

KSS AHSN Alliance for Atrial Fibrillation – Phase 1 Review

Detect. Review. Protect.

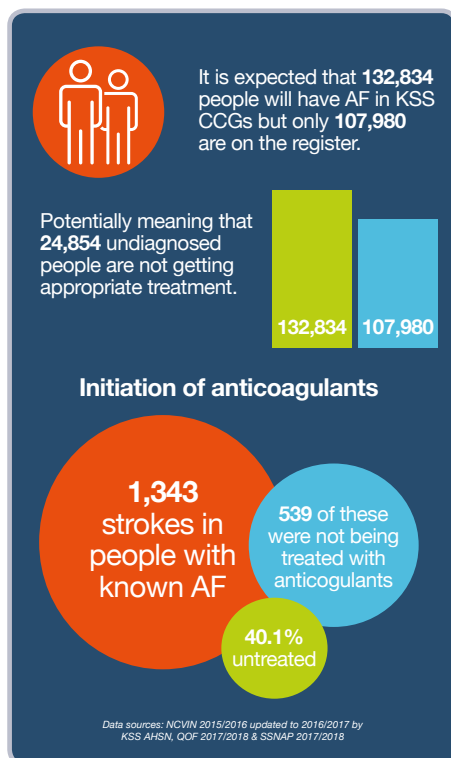


The Kent Surrey Sussex Academic Health Science Network (KSS AHSN) Alliance for Atrial Fibrillation (AF) aims to reduce the number of people dying from, or being disabled by, AF-related stroke by optimising the use of anticoagulants in line with NICE CG180 guidelines.

Formed in 2016, it has now completed phase 1 of the project, looking at the Known AF population in the region and identifying patients eligible for anticoagulation therapy.

The issue

Atrial Fibrillation accounts for 20% of all strokes. People with AF are five times more likely to suffer a stroke, and people who experience an AF-related stroke are more likely to die or suffer severe disability than any other type of stroke.



Project aim

The primary target to benefit from this project is the patient, and the Alliance aims to educate and upskill primary care practitioners around stroke prevention, to sustain the learning and close the AF prevalence gap described by Public Health England across KSS.

The project has three main areas of focus:

- **Detect:** Increase prevalence of AF – using Lead 1 ECG devices
- **Review:** Increase anticoagulation – perform timely reviews
- **Protect:** Increase optimal anticoagulation – ensure patients receive appropriate care

Identifying patients

We collaborated with three independent review organisations to work in 29 GP Practices across KSS, looking at the Known AF population and identifying patients eligible for anticoagulation therapy.

This stage of the project ran from December 2016 to May 2018. Throughout we shared anonymised data dashboard reports which could be broken down at Sustainability and Transformation Partnerships (STP), Clinical Commissioning Group (CCG) and GP Practice level for participating organisations.

Impact

The project reviewed 6,000 AF individual records through a combination of register, case note and face to face reviews. All patients were identified as being eligible for anticoagulation, had confirmed AF and were at a high risk of having an AF-related stroke.

The project identified 1,390 individuals who were eligible for anticoagulation and would benefit from a change of treatment to reduce their risk of AF-related stroke.



503 individuals had medicines optimised by GP

- 14 AF related strokes avoided
- Cost reduction of more than £380,000 for NHS

If medicines were optimised for all 1,390 eligible individuals

- 38 AF related strokes avoided
- Cost reduction of more than £1m

Potential impact

The project has shown that our approach can make a significant impact on patient health. If we extrapolate our data across the whole KSS population (4,739,731 individuals) the potential impact of this work can be seen.



Potential impact if a third of eligible patients treated

- 202 AF related strokes prevented in one year
- Cost saving of £5,691,911 over five years.

Potential impact if all eligible patients treated

- 559 AF related strokes prevented in one year
- Cost saving of £15,729,139 over five years.

Scaling the project - key learnings from Phase 1

- Specialist anticoagulant pharmacists could be commissioned to deliver virtual clinics in primary care, to support the GPs with evidence-based decision-making regarding anticoagulation for patients with AF
- Alternatively CCGs could use existing pharmacist resource to deliver virtual clinics, supported remotely by a specialist anticoagulation pharmacist
- The impact on change of treatment and outcomes would be far greater if the specialist anticoagulation pharmacists were prescribers
- Ensuring a robust data collection and audit process is in place, to measure the impact made at baseline and re-audit, is crucial to the success of this project.

Next steps

We believe the KSS AHSN AF project has made a difference to our population in primary care settings across KSS. However, there is more to do, and support is needed to help us share our learning and scale-up the project across the region.

The Long Term Plan for the NHS, published in January 2019, includes a new national focus on cardiovascular disease, including stroke. Both have been recognised as clinical priorities, and distinct themes in the development of the plan. The plan includes a major ambition to prevent 150,000 strokes and heart attacks over the next ten years by improving the treatment of the high-risk conditions – hypertension (high blood pressure), high cholesterol and AF.

Phase 2 project plan

Detect: AHSN continue to distribute Lead 1 ECG devices across KSS to multiple organisations and widespread professional groups.

Review: KSS AHSN delivery partner to x2 CCGs to implement virtual anticoagulation clinic reviews in as per NHSE Demonstrator programme model.

Protect: increase optimal anticoagulation – ensure patients are safe and receiving appropriate care.

Data: Measure the impact in the three key focus areas via implementation of an innovative SPAF Audit and Case Finding Service in GP Practices.

Education: implement a one year accredited anticoagulation education programme for local KSS pharmacists, delivered by a Pharmacist Advanced Clinical Practitioner, to include quarterly education training days and weekly clinical support, for a dedicated hour via skype, phone and email.

Wider implementation / scale up: spread this robust project plan KSS wide, to show how the services primary care deliver improve quality, reduce variation, place patients at the centre of change and deliver value for money.

