

Optimising Anticoagulation for AF in Primary Care

Start and end dates of work covered by case study

Oct 2015 - Dec 2016

Lead organisation and joint partners

Lambeth and Southwark CCGs and King's College Hospital

Key points at a glance

- The project provided support from a specialist anticoagulation pharmacist to all GP practices in Lambeth and Southwark to review their AF patients who were not receiving anticoagulation treatment
- Specialist anticoagulant pharmacists were commissioned to deliver virtual clinics in primary care, to support the GPs with evidence based decision making regarding anticoagulation for patients with AF
- This resulted in a significant increase in the number of patients' receiving anticoagulation treatment, and up to 45 strokes prevented per annum.

Background

Suboptimal anticoagulation in patients with AF is associated with increased risk of stroke. Across these two local CCGs the unmet need in AF-related anticoagulation was established in 2013/14.

In Lambeth CCG (47 practices)

- There were 2,233 people on the QOF AF register (www.gpcontract.co.uk).
- Of these, 2,132 (95%) had a CHADS2 score calculated
- Of patients with CHADS2 score of ≥ 2 (n=1240); only 782 (63%) were anticoagulated.

In Southwark CCG (45 GP practices)

- There were 2,042 people on the QOF AF register (www.gpcontract.co.uk).
- Of these, 1,843 (90%) had a CHADS2 score calculated
- Of patients with CHADS2 score of ≥ 2 (n=1,253); only 764 (60.9%) were anticoagulated.

Rates of anticoagulation were lower than average for CCGs across South London (mean: 63.5%; range: 57.7% - 71.2%) (QOF 2013; from Health and Social Care Information Centre).

In the cohort of 947 high risk patients currently not receiving anticoagulation treatment across the 92 practices; **Lambeth and Southwark CCGs could expect to see up to 48 strokes per annum. Of these up to 33 strokes could be prevented by initiation of oral anticoagulation.**

Introduction of the CHA2DS2VASc score to assess stroke risk will see a higher number of high risk patients.

Project Aims

- To ensure all patients on the AF register have had an assessment of stroke risk using CHA2DS2VASc in line with the new QOF indicators from 2015/16
- To ensure all patients considered at risk are offered appropriate anticoagulant therapy, including reviewing any patients currently treated with aspirin for stroke prevention in AF
- To identify reasons why patients at risk are not currently offered anticoagulation
- To educate practice staff on the use of stroke risk assessment tools, bleeding risk assessment tools and the role of anticoagulation in stroke prevention in AF.

Project Plan

To utilise local pharmacists with expertise in stroke prevention in AF to undertake in-practice reviews of patients on the AF register who are not currently prescribed anticoagulants. Assess their stroke and bleeding risk and, where appropriate and ensure patients are prescribed anticoagulant therapy in line with national guidance. In-practice virtual clinics were funded for 12 months (October 2015 – December 2016), whereby 2 specialist anticoagulation pharmacists were commissioned to deliver 1 virtual clinic per practice, to review all patients identified as being on the AF register and not currently anticoagulated. An EMIS search was set up by the Medicines Optimisation Team so that practices could easily identify the correct patients for review. The review was included as an essential part of the GP delivery Scheme or Prescribing Incentive Scheme within the two CCGs to encourage GP engagement.

Summary of Outcomes

1340 patients were reviewed in virtual clinics across Lambeth and Southwark from Oct 2015 to Dec 2016.

- In Lambeth CCG: 567 additional patients have been anticoagulated which will prevent up to 20 strokes per annum
- In Southwark CCG 725 additional patients have been anticoagulated which will prevent up to 25 strokes per annum.

Total number of additional patients anticoagulated = 1292

Expected outcome: **up to 45 strokes prevented per annum**

Plans for the future

We now aim to address anticoagulant pathways for the housebound and those in nursing homes to ensure they can access anticoagulation locally, as well as seeking to detect more AF to close the prevalence gap locally.

Tips for success

- Support GP practices with funding to allow time for review of the untreated AF patients
- Provide support to GP practices in the form of anticoagulant specialists to ensure evidence based decision-making
- Ensure local referral pathways for anticoagulation are streamlined to maximise patient uptake

Contact for further information

Helen Williams, Consultant Pharmacist for CVD, Lambeth and Southwark CCGs

Helen.williams11@nhs.net