

KSS AHSN Alliance for Atrial Fibrillation

Detect. Protect. Perfect.

AF- Related Strokes are severe and are associated with significant mortality and morbidity.

KSS AHSN Alliance for AF aims to improve the detection of AF and optimise the use of anticoagulants through the implementation of a package of tools and resources that will support clinical teams to reduce the number of people dying or disabled by AF-related stroke.

To read the case study and find out more visit
www.kssahsn.net/atrialfibrillation

The issue

In KSS there are 108,000 people diagnosed with Atrial Fibrillation (AF) but experts estimate a further 25,000 people are unaware they have irregular heart rhythms and of the dangers that this can pose to their health.

AF is the most common type of irregular heart rhythm and often goes unnoticed until complications occur, the most significant of which is a stroke.

The targets

National targets set by NHS England in April 2018 to increase AF prevalence to 85% and increase anticoagulation rates to 84% by March 2020, were successfully achieved by KSS AHSN Alliance for AF in first year (QOF 2018/19 data).

KSS AF prevalence:

81.1% at baseline (QOF 2017/18)  Rising to 87.3% In 1 year (QOF 2018/19)

KSS Anticoagulation rates:

82.9% at baseline (QOF 2017/18)  Rising to 84.6% In 1 year (QOF 2018/19)

The how

Compared to other regions we are making significant progress.

How did we do it?

We acted as the neutral network to work with the NHS, Partner Organisations and Industry to invest in the many elements of the project to detect and protect patients in AF and ultimately reduce the number of AF-related strokes.

Supporting Clinicians

We offered an AF package of support to clinical teams in the 3 key focus areas:

Detect – Implemented 560 Lead 1 (AliveCor) ECG Devices

Protect – Run virtual anticoagulation clinics in 2 CCGs (as per NHSE Demonstrator Programme)

Perfect – Encourage GP teams to:

- 1 Action recommendations: to optimise treatment.
- 2 Know your data: check all coding is correct and recorded on clinical system.
- 3 Ensure on-going monitoring: provide baseline and every 6 months.

We wrapped around further support:

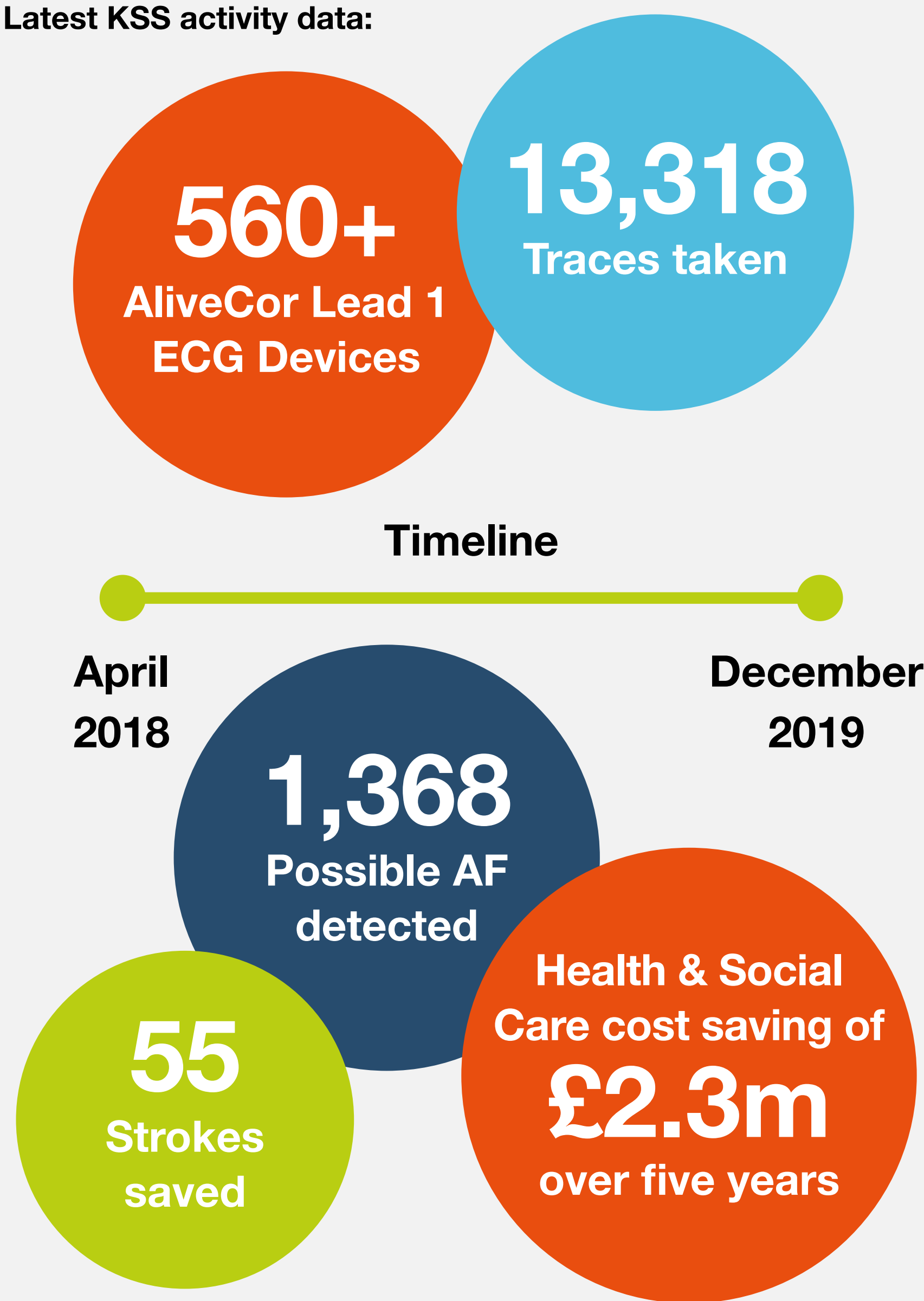
Audit – Implemented Oberoi SPAF Case Finding & Audit Service

Mentorship - weekly CVD webex for Clinical Pharmacists led by CVD Clinical Lead, GPSI Cardiology.

Education - Access to an online CVD resource platform and a quarterly CVD Education Programme for Clinical Pharmacists.

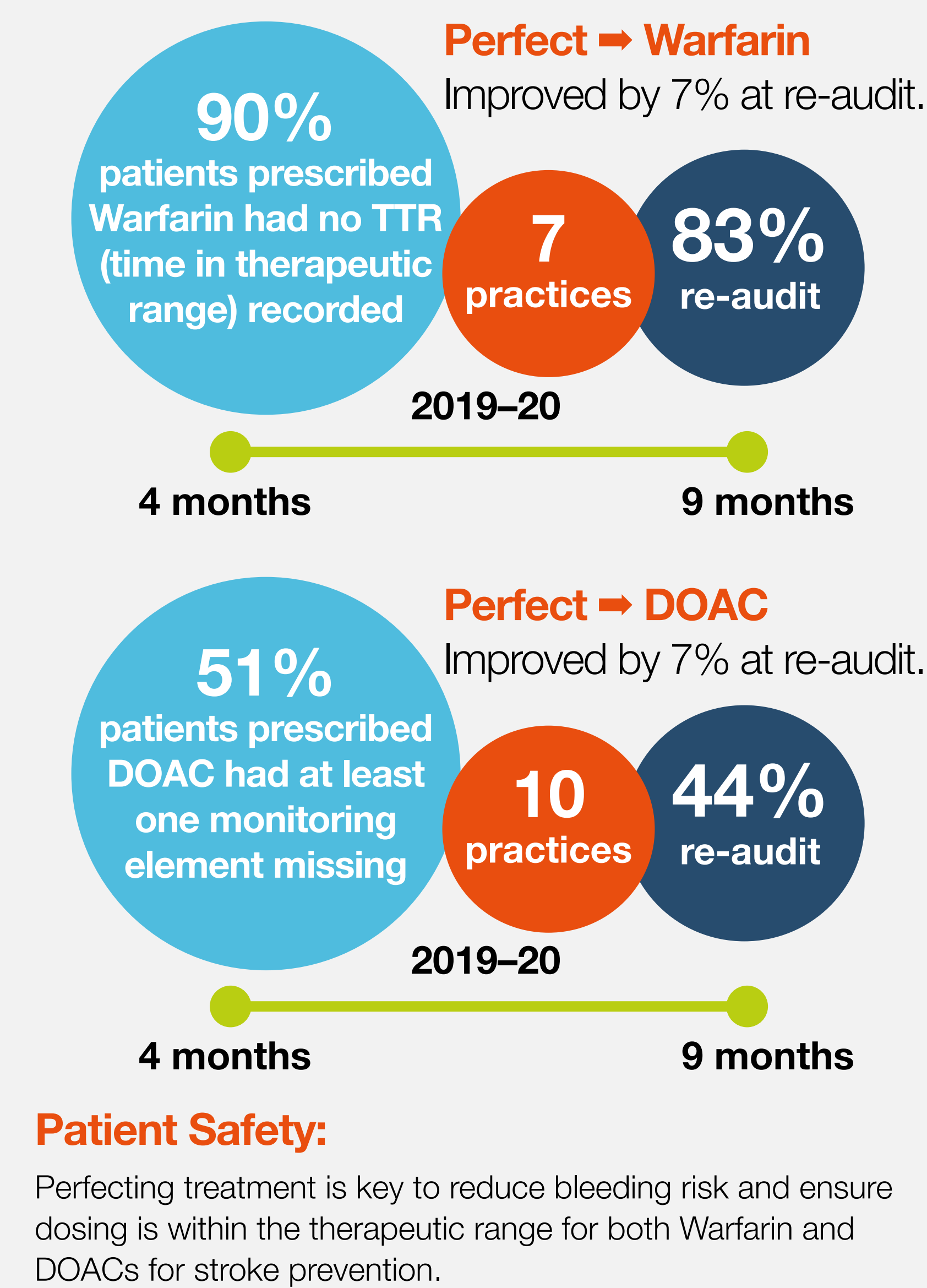
Detect: impact across KSS

Latest KSS activity data:



Perfect:

Perfecting treatment, monitoring patients and recording data is paramount to patient safety, whether anticoagulation takes place within or outside a practice. Dosing can then be amended accordingly.

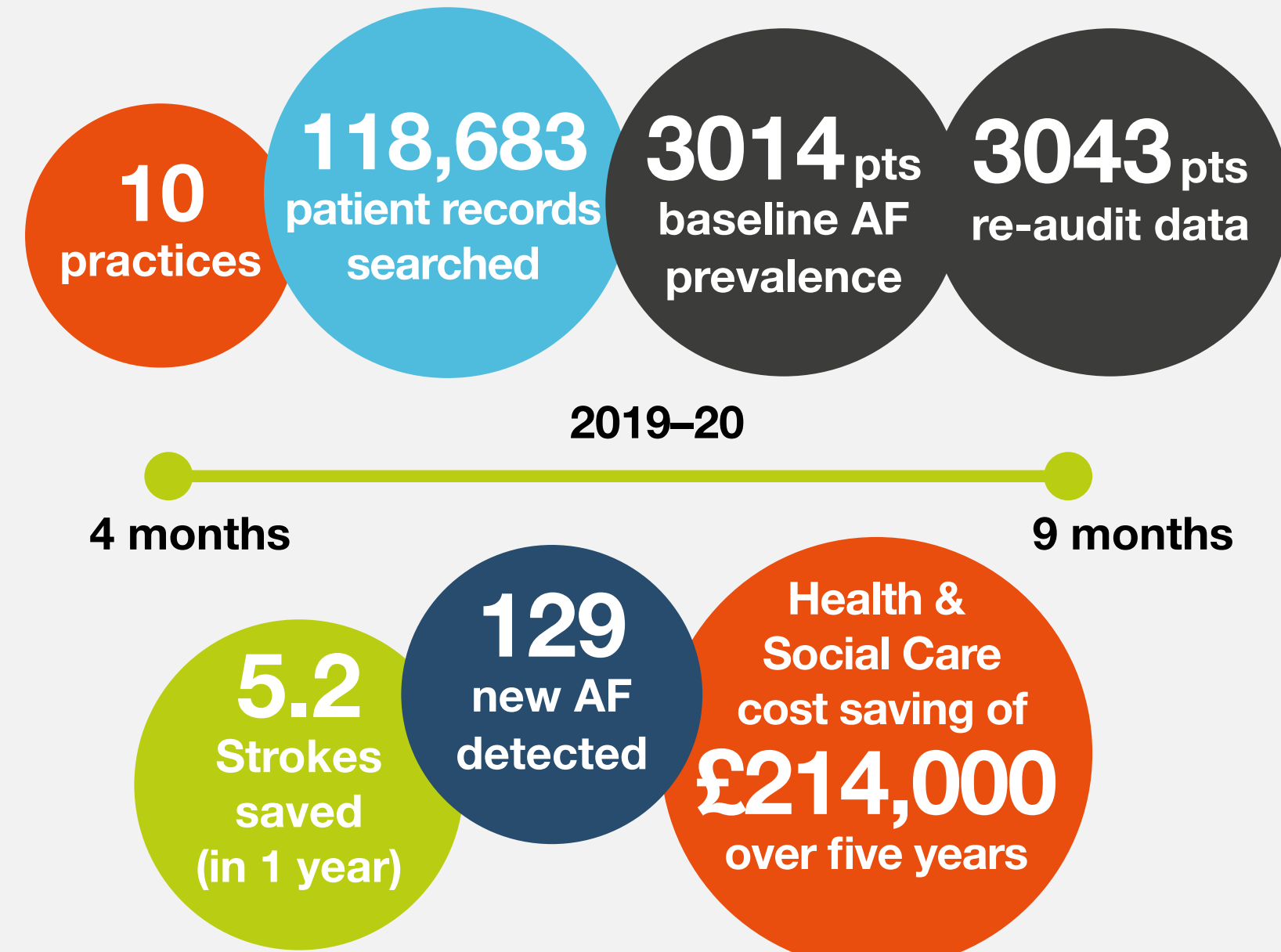


Impact so far

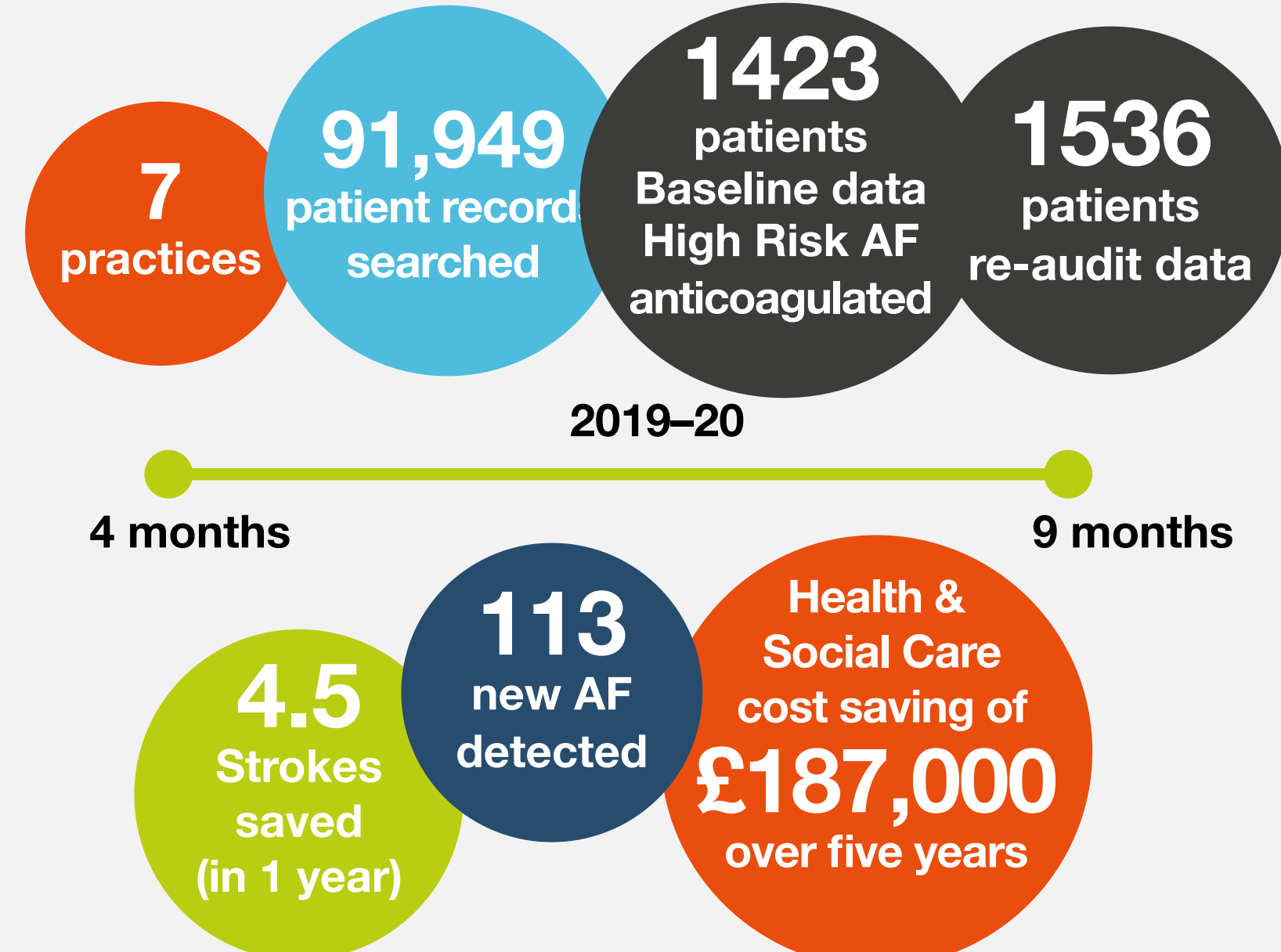
Full AF Package of support impact data in 10 practices:

We collated the Oberoi SPAF & Case Finding data from 10 practices in East Kent all with the full package of AF support implemented.

Detect Data:



Protect Data:



Top Tips

- Embark on this work together as a PCN, involve the whole practice team to case find new AF and the GPs to interpret ECGs, diagnose, treat, action recommendations and ensure monitoring occurs.
- Identify a Clinical CVD Lead at each practice to drive this work forward and upload the SPAF re-audit data on the 1st of every month to the Oberoi e-portal (takes 5 mins).
- Focus time on checking there is correct coding for diagnosis, treatment and monitoring.
- Check coding on the GP clinical system is added for patients receiving Warfarin treatment/ monitoring from a third party. (code 8B2K to say anticoagulation takes place outside the practice)
- Increase communication between Practice and Anticoagulation Clinics to ensure patients are being safely treated and monitored.
- Check Time in Therapeutic Range (TTR) data is recorded on the GP Clinical System for every patient receiving Warfarin Therapy.
- Check all DOAC patients have measurements recorded on the clinical system required for initiating and dosing. These being Weight, Serum Creatinine, CR/CL (*CR/CL is a calculation) recorded at baseline and every 6 months (or at least once a year).
- Ensure patients are optimised on correct doses of DOAC to reduce risk of strokes and bleeding side effects.

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.

We have made strides to scale the project model across East and West Kent and are keen to share the learning and project model further.

CVDPrevent Audit is being implemented from April 2020 which will see an automatic data extraction from all GP Practices every quarter. This will show practices how they are performing vs. Detect and Protect targets but will not link back to the patient record which is where the Oberoi SPAF & Case Finding systematic approach comes in as the searches/integrated prompts sit within the clinical system.

Real time data is key to deliver CVD Prevention.

Contact your local AHSN to find out more and what is available in your local area.