

Improving anticoagulation in patients with atrial fibrillation and reducing emergency admissions

Nene CCG, Northamptonshire

"The opportunity and motivation were clear... optimisation in AF would benefit us in terms of reduction in strokes. SSNAP* data reinforced the devastating consequences of not doing the work."

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* Sentinel Stroke National Audit Programme (SSNAP)



Results and key lessons learnt

553 relevant patients were reviewed in the CGG initiative.

Of these patients:



66% were prescribed treatment with an anticoagulant.



This meant an additional 365 high-risk AF patients commenced anticoagulation.



Overall this resulted in a predicted stroke admission reduction within the CCG (projected to be a 5% annual reduction in strokes across the CCG compared with previous year-on-year increases).

Factors contributing to the success of the project

1. Practice champions

The CCG wanted to create clinical champions in every practice by inviting GPs from all practices to the educational events.

2. Clear follow-up

Follow-up support was provided by Boehringer Ingelheim and PRIMIS to help make the audit process straightforward and ensure practices felt comfortable using the tool.

3. Supporting materials

The CCG developed an AF primary care clinical template for SystmOne and EMIS Web. This included a patient decision aid and anticoagulation algorithm to help involve patients in the decision making process, as per NICE Clinical Guidelines for AF (CG180)^[4]. Local guidelines were developed to facilitate clinicians' discussions on all available treatment options with patients. This meant treatment choice was based on patient preference and individual clinical circumstances, as recommended in CG180.

Conclusions

Practices in Nene CCG are continuing to work with the GRASP-AF quality improvement tool to support continued treatment optimization. It is hoped that the trend in stroke reduction seen in the first six months of the project will continue, leading to increasing numbers of strokes avoided.

About the GRASP-AF quality improvement tool

GRASP-AF is part of the suite of GRASP quality improvement tools delivered in partnership with NHS England.

GRASP-AF is a free, easy-to-use tool that assists GP practices to interrogate their clinical data enabling them to improve the management and care of patients with AF and to reduce their risk of stroke through appropriate intervention with anticoagulation. The tool also assists with case finding activity, helping practices to establish more accurate prevalence rates within the practice population.

Find out more about the GRASP-AF quality improvement tool

www.nottingham.ac.uk/primis/grasp-af

How to obtain the GRASP-AF quality improvement tool

Use of the GRASP-AF tool is FREE to practices in England registered with the PRIMIS Hub online membership service.

Basic membership is FREE of charge and includes access to the GRASP suite and CHART and CHART Online software tools.

Sign up for FREE basic PRIMIS Hub membership at:

www.nottingham.ac.uk/primis/joinus

* Practices outside England please contact enquiries@primis.ac.uk.

nottingham.ac.uk

References

1. AFA Association, Grasp the initiative: action plan. 2014.
2. Hart, R.G., L.A. Pearce, and M.I. Aguilar, Meta-analysis: Antithrombotic Therapy to Prevent Stroke in Patients Who Have Nonvalvular Atrial Fibrillation. *Annals of Internal Medicine*, 2007. 146(12): p. 857-867.
3. Mant, J., et al., Warfarin versus aspirin for stroke prevention in an elderly community population with atrial fibrillation (the Birmingham Atrial Fibrillation Treatment of the Aged Study, BAFTA): a randomised controlled trial. *The Lancet*. 370(9586): p. 493-503.
4. National Institute for Health and Care Excellence (NICE). Atrial fibrillation: management (NICE guidelines [CG180]). Available at www.nice.org.uk/guidance/cg180