

# KSS Alliance for Atrial Fibrillation Prevention of AF-related strokes



Presented by Jen Bayly, Cardiovascular Programme Lead, KSS AHSN  
email: [jennifer.bayly@nhs.net](mailto:jennifer.bayly@nhs.net)

## England AF prevalence:

**1.4 million people** diagnosed with AF

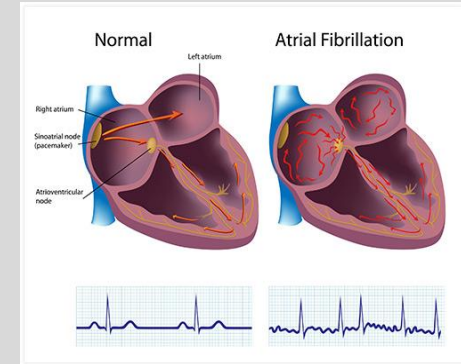
Estimated further **500,000** people undiagnosed

## KSS AF prevalence:

**108,000 people** diagnosed with AF

Estimated further **25,000** people undiagnosed

**Atrial fibrillation (AF) is the most common type of irregular heart rhythm and often goes unnoticed until complications occur, the most significant of which is a stroke.**



# National AF Project for 2 years

- NHS England set targets for AHSNs.
- All 15 AHSNs started work in April 2018 to achieve targets by March 2020 set by NHSE to:
  - 1) increase AF prevalence to 85%
  - 2) increase anticoagulation rates to 84%



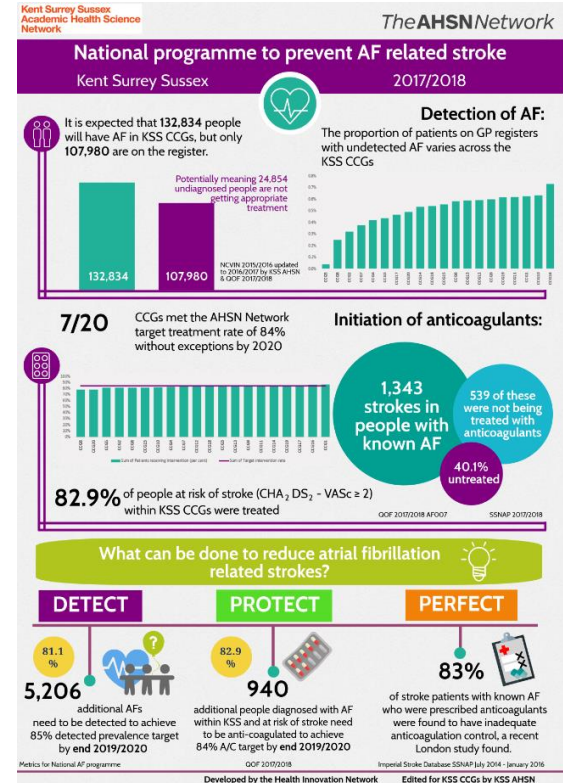
# In Kent, Surrey, Sussex – Success in year 1!



**KSS AF prevalence:**  
81.1% at baseline (QOF 2017/18)  
**Rising to**  
87.3% In 1 year (QOF 2018/19)



**KSS Anticoagulation rates:**  
82.9% at baseline (QOF 2017/18)  
**Rising to**  
84.6% in 1 year (QOF 2018/19)



# Detect

Latest Kent, Surrey, Sussex activity data using  
560+ AliveCor Kardia Mobile Lead 1 ECG Devices:

- Timeline: April 2018 to December 2019
- Traces taken: 13,318
- **Possible AF detected: 1,368**
- **Strokes saved: 55\***
- **Health & Social Care cost saving of £2.267 million** over five years.\*

*Every 25 possible AF's detected saves 1 stroke.\**

*The financial cost of each stroke in the first 5 years is £46,038 but the personal cost is higher.\**

\* Reference: Xu XM, Vestesson E, Paley L et al. The economic burden of stroke care in England, Wales and Northern Ireland: Using a national stroke register to estimate and report patient-level health economic outcomes in stroke. *Eur Stroke J* 2018; 3(1): 82-91. (Reference: <https://www.ncbi.nlm.nih.gov/pubmed/29900412/>)



# Detect. Protect. Perfect.

Offered to implement an AF package of support in practices

## Key focus areas

### DETECT

#### Find new cases of AF:

- 1) Check manual pulse on all over 65yrs and not on AF register - if irregular or unsure then...
- 2) Use AliveCor Lead 1 ECG Device – if abnormal trace then email trace for GP to review, diagnose and treat.
- 3) Book patient in for next available appointment to perform 12 Lead ECG to rule out any other arrhythmias.

### PROTECT

#### Increasing optimal anticoagulation therapy:

- 1) Run searches on clinical system to identify patients in need of review.
- 2) Review case notes / patient and make recommendations to GP / Prescriber to optimise anticoagulation.
- 3) Record coding and ensure monitoring is provided at baseline and every 6 months.

### PERFECT

#### Encourage / support GP teams to:

1. Action all recommendations: to optimise correct doses of anticoagulation treatment.
2. Know your data: check all coding is correct and recorded on clinical system.
3. Ensure on-going monitoring of patients on both Warfarin and DOACS to reduce bleeding risk and ensure the dosing is within the therapeutic range for stroke prevention.

# Detect. Protect. Perfect.

Package of support in KSS

**Wrapped around further support:**

## **AUDIT**

Implemented Oberoi  
SPAF Case Finding &  
Audit Service patient  
identification, and  
dynamic monthly  
reporting

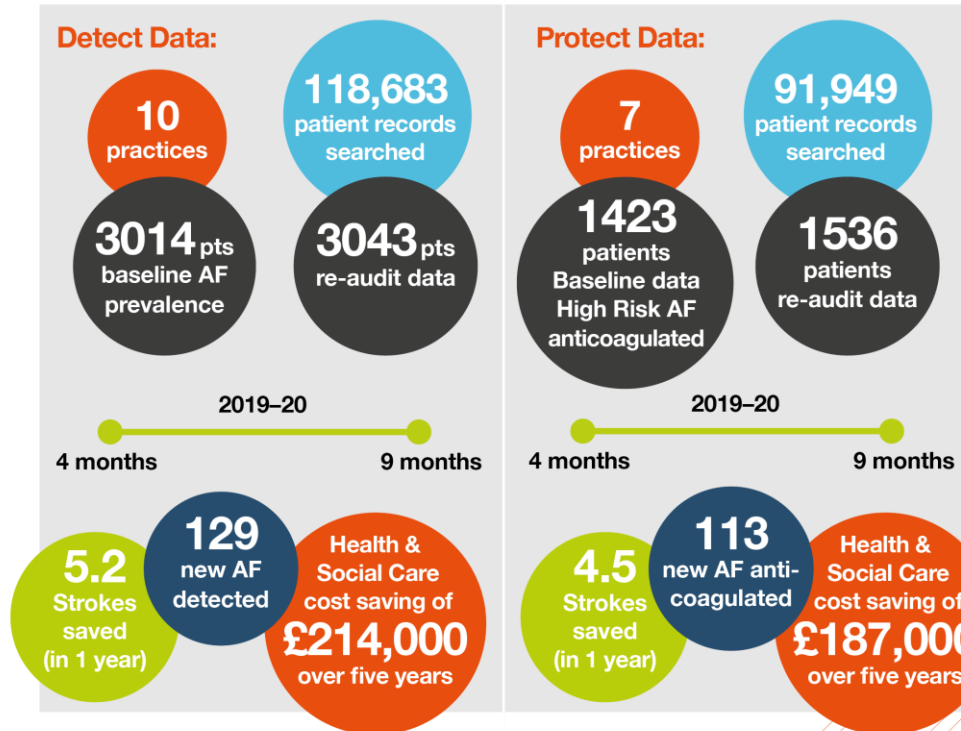
## **MENTORSHIP**

Weekly CVD webex for  
Clinical Pharmacists led by  
Dr Richard Blakey, CVD  
Clinical lead, KSS AHSN.  
GPSI Cardiology

## **EDUCATION**

Access to online CVD  
platform to share learning,  
resources, discussion and  
a quarterly CVD Education  
Programme for Clinical  
Pharmacists

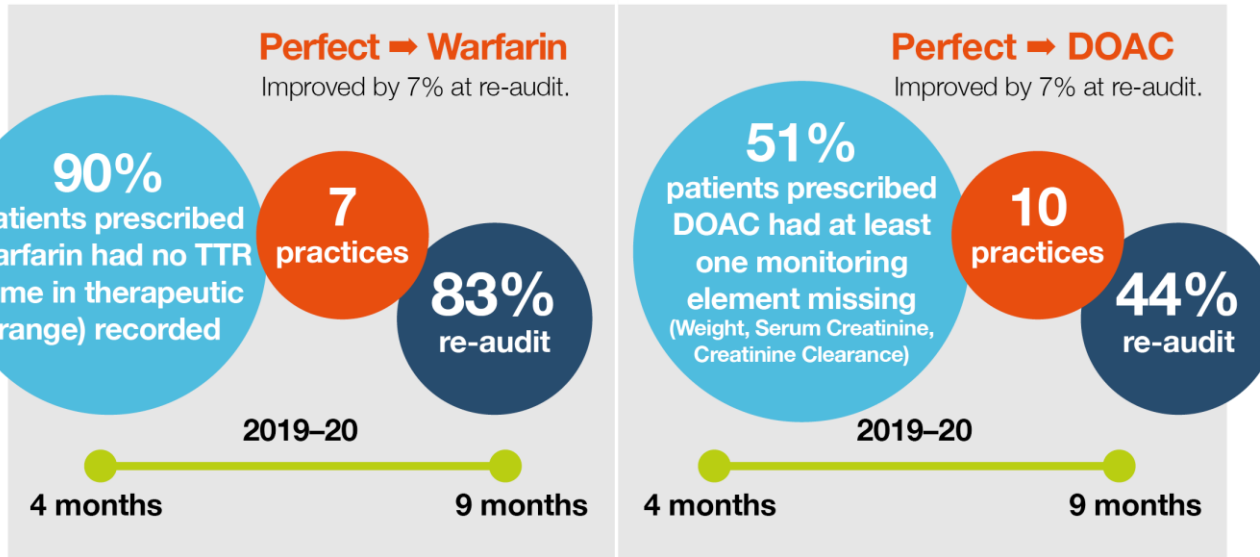
Data so far from 10 practices with full AF package implemented:  
AliveCor ECG devices, Virtual Anticoagulation Clinics, Oberoi SPAF & Case Finding Service, access to CVD Mentorship and Education and an online CVD platform for shared learning and resources.





## Perfect Data:

Perfecting treatment, monitoring patients and recording data is paramount to patient safety, whether anticoagulation takes place within or outside a practice. Dosing can then be amended accordingly.









## Patient Safety:

Perfecting treatment is key to reduce bleeding risk and ensure dosing is within the therapeutic range for both Warfarin and DOACs for stroke prevention.

## Next steps:

To scale the Detect-Protect-Perfect project model across the region, starting with all 67 East Kent Practices (see case study for potential impact).

# Top Tips

-  **Focus** on this work together as a PCN, involve the whole practice team to case find new AF and the GPs to interpret ECGs, diagnose, treat, action recommendations and ensure monitoring occurs.
-  **Identify** a CVD Clinical Lead at each practice to drive this work forward and send in the SPAF re-audit data on the 1<sup>st</sup> of every month to the Oberoi e-portal (*takes 5 mins*).
-  **Check** coding on the GP clinical system is added for patients receiving Warfarin treatment/ monitoring from a third party. (**code 8B2K** to say *anticoagulation takes place outside the practice*)
-  **Check** Check Time in Therapeutic Range (TTR) data is recorded on the GP Clinical System for every patient receiving Warfarin Therapy.
-  **Check** all DOAC patients have measurements recorded on the clinical system required for initiating and dosing. These being Weight, Serum Creatinine, CR/CL (\*CR/CL is a calculation) recorded at baseline and every 6 months. (*or at least once a year*)
-  **Ensure** patients are optimised on correct doses of DOAC to reduce risk of strokes and bleeding side effects

# Learning summary

- Maximising the use of available tools and resources in the management of AF and other long-term conditions improves outcomes.
- The lack of monitoring and recorded data for prescribed anticoagulants is an issue that needs to be addressed nationally, whether anticoagulation takes place within or outside a practice.
- Audit findings do not automatically result in change of management, there is a need to streamline treatment pathways.
- Executive team support is essential for successful engagement and implementation.
- Consider all available partners to maximise impact and ensure sustainability.

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Thank you!



To read the full case study and find out more visit [www.kssahsn.net/atrialfibrillation](http://www.kssahsn.net/atrialfibrillation)