



Atrial Fibrillation Association

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Providing information, support and access to established and new treatments for atrial fibrillation

The Earl Howe
Parliamentary Under Secretary of State for Health
Department of Health
Richmond House
79 Whitehall, London
SW1A 2NS

Dear Lord Howe,

A Quality Standard for Atrial Fibrillation (AF)

I am writing to you to ask that you consider the early development of a Quality Standard for AF. I am aware that a Quality Standard will not only assist commissioners but also provide a standard for patients so they are more aware of the kind of treatment they should be receiving.

I believe that a Quality Standard for AF is urgently required because:

1. AF detection and diagnosis is low, leaving an estimated 50% of patients undiagnosed. Yet evidence is now available which suggests opportunistic screening such as at NHS flu clinics can be both effective and cost efficient at finding AF patients – but without standards and guidance it is not widely used.
2. Furthermore, guidance and guideline adherence is patchy across England. A report published by Atrial Fibrillation Association (AFA) and the Primary Care Cardiovascular Society (PCCS) in July 2011 found that despite the dedication and expertise of healthcare professionals in the NHS, the awareness and understanding of AF is not as good as it could be. It found that whilst just under half of PCTs include AF amongst their top ten priorities, two-thirds of PCTs do not currently have a strategy on AF.
3. Too often, those at the highest risk, frequently the elderly, are under-treated and subsequently left exposed to an increased danger of complications, including stroke.
4. As AF is associated with a five-fold increased risk of strokes, AF patients suffer a disproportionate number of strokes which are, in turn, disproportionately fatal, debilitating and expensive.
5. Appropriate referral (which has been shown to improve patient outcomes and reduce NHS costs), is too often delayed not by months but by years, rendering many, potentially successful treatment options, no longer possible.

TRUSTEES - Prof A John Camm, Mrs Jayne Mudd, Prof Richard Schilling

Medical Advisory Committee – Dr Campbell Cowan, Dr Matthew Fay, Dr Adam Fitzpatrick

Dr Andrew Grace, Prof Gregory Lip, Dr Andreas Wolff,

Director: Mrs Trudie Lobban MBE, Assistant Director: Mrs Jo Jerome

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I hope you'll agree that it is essential that a Quality Standard for AF is developed in one of the first waves so the benefit to patients such as myself is witnessed straight away. Producing a Quality Standard for AF will raise awareness of the condition amongst commissioners and GPs, provide a marker for quality that commissioners can work towards and it will allow patients to be aware of the quality of treatment they should be receiving. In a relatively unknown yet devastating condition, the development of a Quality Standard for AF will be critical to advance the diagnosis, management and treatment of AF in the NHS.

Yours sincerely,

cc Sir Andrew Dillon, Chief Executive, NICE

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