

# Atrial Fibrillation Advance Programme

The East Midlands Academic Health Science Network (EMAHSN) Atrial Fibrillation (AF) Advance programme aims to improve diagnosis, treatment and medicines optimisation for people with AF, and subsequently improve patient outcomes by targeting areas with the lowest levels of diagnosis and anticoagulation rates across the East Midlands.

Overall objectives included realising cost efficiencies of £1.85m across health and social care and achieving a target of 85% detection and 84% anticoagulation by 2020. The programme aimed to work with all 19 East Midlands Clinical Commissioning Groups and 536 General Practices.

## Problem

Every 15 seconds someone suffers an AF-related stroke which is the most common type of irregular heartbeat. AF causes around 20% of all strokes. The East Midlands has higher rates of Atrial Fibrillation than the average for England (1.79% compared to 1.71%). Stroke cases are on the rise and are predicted to increase by 59% in the next 20 years, with the number of stroke survivors set to double by 2035. There are a higher proportion of people aged 50 years and older in East Midlands compared with the national average and AF is more common the older a person gets. The impact of AF stroke can be devastating for patients with 2/3 of stroke patients leaving hospital with a disability. This also has an impact on the healthcare system, with the average cost of caring for stroke survivors calculated as £46,000 per person over five years post-stroke, including hospital admission and ongoing social care costs.

## Approach

Stroke, including AF-related stroke, was included in the NHS Long Term Plan and was identified as a national priority. Each of the UK's 15 Academic Health Science Networks (AHSNs) have been working regionally on initiatives to combat AF. The East Midlands AHSN AF Advance programme focused on a number of methods:

- A Ambassador**  
Identify and engage with AF ambassadors across the healthcare system to drive improvement in AF diagnosis, treatment and optimising medicines.
- D Diagnosis**  
Improve expertise through upskilling and deployment of new diagnostic technologies (mobile ECG devices) to increase accessibility and release time to care.
- V Variation**  
Communicate variation and best practice in diagnosis and management.
- A Audit and Action Planning**  
System utilisation of audit tools to inform action planning and re-audit of improvement to track and highlight success.
- N Normalise**  
Optimise treatment by upskilling, development of new working approaches and empowering the workforce to deliver evidence-based care.
- C Clinical Template**  
Promote utilisation of AF system databases to support ongoing targeting of high impact areas.
- E Evaluate**  
Improvements in care through analysis of data.

## Contact

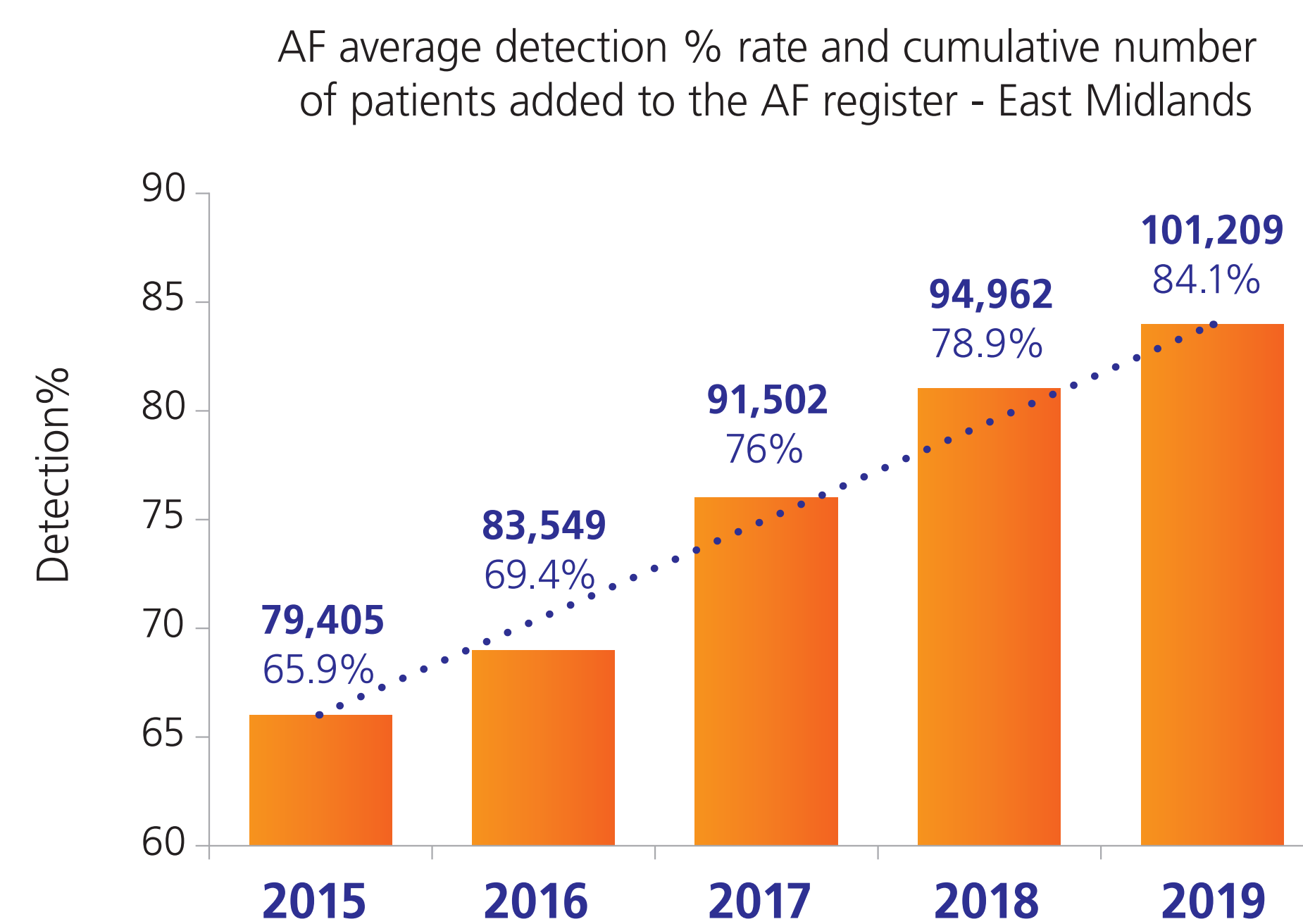
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## Results

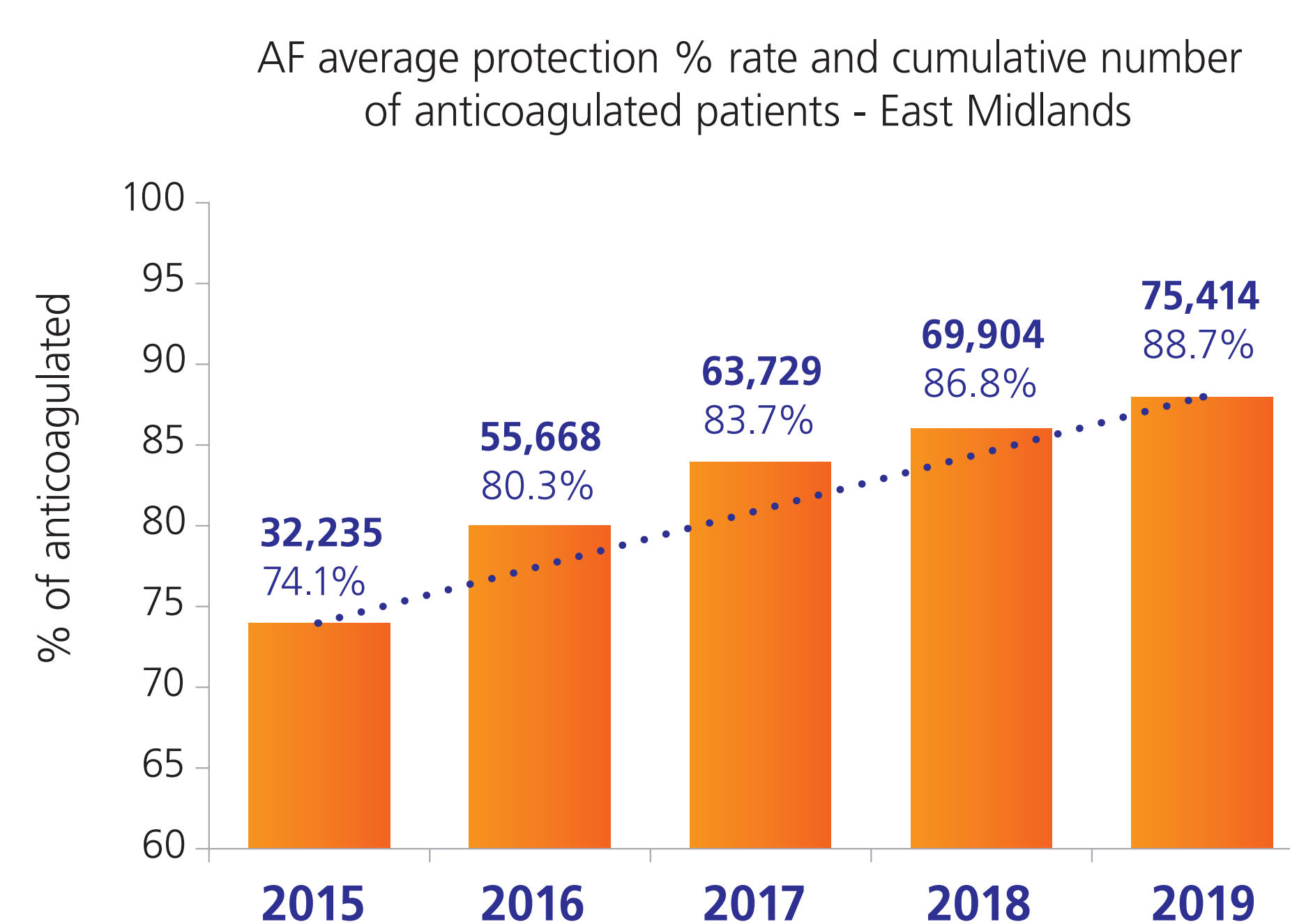
- Diagnostic rate increased from 81.3% in March 2018 to 84.1% in March 2019, meaning that an additional 6,247 patients have been diagnosed.
- Anticoagulation rate increased from 86.8% in March 2018 to 88.7% in March 2019 showing the East Midlands to be the highest performing region nationally.
- All 19 East Midlands CCGs met the national AHSN target of 84% anticoagulation of high-risk AF patients to be achieved by March 2020, with the five lowest performing CCGs increasing their anticoagulation rate by an average of 3%.
- This will prevent an estimated 220 strokes, 73 deaths and secure health and care cost efficiencies of £2.95m\* in hospital admissions and £1.31m\* in social care costs per year.

\*Figures based on current mean SNAPP data for cost of stroke split by hospital and admission cost. [www.strokeaudit.org/Health-Economics.aspx](http://www.strokeaudit.org/Health-Economics.aspx)

**Detect:** To improve diagnosis of those at high risk of AF-related stroke



**Protect:** To improve management through anticoagulation treatment



Data source: 2018/2019 Quality Outcomes Framework. [digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2018-19-pas](https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2018-19-pas)

## Conclusion

Programme success has come from our system-wide collaborative approach bringing together a range of agencies and providers to design and implement sustainable improvement for patients, underpinned by developing local stroke strategies.

Continuous improvement is supported by a range of innovative tools and newly developed skills to maximise AF outcomes along with the ongoing deployment of one lead ECG devices and a specialist pharmacist-led Atrial Fibrillation protection collaboration.