NHS England

Factsheet: Increase prescription of anti-thrombotics (warfarin) by supporting GPs to identify patients with atrial fibrillation

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	2100	3.95	Calculation based on CVD strategy
Potential lives saved U75	850	1.60	
Reduction in potential years of life lost (u75)	15,400	28.22	Definition of deaths used in the calculation: Deaths with a primary cause of stroke (ICD10 codes, I61, I63 and I64) Assumptions: That the management of atrial fibrillation will prevent deaths from stroke.
Cost (£)	-	169,000	Calculation based on CVD strategy
Cost-saving (£)	-	120,500	
Net cost (£)	-	48,500	
Strength of evidence	1		

There are relatively high rates of undiagnosed cases of AF and treatment varies across the country. Around 600,000 patients have AF in England but the rate of undiagnosed cases is 18 percent[1] People with AF have a 5-6 fold increased risk of stroke and AF is estimated to be directly responsible for 12,500 strokes pa[2]. From Audit Data it appears that of the AF patients on disease registers, 46 percent who should be on anti-thrombotic therapy are not receiving this[3].

Full implementation of existing NICE guidelines on the management of atrial fibrillation nationally could save around 2,100 lives per year through increasing the prescription of

[1] AF Association (2013) *A guide to AF within the cardiovascular disease outcome strategy* [pdf] available from http://www.heartrhythmcharity.org.uk/www/media/files/For_Patients/130905-A_Guide_to_AF_within_the_Cardiovascular_Disease_Outcomes_Strategy.pdf [accessed November 2013]
[2] NHS Improvement. (2009) *Commissioning for Stroke Prevention in Primary Care - The Role of Atrial Fibrillation* [pdf] available from: http://www.improvement.nhs.uk/stroke/NationalProjects/StrokePreventioninPrimaryCareAF/tabid/76/Default.aspx [Accessed October 2013)
[3] Department of Health. (2013) *Cardiovascular Disease Outcomes Strategy: Improving outcomes for people with or at risk of cardiovascular disease* [pdf] available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217118/9387-2900853-CVD-Outcomes_web1.pdf [Accessed September 2013)

anti-thrombotics (warfarin). The impact on morbidity could be 7,100 fewer strokes per year.

Reasons for the current low use of anticoagulation include failure to diagnose – not feeling the pulse or recognising it is irregular when it is felt – and more importantly, being fearful of using anticoagulants in frail or elderly people for fear of bleeds, concerns about the impact of attending warfarin clinics, or patient resistance. Until recently NICE guidelines provided the alternative of antiplatelet treatment. However, international guidelines (for example, ESC) state that antiplatelets should not be used as an alternative to warfarin due to lack of efficacy. Therefore, warfarin or newer anticoagulants are recommended. A major barrier to implementation of the NICE guideline on atrial fibrillation in the past has been a perception that there is a high risk of haemorrhage from warfarin in frail elderly people. In fact there is compelling evidence [4] that the calculated risk of a subdural haemorrhage from falling in patients with annual stroke risk of 5 percent would require a patient to fall 295 times for the falls risk to outweigh the stroke reduction benefit of warfarin.

The main costs of warfarin use arise from monitoring treatment with blood tests either in primary care or specialist anticoagulation clinics. These are already established countrywide, but there may be a need to expand local capacity. However, the introduction of Novel Oral Anticoagulants (NOACS) now approved by NICE for certain patients, should enable more patients to be treated without the need for blood test monitoring.

Inequalities in treatment of AF

AF becomes a more frequent condition as people get older. Although the risks of anticoagulation also increase with age, the benefits outweigh the risks in the vast majority of people with AF.

Currently the chances of being treated with the most effective drugs are much less in the older and frailer population and it is this issue that needs to be addressed.

[4] Man-Son Hing M, Nichol G, Lau A, Laupacis A. 1999 *Choosing antithrombotic therapy for elderly patients with atrial fibrillation who are at risk of falls*. Arch Intern Med; 159: 677-85.

NHS England

Resources and Case Studies

The GRASP risk assessment tool for AF

Developed by the NHS, for the NHS, GRASP-AF (Guidance on Risk Assessment and Stroke Prevention for Atrial Fibrillation) is a simple but effective audit tool which is already being used by almost one third of practices in over 150 CCGs to improve the management of stroke risk in AF. GRASP-AF is freely available to English practices by signing up for free basic PRIMIS hub membership here. The GRASP suite of tools is compatible with all GP clinical systems in England.

GRASP-AF creates a highly visual practice level summary of stroke risk and medication profiles in the form of a dashboard, as well as producing a colour-coded data sheet which enables practices to prioritise individual patients for review. Aggregate data can be sent anonymously and securely to a data warehouse where the PRIMIS CHART Online tool enables comparative analysis and benchmarking at practice, CCG, Strategic Clinical Network and national levels. Regular uploads allow practices to track changes and improvements in atrial fibrillation management and provide evidence of audit for inclusion in GP revalidation portfolios. Aside from tackling an important clinical need, using GRASP-AF and the accompanying AF Case Finder tool can help practices maximise QOF attainment.

NHS Improving Quality is currently developing a support package for primary care providers and commissioners to use simple audit and benchmarking tools like GRASP-AF as part of a suite of tools to improve the management of the country's biggest killers, including Heart Failure and Chronic Obstructive Pulmonary Disease.

For further information visit NHS IQ web pages or contact enquiries@nhsiq.nhs.uk

Case Study from Bradford Districts CCG

Bradford Districts CCG, in close collaboration with Bradford City and Airedale, Wharfedale and Craven CCGs, set out to improve the rates of anticoagulation in AF patients across the whole of the AF population. Since 2011, they have achieved a 31 percent relative improvement in patients on warfarin, and estimate around a 15 percent reduction in AF stroke.

Their approach highlights the significant practical steps that can be taken to make a success of improvement in this area, using a whole systems approach. These included making data available on practice level performance, setting an achievable benchmark of care target for each participating practice and implementing evidence based clinical behaviour change strategies. This approach will work well alongside the GRASP tool. Practices were supported over 12-18 months to encourage and

incentivise achievement of the ambition. More information can be found here.

Underpinning the whole approach taken by Bradford were a number of steps

1. Assemble a clinical expert team with support from analyst, QI facilitators and others
2. Define a small number of evidence based and measureable quality standards. Measure achievement of this quality standard at practice level
3. Make the data available and open to all providers that choose to participate.
4. Set an Achievable Benchmark of Care target for each practice based on well-established QI methodology
5. Implement, over a 12 – 18 month period, ten simple but evidence based strategies to encourage and incentivise achievement of the target. Provide bespoke support and advice to practices and more widely - Q&A / Expert events / training / Practice visits / IT tools

Key interventions included:

Clinical Practice

- Development of a template for primary care systems, leading to a standardised approach.
- Large number of patient reviews by GPs to re-evaluate whether warfarin should be considered.
- Both hospitals and primary care INR providers have standardised the referral process, meaning that patients start treatment more quickly.

Service Provision

- Regular feedback to practices using live benchmarked data, practice visits and knowledge transfer.

Patient Communication

- Development of patient experience video. Warfarin and stroke risk campaign for patients
- Patient decision aids, webcasts for both clinicians and patients
- Pulse checks campaign