# **Atrial Fibrillation**

## The AHSN Network



Over **1.1 million** people in the UK are known to be affected by AF.



Over **300,000 people** do not know they have the condition, as not everyone experiences the symptoms.



 AF is responsible for 1 in
5 strokes with survivors likely to live with the most debilitating consequences.



A whole pathway approach is required to deliver service improvements in AF.



### Detect

**Public awareness campaigns** educate people to monitor their own pulse rhythm, highlight to the public the dangers associated with AF and demonstrate the link between AF and stroke.

**Pulse checks** are an essential way to detect AF and must be undertaken at every opportunity, particularly in the over 65's. Build pulse checks into routine practice to increase AF detection rates.

The use of **AF detection devices** will enhance an AF detection programme by improving accuracy when identifying AF (compared to manual pulse checks alone), and therefore reduce the need for unnecessary and cost 12 lead ECGs.





#### Protect

The **risk** of an AF-related stroke for people with AF can be **substantially reduced** by providing effective anticoagulation therapy to prevent the formation of clots in the heart.

**Review** general practice AF registers to **identify** those either not receiving anticoagulation or receiving **suboptimal** medication (e.g. antiplatelet therapy).

Initiation of anticoagulation (Warfarin and Direct Oral Anticoagulants) in a community setting may **reduce delays** in treatment, improve patient satisfaction, improve patient adherence to treatment and yield efficiency savings.

#### Detect



Patients **supported** in the correct use of anticoagulation therapy have less risk of adverse events such as bleeding.





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The London Stroke Clinical Network have developed a guide to excellence in anticoagulation which includes a checklist to assist commissioners to **benchmark** their service against best practice.

A high quality anticoagulation service should provide **education and support** for patients and carers in the choice of treatment options, facilitates patients to **self monitor and self manage** their anticoagulation therapy, staff education, robust mechanisms to monitor 'time in therapeutic range' and monitors key performance indicators such as referral to treatment time.