Improving outcomes in Atrial Fibrillation: Buckinghamshire

Dr Raj Thakkar  BSc(Hons) MBBS MRCGP MRCP(UK)

CLINICAL COMMISSIONING DIRECTOR FOR PLANNED CARE, CHILTERN AND AV CCGS
PRIMARY CARE CARDIAC LEAD, OXFORD AHSN, NHS ENGLAND

PHE FEB 2018
1. AF increases the risk of stroke by nearly 500%
2. 12,500 strokes per year in the UK attributable to AF
3. AF related strokes tend to be more severe
4. 50% of patients needing long term residential care after AF related stoke
5. Significant “silent AF” burden
6. AF is on the rise

If all patients appropriately managed:

4500 strokes saved/year
£100,000,000 saved/year

**Doing nothing is not an option**
Aspirin vs apixaban in stroke prevention:
Bleeding risk worse with aspirin than with warfarin

• “Aspirin is overall associated with a higher risk of gastrointestinal haemorrhage compared with warfarin, despite the suboptimal TTR in the study population”

Gastrointestinal haemorrhage in atrial fibrillation patients: impact of quality of anticoagulation control

The Buckinghamshire approach: Phase 1

System-wide approach
- consultation on barriers to good care, use of aspirin, views on bleeding risks
- AQP - increased access and equity. High quality spec
- patient education

SCN/AHSN support

Ownership
- acute and primary care
- culture change
- system wide collaborative approach

Education
- presentations
- data
- pathways
- science

Feedback
- letters from acute trust
- data
- GRASP
- Practice level benchmarking

Practice level delivery vehicles
- feel your pulse
- audit
- quality improvement scheme
Bucks CCG Reported AF Prevalence Data

AF Prevalence Excluding AF Pts With a Valid AF Resolved Code *

* Av 6 monthly figures taken from Grasp AF practice data
AF Raw Prevalence

Expected 2.5%
CCG Trend Analysis % AF Patients on OAC

Percentage of patients with AF and a high risk of stroke receiving anticoagulation therapy in Buckinghamshire

Year | Percentage
---|---
2013/14 | 68%
2014/15 | 74%
2015/16 | 84%
2016/17 | 86%
AF related stroke - Buckinghamshire

- Projected stroke (do nothing)
- Total stroke
- AF related stroke
- % of patients with an AF related stroke on OAC

Real outcomes
Atrial Fibrillation – sharing best practice

Buckinghamshire’s ‘Excellence in AF partnerships’ project

What was the aim of the project?
To work collaboratively across the health economy to deliver a step change in AF detection and the number of high risk patients receiving anticoagulation.

What was the outcome of the project?
To date, initiatives to increase the rate of AF detection have resulted in 1000 more diagnoses of AF, increasing prevalence from 2% to 2.15% against a national average of 1.6%.

The Buckinghamshire approach:
Before phase II initiation:

1. Chiltern CCG had high prevalence AND has the 3\textsuperscript{rd} best anticoagulation rates in England

2. 1500 high risk patients were still not receiving anticoagulation therapy – 50 \textit{preventable} strokes per annum

3. Needed to understand the quality of the anticoagulation therapy

4. We wanted to aim for excellence

\textbf{Phase II: the “Excellence in AF” project}
Phase II: the “Excellence in AF” project

Working group – AHSN, Bayer, CCGs, BHT, ICS

Practice level support by pharmacists (ICS)

Improvement in prevalence, coding and anti-coagulation

Quality improvement methodology

Sustainability systems

Education
Phase II: the “Excellence in AF” project” next steps

- Continue roll out and evaluation
- On going project monitoring
- Evolve the “Excellence in Heart failure” project
Culture change essential

- Sense of urgency
- Accountability
- Golden thread
- Continued "campaign"
- Performance feedback

Summary
Thank you for your attention