****

|  |  |  |
| --- | --- | --- |
|  |  |  |

**BRIEFING ON STROKE PREVENTION ON ATRIAL FIBRILLATION IN EAST MIDLANDS**

This paper provides a briefing on the work undertaken by East Midlands Clinical Network is taking to diagnose atrial fibrillation and prevent atrial fibrillation-related strokes.

**STROKE PREVENTION IN ATRIAL FIBRILLATION**

Within East Midlands Cardiovascular Strategic Clinical Network stroke prevention in atrial fibrillation has been a significant area of focus for the SCN in 2013-14, 2014-15 and 2015-16.  The work has included:

* Created a **compelling case for action** by CCGs through production of **Slide Sets** for each CCG that told the why, how & what of stroke prevention in atrial fibrillation (AF).
	+ **Why** focus on stroke prevention in AF?
		- 15% to 20% of all strokes
		- AF strokes – higher mortality (70%) and more disabling than other strokes
		- Evidence base - anticoagulation reduces the risk of a stroke by 70%, aspirin ineffective
		- Comparative data to highlight variation and inequalities across CCGs and GP practices
		- Used infographics to highlight the number of strokes that could be prevented and admission costs avoided by improving diagnosis and management of AF and optimising stroke prevention in patients with atrial fibrillation
	+ **How** to make improvements?
	+ **What** changes are required?

* Delivered presentations to CCG Boards and Clinical Cabinets within CCGs to make the case for improving stroke prevention in atrial fibrillation.
* Supported CCGs to implement **up-skilling training for GPs** in atrial fibrillation including funding for up-skilling events – as of May 2015, 19 of the 19 CCGs have implemented an upskilling programme.

* Supported CCGs to implement **Grasp-AF** to assist with improving diagnosis and management of AF

* Developed **NVAF anticoagulation algorithm** – this has informed updates to local AF guidelines - all CCGs now have access to NOACs as a choice in line with NICE Guidance

* Developed **electronic clinical template** for diagnosis and management of AF which facilitates the ongoing translation of best evidence into front line clinical practice within primary care.
* Promoted the use of the **Warfarin Patient Safety Audit Tool** to identify the high priority patients who are not on effective stroke prevention – either not on anticoagulation or on poorly controlled anticoagulation. The Warfarin Patient Safety Audit Tool has been built into the AF clinical template.

The focus on stroke prevention in atrial fibrillation has continued into 2015-16 and 2016-17 through the following:

* Update of the AF slide sets to highlight comparative improvements made by CCGs in improving AF diagnosis and anticoagulation uptake – this will help to demonstrate improvements already made but also highlight to CCGs and GP practices where there are improvements still to be made
* Provided funding to CCGs to support them in running refresher AF upskilling training for GPs
* Promoting the use of Grasp-AF within CCGs including upload of data to Chart On-line
* Promoting adoption of the computer clinical template by CCGs
* Held a Community of Practice workshop focussed on atrial fibrillation in January 2016 which supported CCGs to explore the challenges and opportunities to deliver continued improvements in the diagnosis and management of atrial fibrillation. This included demonstration of equipment to support diagnosis of atrial fibrillation, sharing of work undertaken in East Midlands and nationally to improve AF management as well as examples of support available through pharmaceutical companies.
* We are working together with EMAHSN to support uptake of the atrial fibrillation safe2screen pilot by GP practices in East Midlands. This will see the deployment of AF screening kiosks in 5 GP practices within East Midlands which will improve the detection of atrial fibrillation in primary care.
* In 2016/17, EMCN is working jointly with EMAHSN to explore adoption of elements of stroke prevention programmes within other AHSNs to support existing work as part of the adoption and spread of AHSN programmes.

Primary care QOF data shows that the above range of initiatives is driving the delivery of significant improvements in AF diagnosis and management within East Midlands. Between March 2013 and March 2015:

* **7,017** additional patients have been diagnosed with AF (an increase of **9.7%**)
* **5,898** additional high risk AF patients have been anticoagulated (an increase of **22.4**%).
* This will prevent an estimated **159 strokes** and **53 deaths** per year
* The anticoagulation uptake across CCGs in East Midlands has increased from 64.3% in March 2013 to **74.1%** in March 2015
* We estimate that if during 2015-16 we achieve a further 10% increase in the number of high risk AF patients on anticoagulation across all CCGs in East Midlands we could prevent a further **87 strokes** and **29 deaths** per year.

**Sharing of Best Practice**

We have shared our work across SCNs, AHSNs, Public Health England and the National Clinical Directors for Stroke & Cardiac.  Our work was considered by Huon Gray to be “exemplar programme of work which would be of benefit to other SCNs to adopt”.

A number of SCNs and AHSNs have taken an interest in our programme and are looking to adopt elements of our programme including adoption of the AF infographics – this includes:

* Thames Valley SCN
* London SCN
* Northern England SCN
* East of England SCN
* West Midlands SCN
* Wessex AHSN
* Greater Manchester, Lancashire & Cumbria SCN

EMSCN and EMAHSN are part of the AHSN AF Cluster Group and have shared the work in East Midlands with this group. We attend the AHSN AF Cluster meetings and also attended the meeting with the Arrhythmia Alliance in October 2015 to share best practice across AHSNs working on atrial fibrillation.

We have worked with Northern England CN to produce the updated AF slide set and are sharing this with other SCNs and the AHSN AF Cluster meeting to support adoption.