



Excellence in AF

Project Evaluation Executive Summary

1. Executive summary

Reducing the incidence of atrial fibrillation (AF) related stroke through improved anticoagulation uptake is a national priority in the UK. Over the past 4 years the Buckinghamshire Clinical Commissioning Groups (now merged to form NHS Buckinghamshire CCG) have worked with General Practices to reduce the incidence of AF related stroke, achieving anticoagulation rates of greater than 80% which benchmark well when compared to CCGs nationally. Despite this achievement there was still an improvement opportunity to be realised in the remaining cohort of AF patients not being anticoagulated or receiving sub-optimal therapy. As a result the Excellence in AF project, a collaboration between Oxford AHSN, Bayer, Buckinghamshire Healthcare Trust and Interface Clinical Services (an independent provider of clinical support services) was developed. The project included clinical audit, patient review and a quality improvement element.

The primary aim of the Excellence in AF project was to identify and review the cohort of patients who had a high stroke risk but were not receiving oral anticoagulation therapy, to invite them for counselling on stroke risk and to offer oral anticoagulation therapy where clinically appropriate. A secondary aim of the project was to review the quality of anticoagulation being prescribed by assessing the number of patients on warfarin with poor time in therapeutic range (TTR) or labile INR (as per NICE CG180) and the number of patients being prescribed an inappropriate dose of direct oral anticoagulation (DOAC). There was a strong emphasis on ensuring that all patients were offered all suitable options for anticoagulation and that all patients had the opportunity of a high-quality face-to-face consultation with counselling around risks, benefits and importance of adherence to treatment.

In total, 28 out of 52 practices engaged in the first phase of the project and within these practices over 7700 patients were audited with 4400 having a detailed review. As a result of these reviews, an additional 266 patients are now receiving oral anticoagulation, 227 of whom have a high risk of stroke. Improvements have also been made to the number of patients with poor TTR on warfarin and the number of patients on an incorrect DOAC dose. The improvements delivered by the project have the potential to reduce stroke incidence by up to 17 strokes per annum. Each stroke costs the NHS £13,270¹ in the first year alone, therefore £226,000 of direct stroke care costs could be avoided in year as a result of this project. The average 10 year cost of a stroke is estimated to be £29,901² in NHS costs alone and so the potential for savings across the health and social care economy is significant. . It should be noted that Buckinghamshire already had high anticoagulation rates as a starting point and so poorer performing health economies could expect larger benefits should they wish to replicate this approach.

The project generated both quantitative and qualitative feedback for the Buckinghamshire CCGs including identifying the extent and level of a knowledge gap in anticoagulation initiation and management and a process gap around the ongoing management of patients on DOACs. This project and the feedback received from those practices that engaged will be taken into account in the future commissioning of anticoagulation services and in developing ongoing initiatives to support practices.

¹ NICE CG180 Costing template (2014) (inflated to 2018/19 pricing)

² National Audit Office: Progress in improving stroke care, Report on the findings from our modelling of stroke care provision (February 2010) (inflated to 2018/19 pricing)