

Lambeth / Southwark Pharmacist-Led Virtual Clinics to Optimise Anticoagulation in Atrial Fibrillation (AF)

Background

Locally it was recognised that the rates of anticoagulation in AF were sub-optimal and that there was significant variation between GP practices. The CCGs recognised that the rate of anticoagulation in AF could be increased through systematic clinical review by a specialist anticoagulation pharmacist of all patients with AF who were not prescribed anticoagulant therapy.

What was involved

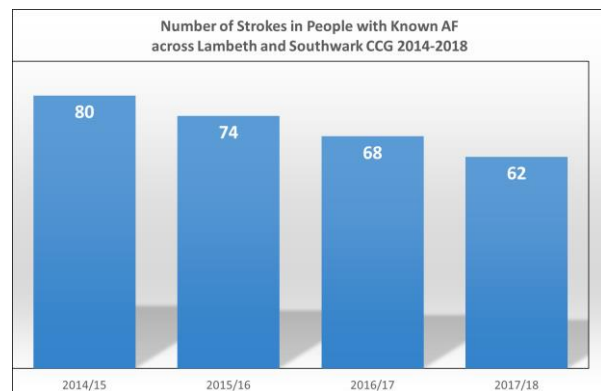
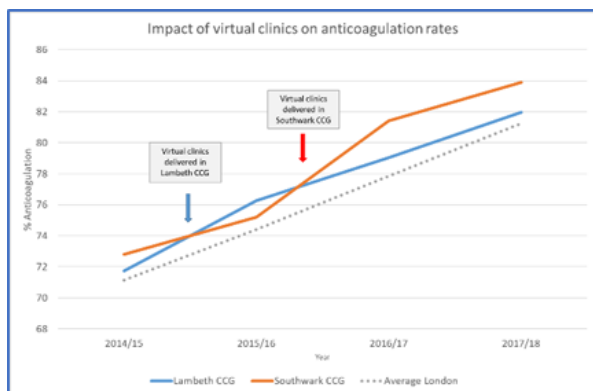
A Prescribing Improvement Scheme was developed which involved:

- Practice level audit of all AF patients not anticoagulated
- Delivery of in-practice virtual clinics led by specialist anticoagulation pharmacists during which treatment options were discussed, and individualised patient management plans agreed
- Implementation of the patient management plans by the GP practice, for which the practice submitted outcomes to receive payment as defined by the prescribing improvement scheme

The virtual clinic discussions sought to address the myths and misconceptions associated with the use of anticoagulation in AF, which may result in under treatment. For example, fears regarding the risks of anticoagulation in patients who are housebound, frail, have fallen or bled in the past and those with cognitive impairment. The aim was to equip frontline GP practice staff to effectively assess and treat these patients in future to ensure the outcomes of the programme were sustained.

Outcomes

As a result of the programme the management of over 1,500 people with AF not receiving anticoagulant therapy was reviewed across 91 GP practices in Lambeth and Southwark CCGs over a 12-month period. At the end of the programme, an additional 1,200 people with AF were anticoagulated and, since then, the rate of AF-related stroke across the 2 CCGs has fallen by 25% (compared to a 3% fall nationally over the same time period).



Key to the success of the programme was:

- the use of credible clinical specialists to lead the virtual clinic discussions
- inclusion of the programme within the local Prescribing Improvement Scheme to maximise GP engagement
- CCG support, recognising that the identification of AF patients suitable for anticoagulation therapy would increase drug expenditure; although this would be offset by savings elsewhere in the system through reduced stroke rates.

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