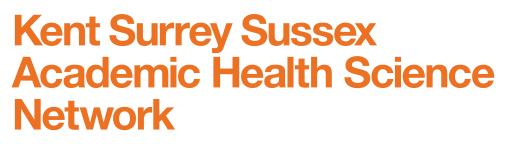
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**Alliance for Atrial Fibrillation**

**The facts**

Across Kent, Surrey & Sussex (KSS) there are approximately 6000 strokes per year. One in three is caused by atrial fibrillation (AF) (SSNAP 2014/15). This is a type of irregular heartbeat that can create the conditions in which blood will clot (coagulate). These clots may circulate and become lodged in a vessel in the brain, where the clot may grow preventing blood from reaching parts of the brain causing a stroke. A stroke may result in death or severe disability. One stroke equates to £23,215 in Health and Social care costs (Stroke Association 2016).

Appropriate treatment that prevents clots from forming (anti-coagulation) can significantly reduce the risk of stroke (Stroke 2010). NICE 2014 guidelines recommend that all patients with AF who are at risk of stroke should receive oral anticoagulation. However, despite this guidance, GP register QOF 2013/14 data indicates that anticoagulation is still widely underused. In KSS only 45% of people with AF are on an anti-coagulation treatment, compared with an expected 84%.

**The figures**

Nationally 31% of eligible patients do not receive anticoagulation. This includes exception reported patients, but some practices except far fewer than others (QOF 2013/14).

Unknown AF patients and those exception reported still have strokes.

Public Health England (2014) used data from HSCIC 2013/14 to calculate the estimates of AF prevalence on a whole population basis in England, The estimates have been calculated using age-sex specific prevalence rates from a reference

population in a Swedish region which have been applied to each local population.

The Swedish study using Zenicor ECG device 10 second ECG twice a day for a month doubled the prevalence of AF (PHE, 2014).

**Table 1: Estimated AF prevalence in South East Coast CCGs (QOF 2013/14)**

Comparisons between the new estimates presented above in Table 1 and the 2013/14 Quality and Outcomes Framework (QOF) suggest that 65% of people who have AF are included on the AF registers. An estimated 40,647 people in the South East Coast may have undiagnosed AF (PHE, 2014).

Using an expected prevalence rate of 2.5% as shown in the table above, we can revise these figures shown in Table 2 & 3 below to get a better picture of North West Surrey CCG and benchmark the expected percentages against the Kent, Surrey & Sussex data.

**Table 2:** **North West Surrey Population Data in QOF 2014-2015**



**Table 3:** **Kent, Surrey & Sussex Population Data in QOF 2014-2015**



Table 2 & 3 demonstrate that using an expected prevalence rate of 2.5% for:

* AF Prevalence
* Patients on an anticoagulant and
* Patients on an anticoagulant or antiplatelet

Shows that North West Surrey CCG have a lower ‘expected’ percentage when benchmarked against the Kent, Surrey & Sussex region.

**To note - In QOF 2015 - 16**

* **Achievements expected to be worse**
* **CHA2DS2-VASc lowers threshold for anticoagulation**
* **Option to use anti-platelet agents removed**

**The fix**

KSS AHSN Alliance for AF aims to reduce the number of people dying or disabled by AF related stroke by optimising the use of anticoagulants in line with NICE guidelines.

**AF approach**

The vision of the Kent, Surrey & Sussex AF project is to prevent AF-related stroke and associated mortality through interventions that deliver an impact at various stages of patient’s diagnosis and treatment of AF:

Innovative use of mobile technology to enable 3 interventions along the pathway

**Detect** - Increase the prevalence of AF: where success is driving up numbers of people diagnosed with AF

**Review** - Provide timely reviews: where success is driving up the % of people diagnosed with AF being prescribed anti-coagulants

**Protect** - Increase optimal anticoagulation: where success is driving up the % of anti-coagulated patients receiving optimal anticoagulation

**How it works**

GPs report issues within the 3 categories

**Detect - Review - Protect**

Appropriate support package identified from the AF menu.

Each package has a number of choices offered by members of the KSS AHSN Alliance for AF to complement the GP’s existing service and benefit their practice: patient information, staff education, devices, risk stratification tools, decision aid tools, register reviews, patient reviews, education sessions, audits, patient support groups, collaborative learning events

The mobile technology allows GP users to rate the devices, technology, service, information etc in their package which is visible to colleagues in their cluster group.

**KSS AHSN Alliance for AF membership includes**

* KSS AHSN
* NHS – CCG and GP practices participating in the first wave
* Independent sector, and
* Third sector.

KSS AHSN is lead organisation and will evaluate the overall project.

**KSS AHSN role**

We deliver a dashboard quarterly with data on outcomes at practice level, to include SSNAP, HES, QOF, TTR data in one report.

The dashboard is also used as an improvement monitoring and benchmarking tool.

We manage the AF project and support the choices made from the AF menu to enable the package to be implemented in practice as a ‘wave of change’

Over 12 months we evaluate the whole project in each CCG.

We are working with the other 14 AHSN’s, Public Health England, AF Association, Stroke Association, British Heart Foundation and the Independent sector to drive forward the National spread and adoption programme for atrial fibrillation.

**Outcomes**

* To reduce mortality and morbidity arising from AF related strokes.
* To increase the use of risk stratification systems in GP practices
* To increase the number of patients that are anti-coagulated in primary care.
* To reduce the incidence of AF related strokes.
* To implement innovation and the quality improvement toolkit across KSS
* To provide innovative reporting to primary care across KSS with robust and transparent data that supports benchmarking and quality improvement

**Clinical Executive Meeting – 8th June 2016**

* Please note the information provided in this paper concerning AF prevalence and prescribing data and the additional CCG benchmarking tool.
* Support the project proposals as outlined in the paper and
* Agree to work with the KSS AHSN Alliance for AF to move to detailed project implementation to deliver outcomes as described.

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