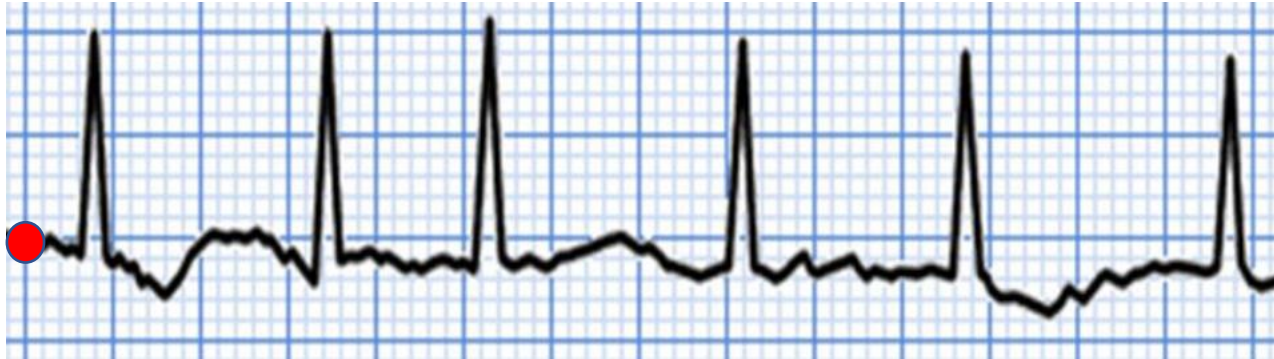


Improving outcomes in Atrial Fibrillation: Buckinghamshire



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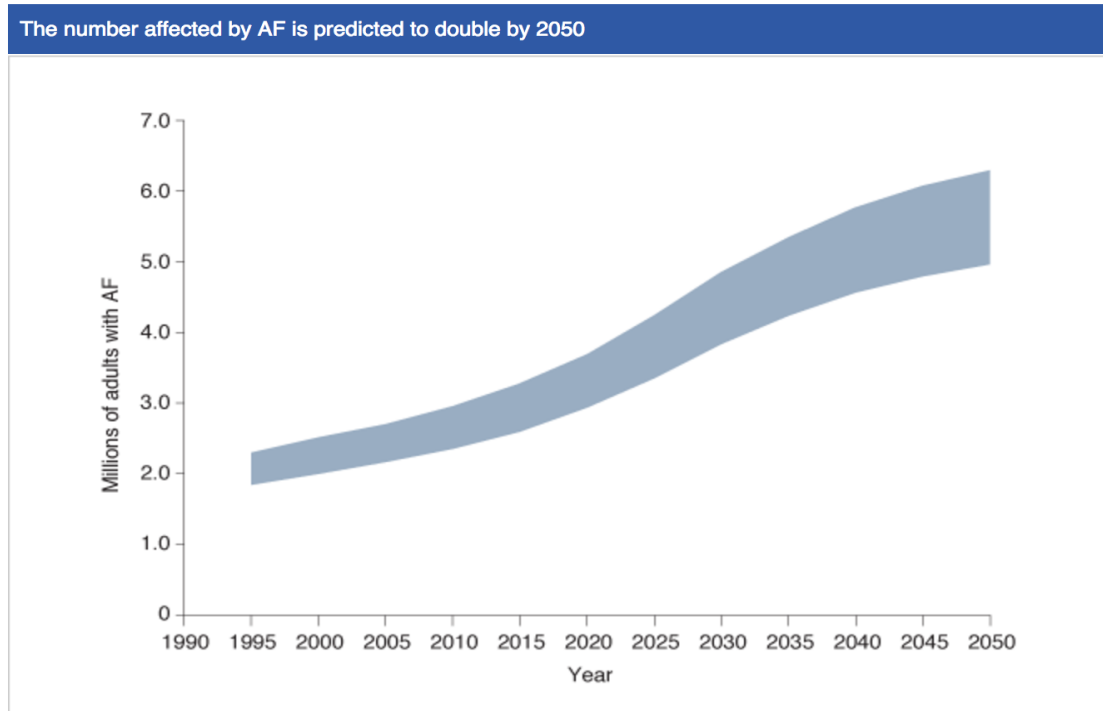
PHE FEB 2018

1. AF increases the risk of stroke by nearly 500%
2. 12,500 strokes per year in the UK attributable to AF
3. AF related strokes tend to be more severe
4. 50% of patients needing long term residential care after AF related stroke
5. Significant “silent AF” burden
6. AF is on the rise

If all patients appropriately managed:

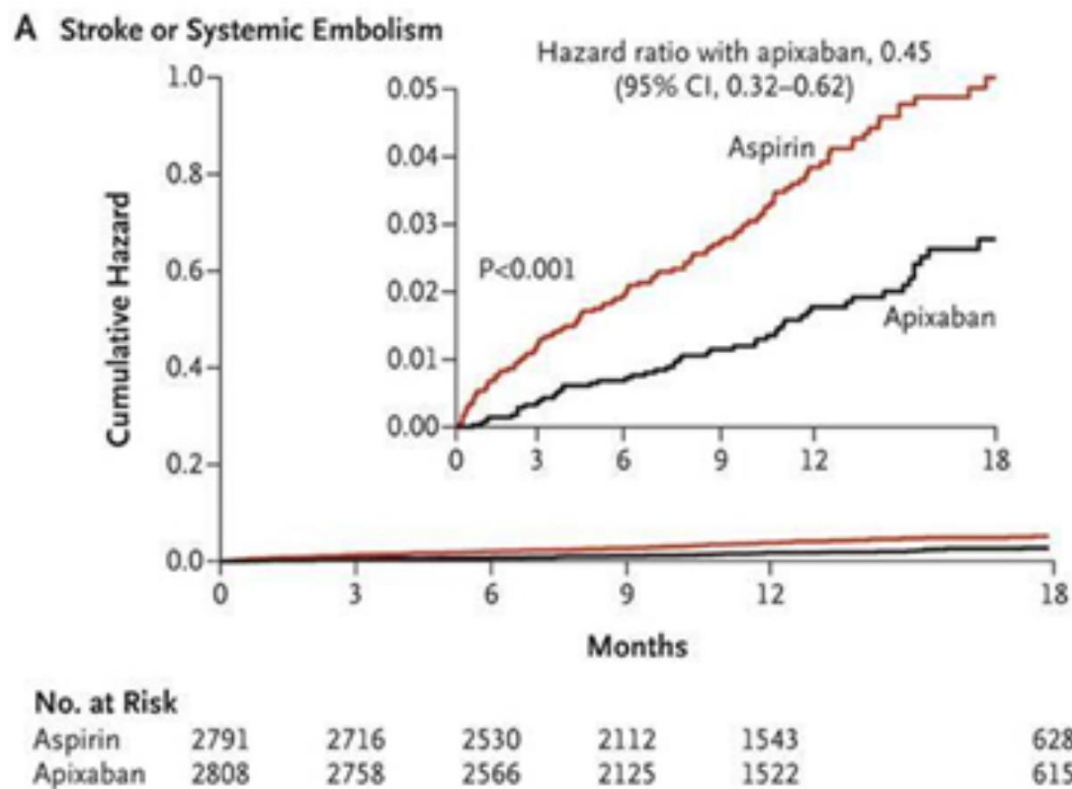
4500 strokes saved/year
£100,000,000 saved/year

Doing nothing is not an option



<http://www.preventaf-strokecrisis.org/report/chapter1>

Aspirin vs apixaban in stroke prevention:



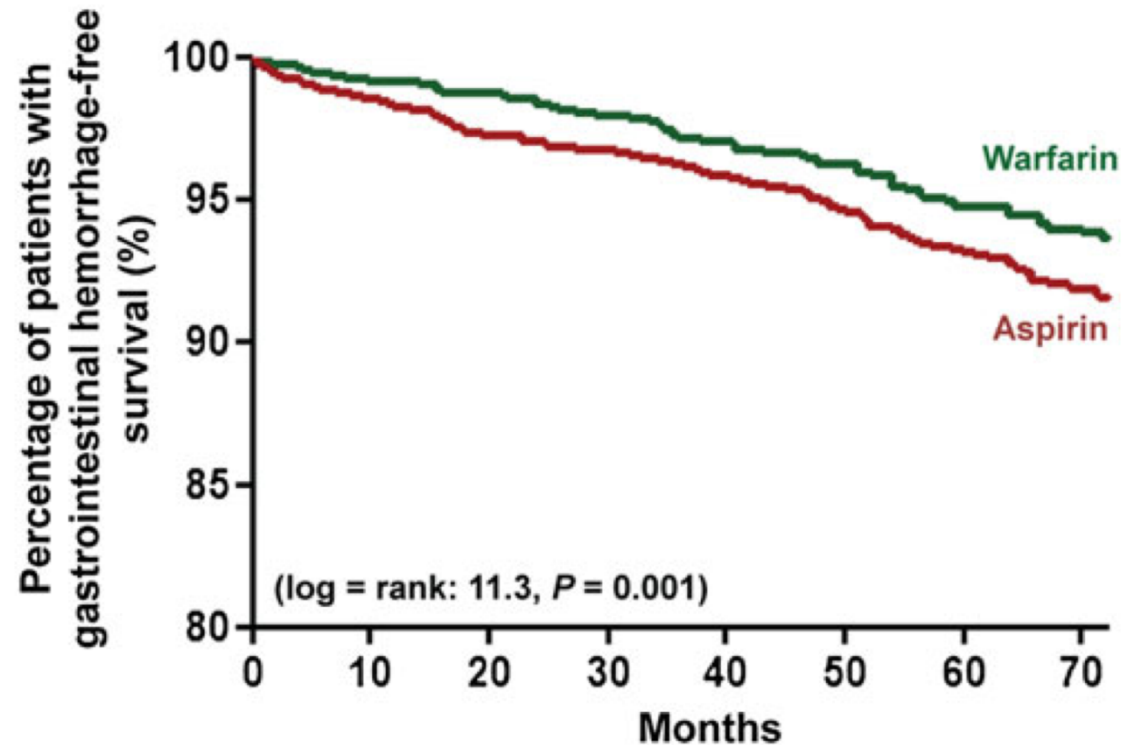
Apixaban in patients with Atrial Fibrillation: A Systematic Review

Abhishek Maan M.D., E. Kevin Heist M.D., Ph.D., Amir Y. Shaikh M.D., Jeremy N. Ruskin M.D.,
Moussa Mansour M.D.

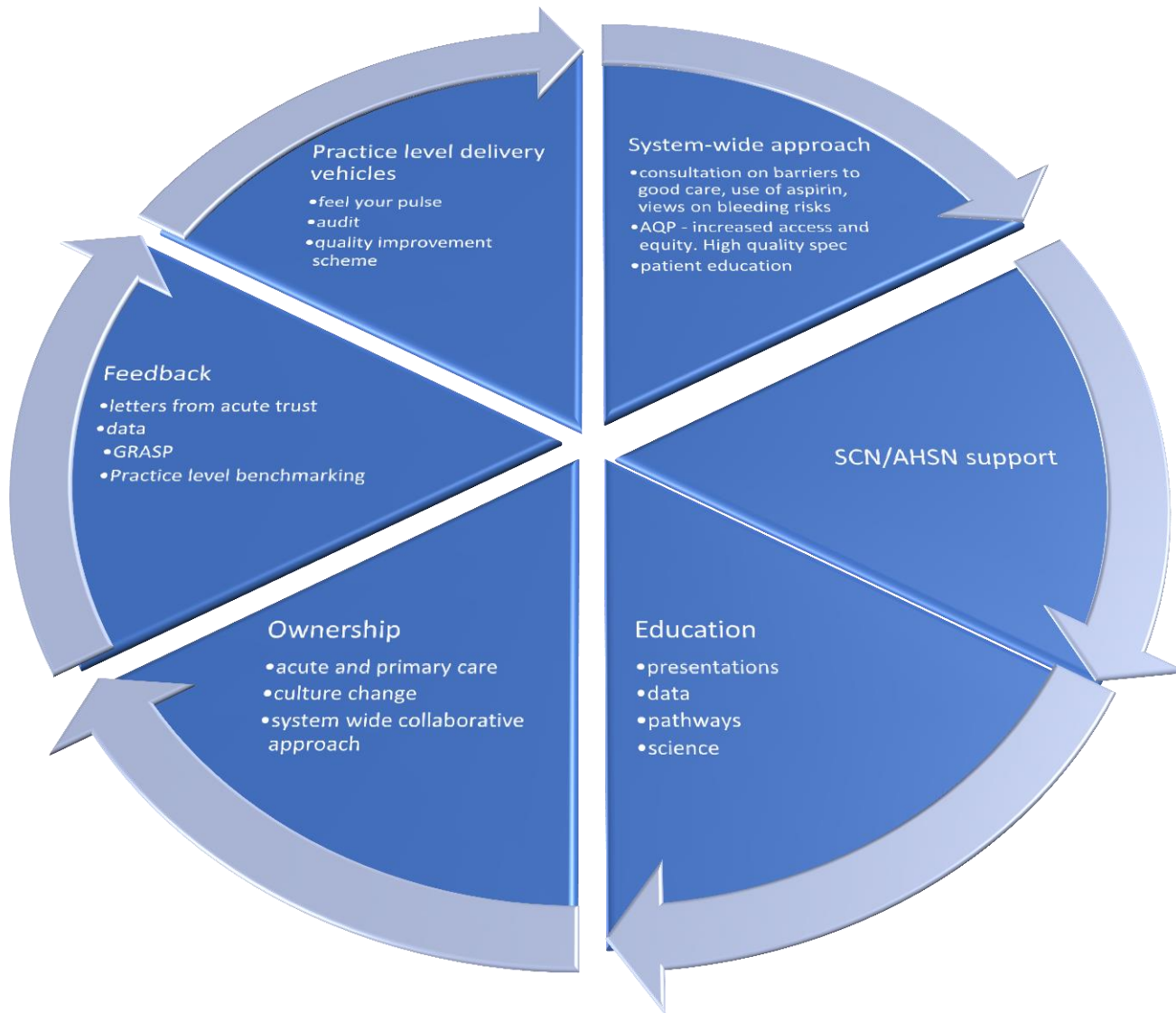
Cardiac Arrhythmia Service, Massachusetts General Hospital, 55 Fruit St. GRB 109, Boston, MA 02114.

Bleeding risk worse with aspirin than with warfarin

- “Aspirin is overall associated with a higher risk of gastrointestinal haemorrhage compared with warfarin, despite the suboptimal TTR in the study population”



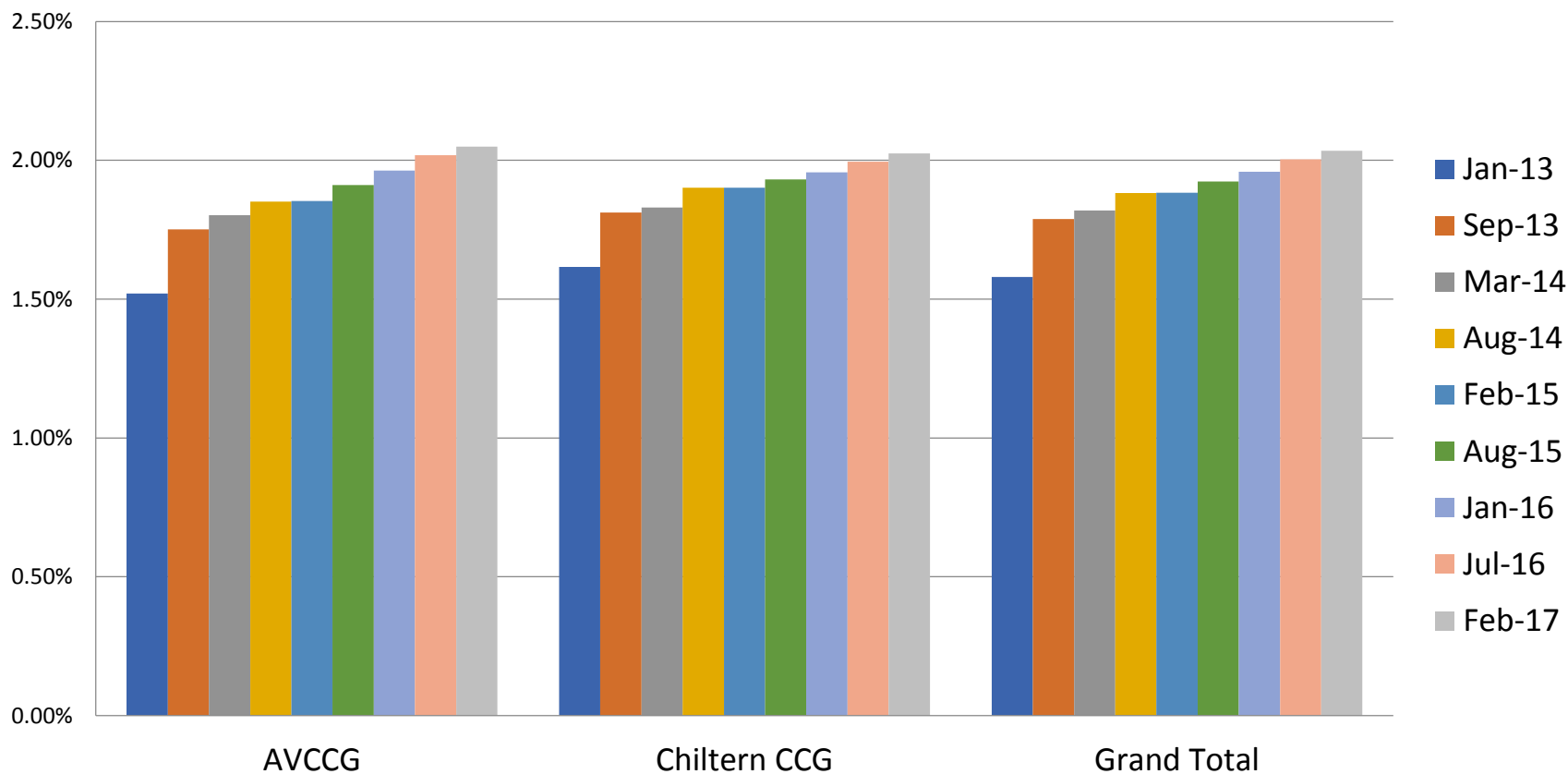
Gastrointestinal haemorrhage in atrial fibrillation patients: impact of quality of anticoagulation control



The Buckinghamshire approach: Phase 1

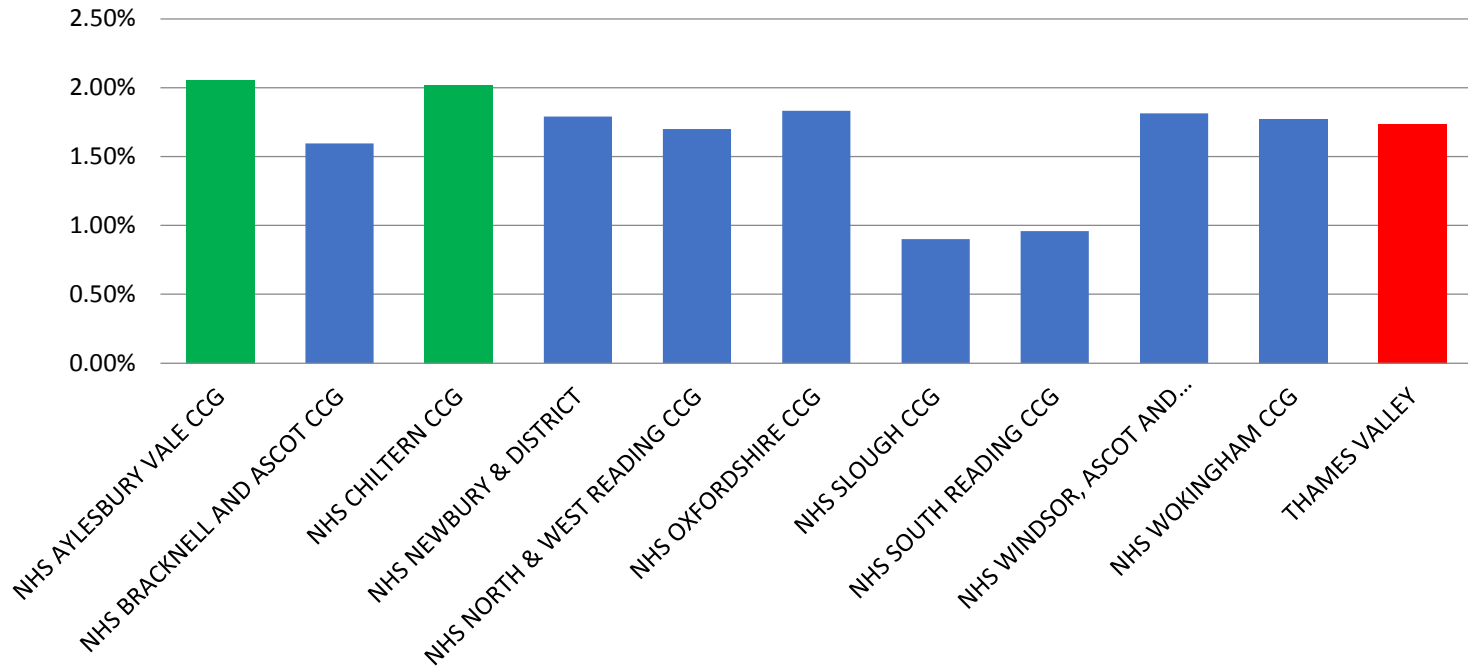
Bucks CCG Reported AF Prevalence Data

AF Prevalence Excluding AF Pts With a Valid AF Resolved Code *



* Av 6 monthly figures taken from Grasp AF practice data

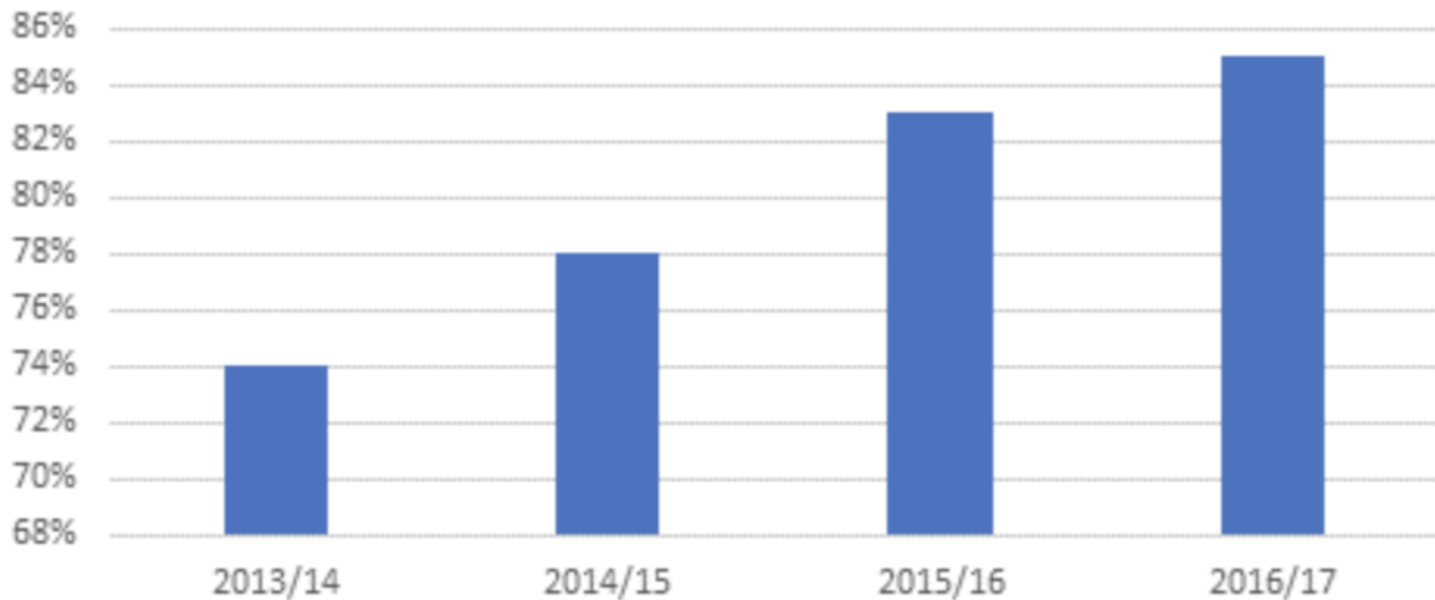
AF Raw Prevalence



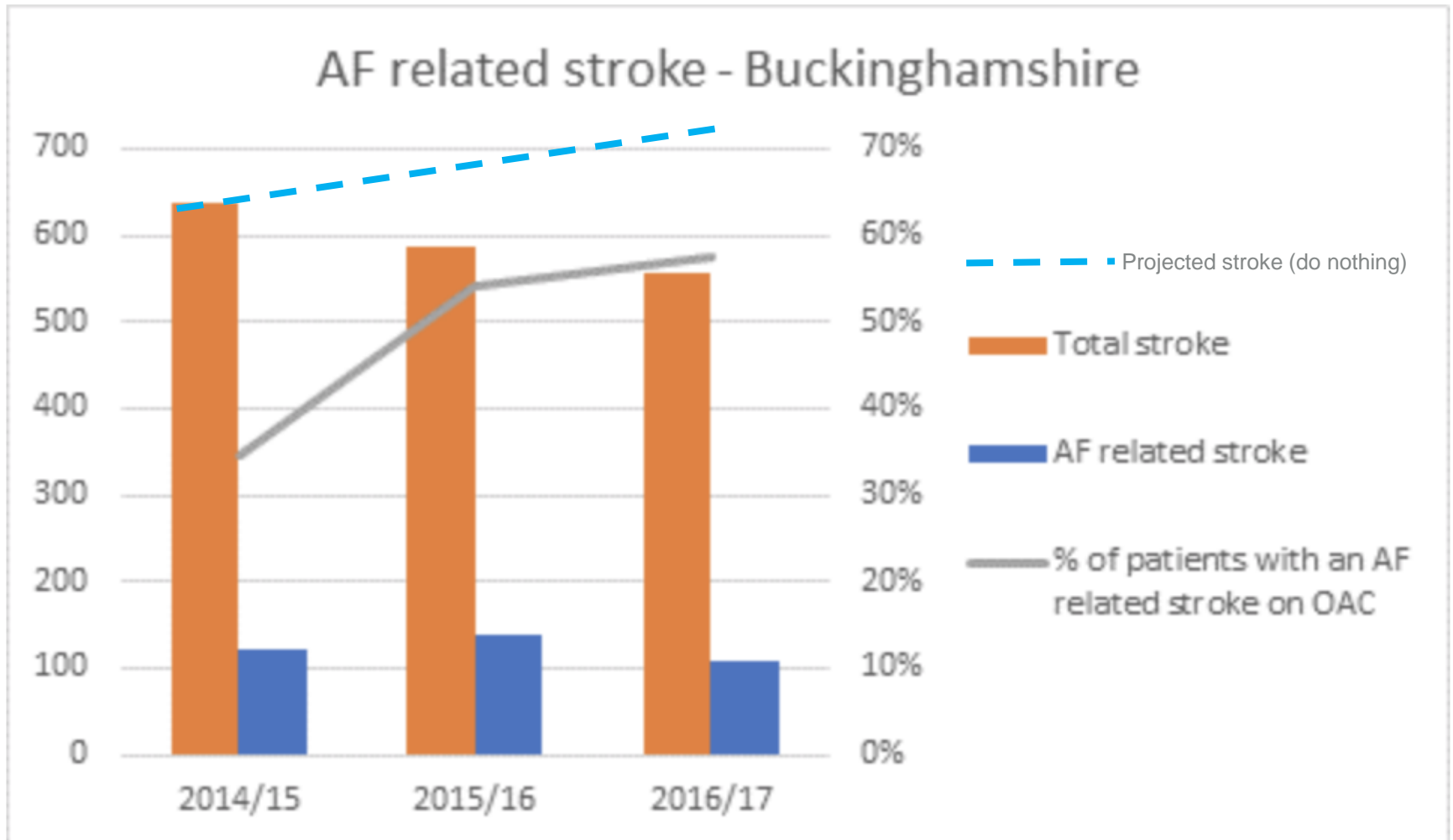
Expected 2.5%

CCG Trend Analysis % AF Patients on OAC

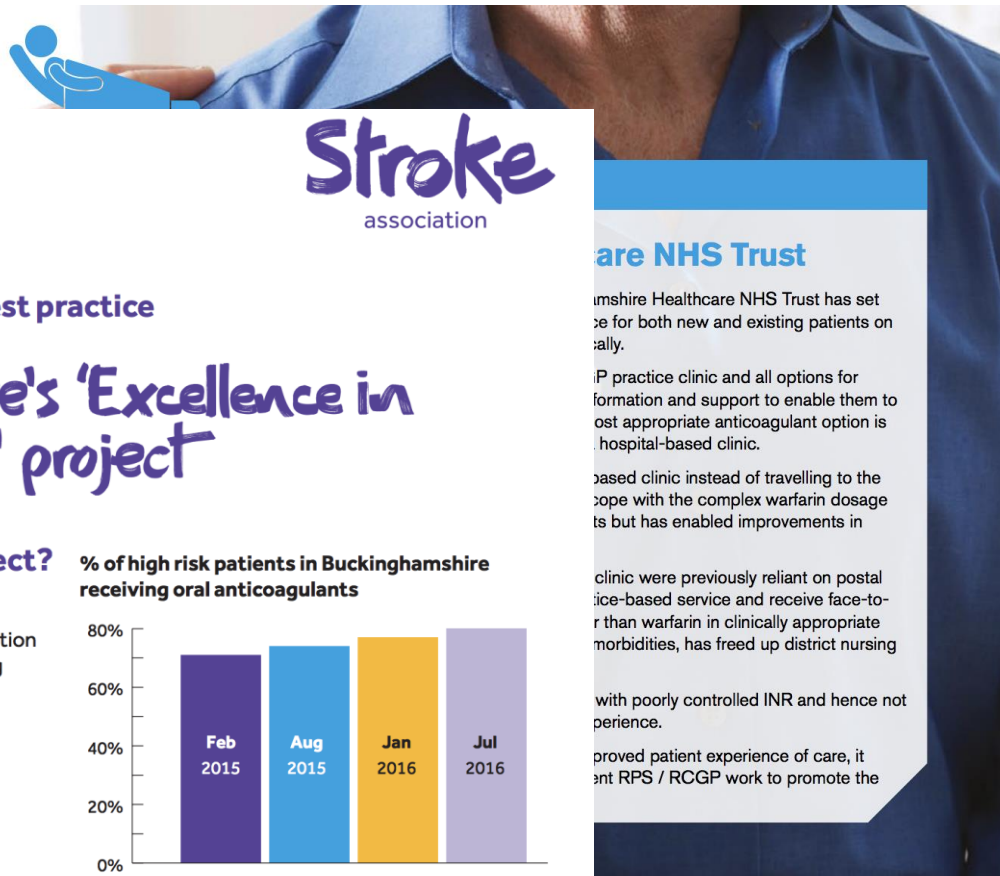
Percentage of patients with AF and a high risk of stroke receiving anticoagulation therapy in Buckinghamshire



AF related stroke - Buckinghamshire



Real outcomes



stroke.org.uk

Stroke
association

Atrial Fibrillation – sharing best practice

Buckinghamshire's 'Excellence in AF partnerships' project



Improving
Buckinghamshire

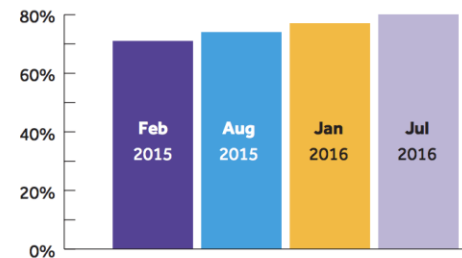
What was the aim of the project?

To work collaboratively across the health economy to deliver a step change in AF detection and the number of high risk patients receiving anticoagulation.

What was the outcome of the project?

To date, initiatives to increase the rate of AF detection have resulted in 1000 more diagnoses of AF, increasing prevalence from 2% to 2.15% against a national average of 1.6%.

% of high risk patients in Buckinghamshire receiving oral anticoagulants



Buckinghamshire expected stroke risk - % of high risk patients

are NHS Trust

Buckinghamshire Healthcare NHS Trust has set up a practice for both new and existing patients on a community basis.

The practice offers a range of options for patient education and support to enable them to choose the most appropriate anticoagulant option in a community-based clinic.

The practice has replaced a hospital-based clinic instead of travelling to the hospital with the complex warfarin dosage requirements but has enabled improvements in patient experience.

Patients who were previously reliant on postal services for warfarin-based service and receive face-to-face support in clinically appropriate settings, has freed up district nursing resources.

The practice has reduced the number of patients with poorly controlled INR and hence not requiring hospital admission.

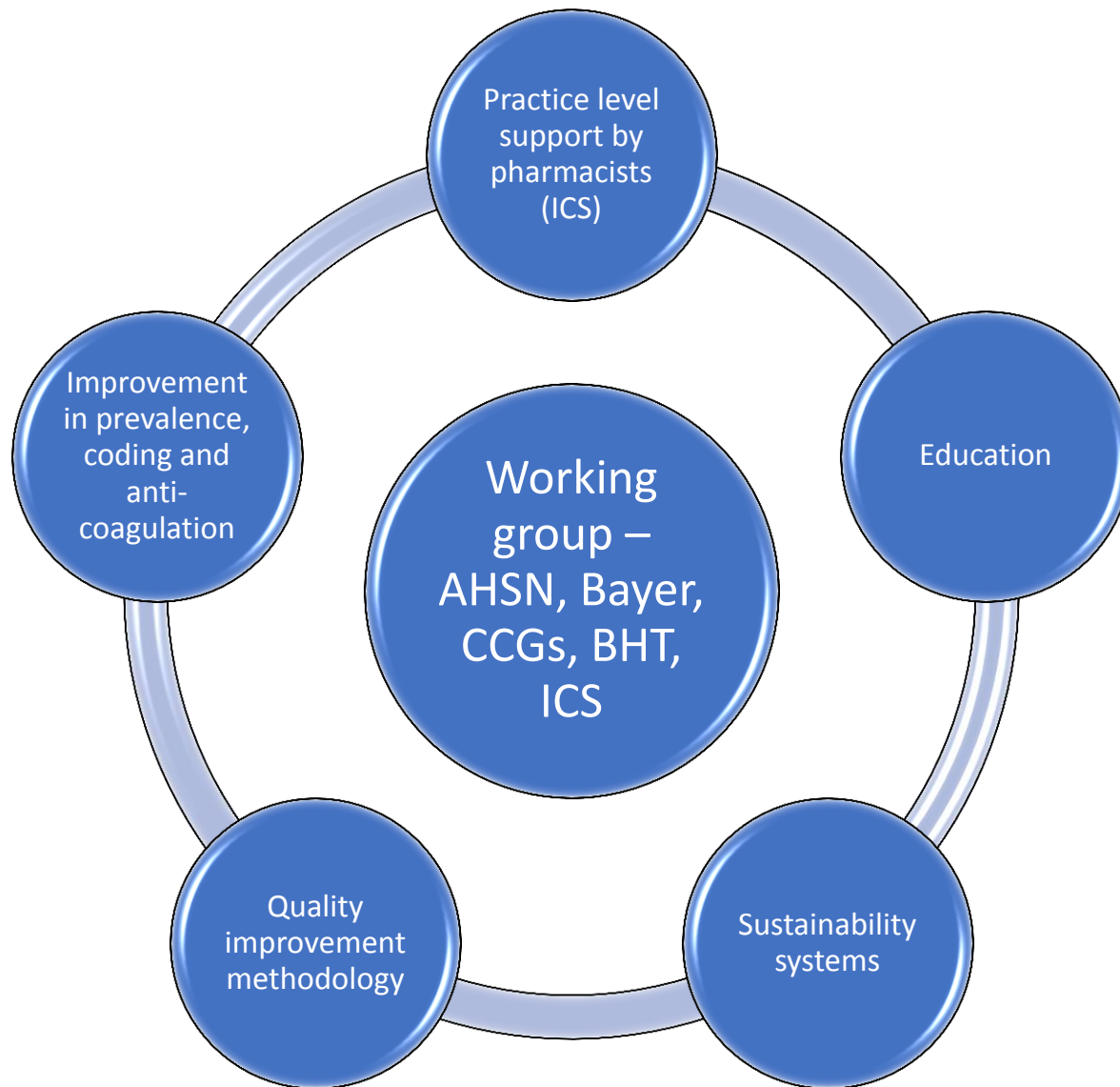
The practice has improved patient experience of care, it has supported the RPS / RCGP work to promote the use of oral anticoagulants.

The Buckinghamshire approach:

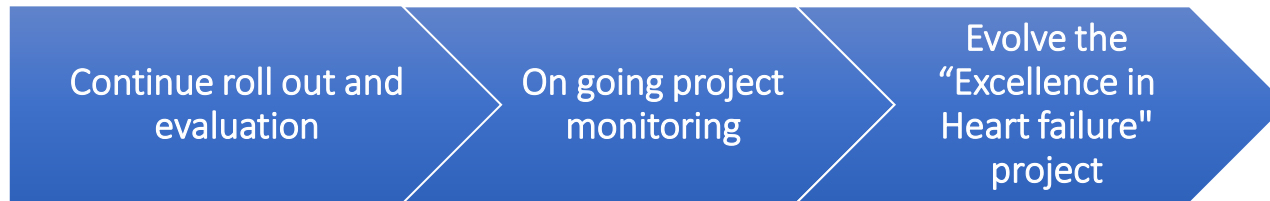
Before phase II initiation:

1. Chiltern CCG had high prevalence AND has the 3rd best anticoagulation rates in England
2. 1500 high risk patients were still not receiving anticoagulation therapy – 50 *preventable* strokes per annum
3. Needed to understand the quality of the anticoagulation therapy
4. We wanted to aim for excellence

Phase II: the “Excellence in AF” project



Phase II: the “Excellence in AF” project



Phase II: the "Excellence in AF" project" next steps



Summary

Thank you for your attention