



Cardiac
& Stroke
Networks
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& CUMBRIA**



The management of AF in Primary Care
Pilot Project 2009
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5 Acute Trusts - 6 Primary Care Trusts – Ambulance Trust – 4 Local Authorities

Cardiac and Stroke Networks in Lancashire & Cumbria



- 1.96 million population
- 6 PCTs
- 5 Acute Trusts
- 1 Tertiary provider
- NWAS

Cardiac Network 2003 (NSF)

Stroke Network 2008 (Stroke strategy)

- Clinical guidance and support
- Service Improvement & Development
- Ensure collaborative working 1^o, 2^o and 3^o care



National Drivers and Enablers

- NSF for CHD, Chapter 8 2005
 - Cardiac arrhythmia affects 700,000
 - Top ten reasons for admission
 - AF 1% of population (4% in >65s) - under recognised and under treated – absorbs 1% total NHS budget
- NICE clinical Guideline 36, Atrial Fibrillation: The management of Atrial Fibrillation 2006
- National Stroke Strategy 2008 – QM 2, stroke prevention

- NHS Improvement Publications
 - Commissioning for Stroke Prevention in Primary Care – The role of Atrial Fibrillation, June 2009
 - AF in Primary Care; making an impact on stroke prevention Oct 2009



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Background

- Guideline development and ratification
- National Priority Project with NHS Improvement, Heart and Stroke
- Sign up from NHS North Lancashire (PBC)
- Six participating practices in Lancaster and Morecambe
- Project end July 2009
- Publication – NHS Improvement October 2009



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Aim

To promote opportunistic screening for AF in Primary Care, ensure accurate and timely confirmation of diagnosis and endeavour to improve clinical outcomes for patients through evidence based pathways.

- Prevalence
- Prescribing
- Telemedicine pilot



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Guideline

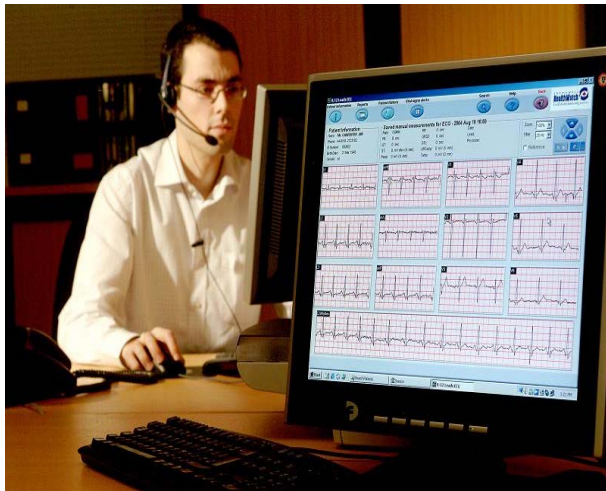
- Treatment algorithm
- Guidance on identification and diagnosis
- Supporting information on Lone AF, Secondary AF and referral for specialist intervention
- Dataset and template

Telemedicine Pilot

- ECG interpretation
- 35/193 mismatch
- 8 – same interpretation
- 10 – clinically significant
- 2 – change in outcome/management



- Single lead wristwatch diagnostic
- All 5 – diagnostic outcome, either NSR (reassured 3/5) or confirmation of type of arrhythmia (SVT, AF)





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Baseline Prevalence Data

- QMAS data collated
- Prevalence matched against expected, national expected 1.3%

PPA Code	Practice Name	Practice population	Practice population >65	Practice population >75	Total No. on AF register	Prevalence	Total No. on AF reg >65	>65 Prevalence	Total No. on AF reg >75	>75 Prevalence
P81056	Rosebank	10,500	1,845	942	189	1.80%	140	7.6%	100	10.6%
P81013	Queens Square	13,372	2137	997	217	1.62%	169	7.9%	109	10.9%
P81091	Owen Road	9,218	1397	622	143	1.55%	125	8.9%	74	11.9%
P81064	Kings Street	20,059	1,105	576	116	0.58%	99	9.0%	69	12.0%
Y01008	Coastal	31,306	6,134	3,043	573	1.83%	485	7.9%	325	10.7%
P81085	York Bridge	7,161	1,432	725	135	1.89%	116	8.1%	84	11.6%



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Prescribing Trends

Table 1

PPA Code	Practice Name	Practice population	Practice population >75	Total No. on AF register	Total No. on AF reg >75	Aspirin	Warfarin	Warfarin > 75	Beta blockers	Digoxin	Verapam	Diltiazem	Amiodarone	Flecainide
		10,500	942	189	100	73	49	48	90	54	10	15	13	4
		13,372	997	217	109	73	108	54	91	54	13	22	12	9
		9,218	622	143	74	56	77	36	62	52	10	11	12	3
		20,059	576	116	69	52	29	29	38	46	6	11	17	4
		31,306	3,043	573	325	244	277	135	222	194	25	44	55	12
		7,161	725	135	84	59	25	47	65	50	5	16	9	3
	Avg	15,269	1,151	229	127	93	94	58	95	75	12	20	20	6

Table 2

PPA Code	Practice Name	Practice population	Practice population >75	Total No. on AF register	Total No. on AF reg >75	Aspirin	Warfarin	Warfarin > 75	Beta blockers	Digoxin	Verapam	Diltiazem	Amiodarone	Flecainide
		10,500	942	1.80%	100	39%	26%	48%	48%	29%	5%	8%	7%	2%
		13,372	997	1.62%	109	34%	50%	50%	42%	25%	6%	10%	6%	4%
		9,218	622	1.55%	74	39%	54%	49%	43%	36%	7%	8%	8%	2%
		20,059	576	0.58%	69	45%	25%	42%	33%	40%	5%	9%	15%	3%
		31,306	3,043	1.83%	325	43%	48%	42%	39%	34%	4%	8%	10%	2%
		7,161	725	1.89%	84	44%	19%	56%	48%	37%	4%	12%	7%	2%
	Avg	15,269	1,151	1.85%	127	40%	37%	48%	42%	33%	5%	9%	9%	3%

Note:

Table 2 shows the % of AF register patients on medication per practice.



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Improvements

Register Validation

- Coding issue – ECG shows AF
- Patients recoded appropriately
- 80 patients added to the register
- Now managed and monitored as per Guideline
- Raised awareness of accurate coding – improving data quality



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Improvements Cont ...

Opportunistic Screening

- Ad hoc
- Ensure manual pulse check prompt included in all appropriate monitoring templates
- Opportunistically in those >65 years particularly if complaining of dyspnoea, palpitations, syncope/dizziness, chest discomfort
- Health visitors in particular in their role of caring for the elderly
- Earlier diagnosis and treatment/management – reduction in complications



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Warfarin Prescribing in >75s - Concerns

- Bleeding risk
- Falls
- Compliance
- Forgetfulness/Dementia
- Monitoring
- Polypharmacy
- Patients don't like
it.....

• **Decision tool**

- NICE
- CHADS 2
- SIGN



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Prescribing

- Analysis of prescribing trends by PCT Medicines Management
- Recommendations circulated to participating practices
- Medicines review



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Project End Data

PPA Code	Practice Name	Baseline Prevalence	2009 Prevalence	* Difference	Baseline >65 Prevalence	2009 >65 Prevalence	* Difference	Baseline >75 Prevalence	2009 >75 Prevalence	* Difference
P81056	Rosebank	1.80%	1.91%	0.11%	7.6%	7.7%	0.10%	10.6%	12.8%	2.2%
P81013	Queens Square	1.62%	1.61%	-0.02%	7.9%	8.6%	0.66%	10.9%	11.5%	0.6%
P81091	Owen Road	1.55%	1.64%	0.08%	8.9%	9.1%	0.12%	11.9%	13.1%	1.2%
P81064	Kings Street	0.58%	0.60%	0.02%	9.0%	9.3%	0.35%	12.0%	13.0%	1.0%
Y01008	Coastal	1.83%	1.93%	0.10%	7.9%	8.5%	0.62%	10.7%	11.7%	1.0%
P81085	York Bridge	1.89%	2.06%	0.17%	8.1%	8.9%	0.84%	11.6%	12.6%	1.0%

* Difference columns show the 2009 figure subtracted from the Baseline figure.
A negative number indicates the prevalence has decreased in 2009.

Prevalence has increased in all age groups in all practices
Relative increase 5.3% all ages, 10.2% in over 75 age group



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Project End Data

PPA Code	Practice Name	Baseline - Warfarin>75	2009 - Warfarin>75	* Difference	Baseline - Beta Blockers	2009 - Beta Blockers	* Difference	Baseline - Digoxin	2009 - Digoxin	* Difference	Baseline - Verapamil	2009 - Verapamil	* Difference	Baseline - Diltiazem	2009 - Diltiazem	* Difference
P81056	Rosebank	48%	44%	-4%	48%	45%	-2%	29%	25%	-3%	5%	4%	-2%	8%	8%	0%
P81013	Queens Square	50%	40%	-10%	42%	43%	1%	25%	27%	2%	6%	5%	-1%	10%	10%	0%
P81091	Owen Road	49%	51%	2%	43%	43%	0%	36%	31%	-6%	7%	7%	0%	8%	11%	3%
P81064	Kings Street	42%	42%	0%	33%	34%	2%	40%	37%	-3%	5%	4%	-1%	9%	11%	1%
Y01008	Coastal	42%	45%	4%	39%	39%	1%	34%	31%	-3%	4%	4%	0%	8%	10%	2%
P81085	York Bridge	56%	58%	2%	48%	40%	-8%	37%	37%	0%	4%	4%	0%	12%	10%	-2%

The % show the AF register patients on medication per practice.

* Difference columns show the 2009 figure subtracted from the Baseline figure.
A negative number indicates a decreased figure in 2009.

- Increased Warfarin prescribed in >75s in all but one practice
- Variances in prescribing trends for Beta Blockers/Calcium Channel Blockers
- Reduction in Digoxin prescribing in four out of six practices



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Conclusion

- Positive outcomes – prevalence and prescribing trends, further work and support required to assess uptake of warfarin (or other anticoagulation therapy)
- Positive response to the use of diagnostics in primary care
- More support from Medicines Management required to implement and improve prescribing element of Guideline
- More education for Primary Care professionals
- Further review of decision aids for Warfarin (anticoagulation therapy) prescribing

Network National Project, GRASP AF