Oral anticoagulation (OAC) is three to four times more effective than aspirin in preventing atrial fibrillation (AF)-related stroke, with no reported increased risk of bleeding compared to aspirin.\(^1,\,2\) In spite of this, patients across England are still being treated with antiplatelet monotherapy for AF-stroke prevention.\(^3\)

West Hampshire Clinical Commissioning Group (CCG) has begun to address this by implementing a Medicines Optimisation initiative in all practices within the CCG.

The project was initiated by the Medicines Management team in conjunction with the CCG Cardiovascular Steering Group. The aim was to optimise anticoagulation for stroke prevention in patients with AF. Phase I of the project, which began in 2014, targeted patients with CHA\(_2\)DS\(_2\)-VASc scores >1 who were receiving no stroke prevention treatment or treatment with antiplatelet monotherapy. If it was considered clinically appropriate, these patients were offered OAC instead.

The West Hampshire team opted to use the GRASP-AF quality improvement tool in Phase I of the project. This tool is able to help practices in a number of ways, including:

- calculating the risk of stroke in each patient with known AF
- calculating the number of strokes that a practice can expect in the next 12 months, given current levels of anticoagulation
- helping practices manage their patients with AF and highlighting patients of concern or interest

At the time of the pilot in West Hampshire, Boehringer Ingelheim (BI) was offering CCGs support via a Medical and Educational Goods and Services grant for work improving the care management of patients with AF. This grant was fully independent of NHS England’s support for the GRASP-AF tool and the project did not release any data to BI.

BI and PRIMIS worked with West Hampshire CCG to train practice staff (including GPs, practice nurses, pharmacists and pharmacy technicians) to use the GRASP-AF tool. This began with technical training for 40 practice managers and IT leads, on how to download, install and run the tool. Following on from this, the West Hampshire project team organised evening education meetings for 80 GPs integrating the need to change local habits, how to navigate the GRASP-AF reports to find priority patients and advice on best practice and local guidelines from haematology, cardiology and stroke consultants.

All 51 practices in West Hampshire ran the GRASP-AF tool following this training, after which appropriate clinical improvement work was carried out. The members of the Medicines Management team were instrumental in bringing about change. They facilitated the running of the GRASP-AF tool in practices, held whole practice meetings to discuss the results and helped formulate an action plan for improvement in each practice. The GRASP-AF tool was run again in March 2015 in all practices in order to assess the improvement achieved at both individual practice level and across the CCG as a whole.

*The fact that this project has led to an actual reduction in the number of patients having a stroke is really impressive. The availability of the PRIMIS quality improvement tools, combined with a rigorous project methodology and clinical champions contributed to the success of this project.*

Neil Hardy
Associate Director - Medicines Management
West Hampshire Clinical Commissioning Group

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**IMPROVING ANTICOAGULATION IN PATIENTS WITH ATRIAL FIBRILLATION**

**West Hampshire CCG achieves reduction in strokes using the GRASP-AF quality improvement tool*. The GRASP-AF quality improvement tool is developed by PRIMIS and delivered in conjunction with NHS England**
Practices also used the Warfarin Patient Safety quality improvement tool\(^\dagger\) in Phase II of the project to optimise treatment of patients who were poorly controlled on warfarin. This activity complemented the work done with the GRASP-AF tool and was additionally supported by both BI and PRIMIS.

To complement the Medicine Optimisation initiative, the CCG also introduced the NICE-endorsed ‘WatchBP Home A’ device to all 51 practices. This was to identify another key patient cohort: the estimated 2,000 people in West Hampshire with undiagnosed asymptomatic AF.

**Results**

The very successful project saw improvements across a number of key measures (Sep 2014 to Sep 2016):

- 2,000 additional patients are now receiving OAC therapy and fewer high-risk patients are prescribed antiplatelet monotherapy
- total number of high risk patients on OAC rose from 67% to 75%; an 8% increase compared to Sep 2014 (Fig 1)
- there were 39 fewer predicted strokes in the high risk group of patients

![Fig 1. Percentage of high risk patients receiving OAC - data results before and after running the GRASP-AF quality improvement tool](image)

**Phase II of the project also resulted in important benefits, including:**

- 3,000 patients that were poorly controlled on warfarin were reviewed to move them on to more appropriate medication
- an 8% increase in the CCG average for people well controlled on warfarin (TTR>65%) (Fig 2)

![Fig 2. Percentage of patients well controlled on warfarin - data results before and after running the Warfarin Patient Safety quality improvement tool](image)

Overall, these initiatives resulted in 52 fewer strokes in West Hampshire in 2016 (compared with the previous year). The project is now included in the NICE Shared Learning database and was highly commended at the NICE Shared Learning Awards 2016.

**Conclusions**

The GRASP-AF and Warfarin Patient Safety quality improvement tools\(^\ddagger\) have contributed significantly to West Hampshire CCG’s plan to improve AF management and reduce strokes. The CCG is continuing to work with both quality improvement tools and practices will re-run the audits on a regular basis to support ongoing improvement in OAC management.

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**References**

3. APA Association, Grasp the initiative: action plan. 2014.

**Footnotes**

\(\dagger\) The GRASP-AF quality improvement tool is developed by PRIMIS and delivered in conjunction with NHS England.

\(\ddagger\) The development of the Warfarin Patient Safety quality improvement tool has been funded by Boehringer Ingelheim. Boehringer Ingelheim has undertaken a medico legal review but PRIMIS has retained editorial and intellectual property rights for this tool.

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**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](http://www.nottingham.ac.uk/primis/grasp-af)

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**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](http://www.nottingham.ac.uk/primis/joinus)

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