**  
Academic Health  
Science Network

**Wessex AHSN**  
**Atrial Fibrillation  
Programme  
Newsletter**  
**January 2017**



We are very pleased to present the first newsletter for the AF programme, and hope you will find the news interesting.

The Wessex AHSN AF programme has been running for about 2 years now, and has a broad portfolio of work with 3 key aims: to DETECT, PROTECT and PERFECT anticoagulation.

DETECT AF, PROTECT patients with AF from harm, and PERFECT their treatment.

### **But why is AF a focus?**

Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia affecting 1-2% of the UK population. AF becomes more common with increasing age, affecting approximately 10% of the population over 75 years old and 18% of those over 85 years old. AF is associated with a 5-fold increased risk of stroke. Clinical outcomes in terms of increased disability, are considerably worse for AF associated stroke than stroke not associated with AF and mortality from stroke is doubled in patients with AF.

Overall 15% of strokes are caused by AF but AF is the predominant cause of stroke in the elderly which is clearly of concern with an ageing patient demographic.

Bed days for patients with a primary or secondary diagnosis of AF are estimated to have cost the NHS £2.8 billion in 2005 in direct care costs with wider costs in terms of lost productivity and social care amounting to an additional £4.2 billion. The Percentage of diagnosed people with AF is higher in Wessex (1.9% of the population) than the national average. In Wessex there are **39,829** high risk patients with AF not currently on anticoagulation, finding and treating these patients optimally could lead to **1076** fewer strokes and **358** fewer deaths, leading to **£19.5 million** hospital admissions costs avoided.

## DETECT

**Screening Programmes:** We have been promoting detection of AF through screening programmes such as Watch BP, and 'feel the pulse.' These are reactively simple interventions which can be used as part of routine GP or nurse consultations to identify abnormal heart rhythm.

West Hampshire CCG piloted the use of Watch BP and 19 cases of AF were diagnosed in just 5 sites in 5 months.

Technology is advancing quickly. NHS England has recently announced funding for mobile ECG devices such as AliveCor from April 2017. There is a need to increase detection rates in Wessex, these currently range between 1% and 2.54%, we are aiming to get to 2.8%.

If you would like to find out more about detection devices see: <https://www.england.nhs.uk/2016/11/innov-tech-tariff/>  
<https://www.alivecor.com/en/>

**PRIMIS Grasp AF and Warfarin Safety audits:** These audits, developed by the PRIMIS team at the University of Nottingham can be run on GP case lists and will identify patients with AF who are either not treated or sub-optimally treated. We are recruiting a facilitator to work directly with practices in Wessex to help them download and run the audits and develop an action plan to address the audit findings. If you are interested in these audits and getting support to run them, please let us know by contacting [Vicki.rowse@wessexahsn.net](mailto:Vicki.rowse@wessexahsn.net)

## PROTECT

**Case Study:** West Hampshire CCG used the PRIMIS GRASP AF tool to detect patients who were not on optimal treatment and review their treatment. When they re-audited they were able to show that the total number of hi-risk patients on Oral Anticoagulation rose from 2/3 to 3/4. 1.6K more high-risk patients were receiving Oral Anticoagulation compared to Sep 14 and expected AF-related ischaemic strokes in the hi-risk group fell by 20% which equates to 39 expected strokes avoided per year and a cost saving of £0.5 Million assuming the direct health costs associated with a stroke are in the order of £12,228 per stroke (ref NICE CG 180 AF Management).

As well as looking at untreated patients, practice teams reviewed

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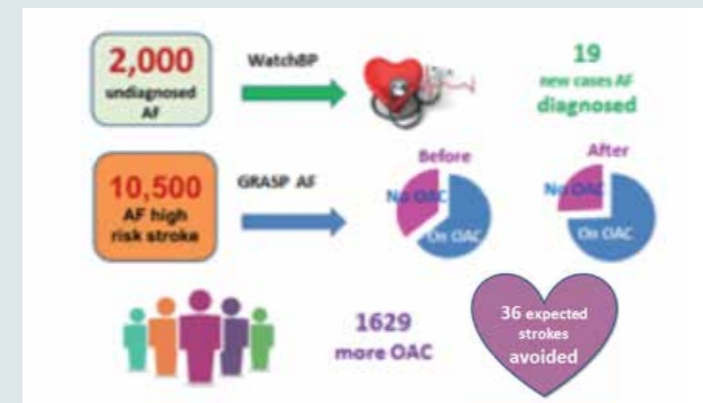
patients poorly controlled on warfarin (TTR <65%) using the PRIMIS Warfarin Patient Safety Audit tool. The CCG average for patients well controlled on warfarin rose from 59% to 67% through a mixture of optimising warfarin in some patients or switching others to a DOAC.

All these AF health improvement activities caused a reduction in the number of strokes in the CCG. When compared to the previous 12-month period to June 2015, the CCG had a total of 52 fewer reported actual strokes admitted to local hospitals (ref SSNAP data). This corresponds to a saving of £636,000 (52 x £12,228). The CCG invested an extra £1.5 million in DOACs in 2015/16 and managed to save £1.7 million on other medicines cost-savings unrelated to AF (e.g. branded generic switches and other medicines management cost improvements which do not affect patient care). This helped to fund the extra investment in DOACs.

Starting people with AF on anticoagulants is vital to reduce the risk of them having a stroke, the outcomes of which are poorer than non-AF related strokes, but we know it is a complex treatment and patients need good information to help them reach a decision with their doctors. Resources to help clinicians with shared decision making can be found at <http://wessexahsn.org.uk/programmes/29/atrial-fibrillation-detect-perfect-protect>



## Stroke Prevention in Atrial Fibrillation



**Outreach Clinics:** We've been working with a practice in SE Hampshire CCG to review their patients. Using GRASP AF, 91 patients were identified and 49 patients were booked for appointments with the anticoagulation specialist pharmacist to develop an agreed care plan. We were delighted with the progress. The subsequent audit identified an additional 21 patients on anticoagulation (15 directly reviewed by the specialist pharmacist) and 18 patients better controlled on warfarin and with Time in Treatment Range greater than 65%, which means they are effectively anticoagulated and therefore at less risk of an adverse event. Patients preferred to see the specialist in the GP practice rather than at home.

If you want to see more please watch our video <http://wessexahsn.org.uk/programmes/29/atrial-fibrillation-detect-perfect-protect>

## PERFECT

Education is a key part of our work and takes a number of different forms:

- **Patient counselling support and tools including a video: Starting Anticoagulation with Jack:** to help inform patients about the need for anticoagulation we have been working with the Royal Pharmaceutical Society to develop a patient information video telling the story of Jack and his blood clotting over time. Look out for Jack in the near future.
- **Use of New Medicines Service / Medicines Use Review in Community Pharmacy:**

**Anticoagulant NMS:** an important part of our overall AF programme is to evaluate the effectiveness of the Anticoagulant New Medicines Service, which is offered by Community Pharmacists to all patients newly started on anticoagulants to help them understand the treatment and manage side effects. A national evaluation of the NMS found that it increased adherence by 10% (O29/0124 Elliott R.A. et al.)

27 pharmacists in Eastleigh and Test Valley South and Eastleigh Southern Parishes are taking part in a trial of a new NMS referral card. Patients newly prescribed an anticoagulant by their Doctor will be given the card to take to the community pharmacy and once they have had the NMS consultation they will be asked to complete the card and send to the evaluation team. The results will help us spread good practice and identify any training needs.

Our Clinical leads are providing training sessions to GP's and raising awareness of tools and resources to support clinicians in delivering informed discussions around anticoagulation; and providing or directing patients to appropriate anticoagulant decision aids

**National AHSN AF network:** all 15 AHSN's are working on AF and this provides a fantastic opportunity for collaborating, sharing and spreading AF work. Wessex AHSN has a lead role in the community of practice that has been established and as a result a high profile nationally for AF work. One collaborative project is to develop a data set for monitoring and measuring progress in identifying patients with AF and ensuring they are optimally treated for the best outcomes possible.



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**AND SEE OUR WEBSITE AT:**

<http://wessexahsn.org.uk/programmes/29/atrial-fibrillation-detect-perfect-protect>