Oxford AHSN case study

Date: Q4 2017/18

Programme/Theme: Clinical Innovation Adoption

Title: Improving detection and management of atrial fibrillation (AF)

Overview summary

Oxford AHSN has developed and implemented a comprehensive work programme aimed at driving through improvements in the detection and management of atrial fibrillation (AF) in order to reduce the numbers of AF-related stroke. This programme consists of a range of collaborative projects with regional partners including Clinical Commissioning Groups (CCGs), GPs, acute trusts and industry, with each project seeking to introduce and evaluate a novel and innovative method of service delivery.

Challenge identified

Atrial fibrillation (AF) is the most common cardiac arrhythmia, estimated to affect around 2.5% of the population (56,000 people in the Oxford AHSN region). AF is a major cause of stroke, responsible for around 20% of all strokes in the UK. Strokes caused by AF tend to be more severe than other strokes; the mortality rate is higher and people are more likely to be left with severe impairments that require long-term care. Stroke can have a devastating effect on patients and their families as well as costing the NHS over £24,000[i] in the first year alone.

Many people who have AF are unaware that they have the condition. Nationally, there is an impetus to detect more cases of AF through simple pulse checking and the use of new mobile ECG technology. It is estimated that around 16,000 people in the Oxford AHSN region are unaware that they have AF.

Oral anticoagulation therapy with warfarin or a direct oral anticoagulant (DOAC) can reduce the risk of stroke in patients with AF by up to 66%. However, not all people who are at risk of an AF stroke are receiving the appropriate anticoagulation therapy. It is estimated that around 6,400 people in the Oxford AHSN region who are diagnosed with AF and have an elevated risk of stroke are not currently receiving anticoagulation therapy.

Actions taken

In 2017/18 Oxford AHSN has worked with partners to deliver a comprehensive programme of improvement aimed at identifying patients with AF who are not being anticoagulated or whose current anticoagulation is not optimised. Projects include:

1) Pharmacist-led primary care anticoagulation initiation service
2) 'Excellence in AF'
3) Oxfordshire Anticoagulation Optimisation

These projects differ in terms of focus and methodology but have a commonality in that they all draw on the skills of secondary care specialist pharmacists supporting improvement in primary care.

Additionally, Oxford AHSN has embarked on a programme to increasing detection of AF as part of a national programme including all other AHSNs in England.

Impacts/outcomes

Pharmacist-led primary care anticoagulation initiation service

Oxford AHSN is piloting and evaluating a novel model of anticoagulation initiation, within the primary care setting, harnessing the specific expertise of specialist pharmacists to counsel patients, assess bleeding and stroke risk and use shared decision-making techniques to decide on appropriate anticoagulation. The specialist pharmacists prescribe the first month's anticoagulation after which patients are managed through usual GP monitoring. Patients prescribed a DOAC are offered a follow-up appointment to discuss side-effects.

To date 371 patients across nine GP practices have been reviewed as part of this project. Of these patients, 213 (57%) were initiated on anticoagulation or had their existing anticoagulation optimised. Based on an average stroke rate of 6% this represents a potential for eight fewer strokes and a saving of £199,000 (gross).

Excellence in AF

The Excellence in AF project was designed collaboratively by the Buckinghamshire CCGs, Oxford AHSN and Bayer. The key elements of the project are:

- Audit – to identify patients in need of review
- Desk-top review (carried out by Interface Clinical Services)– to refine the list and improve coding on EMIS where appropriate
- Face-to-face/telephone review – to counsel patients and offer anticoagulation therapy where appropriate
- Quality improvement support – to introduce small sustainable changes to working practices
- Re-audit – to assess the improvement delivered

28 practices in Buckinghamshire engaged with the project in the first phase. Results from 25 practices are currently available and they show that:

- An additional 296 patients have been added to the AF register
- An additional 280 patients are now on anticoagulation therapy
- 70 fewer patients are poorly controlled on warfarin
- 172 fewer patients are on an inappropriate dose of DOAC

Based on an average stroke rate of 6% this represents the potential for 14 fewer strokes and savings of £340,000 (gross).

Oxfordshire Anticoagulation Optimisation

The Oxfordshire Anticoagulation Optimisation project is a collaboration between Oxford University Hospitals NHS FT, Oxfordshire CCG and Oxford AHSN, and is supported by educational MEGS grants from Pfizer and Daiichi-Sankyo. The project was launched in March 2017 with the aim of upskilling both GPs and community pharmacists to improve management of patients with AF who have poor

time in therapeutic range (TTR) on warfarin. As part of the project two specialist anticoagulation pharmacists (1 WTE), with haematology consultant support, provide:

- Email and telephone advice
- Educational sessions and note-based reviews in GP practices
- Education sessions for community pharmacists to help effectively deliver the New Medicines Service and Medicines Use Reviews to patients on anticoagulants.

55 out of 70 Oxfordshire practices have engaged with the project. Feedback from GPs following outreach support has been positive: 100% agreed or strongly agreed that the content, structure and presentation of the session were at the appropriate level; all GPs would recommend the educational session to colleagues.

Data shows an improving trend in the number of patients on warfarin with poor TTR since the project began. Discussions are underway with Oxfordshire CCG as to the future of the project once the external funding has been utilised

The project won an AF Association Healthcare Pioneer Award 'Showcasing Best Practice in AF' and will be published in the AF pioneers 2018 report.

Detection programme

In common with other AHSNs across the country, Oxford AHSN has accessed NHS England funding to acquire a range of digital devices that can support clinicians in detecting AF. The AHSN is working with CCGs across its region to take these devices into primary care and to evaluate their impact in increasing detection rates.

National AHSN priorities addressed

- Focusing on the needs of patients and populations
- Speeding up adoption of innovation into practice to improve clinical outcomes and patient experience
- Building a culture of partnership and collaboration

Future plans

- Evaluate project delivery and facilitate spread to other CCGs
- Develop the AF detection programme in line with national priorities

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[i] National Audit Office: Progress in improving stroke care, Report on the findings from our modelling of stroke care provision (February 2010)