



# **AF & Stroke – We can do better**

**24<sup>th</sup> September 2015**

**Professor Peter Weissberg**

# WHY IT IS IMPORTANT



**1 in 4**

life time risk of developing AF after the age of 40<sup>13</sup>

**1/3 of people**

do not recognise that they have developed AF<sup>20</sup>; identifying the need to increase case finding

**x5**

**5-fold increase**

of AF-related stroke if left untreated<sup>8</sup>



**Around 50% of people**

with an AF-related stroke will not survive beyond 12 months and those that do will suffer increased disability compared to those who have non-AF related strokes<sup>8,9</sup>



**Billions of pounds**

are spent each year from health and social care budgets as a result of AF and AF-related strokes<sup>15, 16, 17</sup> plus additional millions in informal care costs and productivity losses (i.e. income lost) due to care, disability and death<sup>17</sup>

**11,600**

AF-related strokes could be averted each year if everyone with AF received appropriate treatment including anticoagulation<sup>14</sup>

# Overview

## Prevalence of diagnosed atrial fibrillation by gender and age, UK 2013

	England	Scotland	Wales	Northern Ireland	United Kingdom
	%	%	%	%	%
<b>Men</b>					
0-44	0.09	0.09	0.10	0.13	0.09
45-54	0.75	0.73	0.88	0.92	0.76
55-64	2.23	2.52	2.34	2.52	2.28
65-74	6.12	6.41	6.32	7.00	6.20
75+	15.17	15.62	16.47	16.02	15.38
All ages	2.44	2.54	2.61	2.68	2.47
<b>Women</b>					
0-44	0.03	0.03	0.03	0.04	0.03
45-54	0.25	0.30	0.23	0.33	0.26
55-64	0.91	0.75	1.05	1.06	0.91
65-74	3.20	3.36	3.59	3.80	3.28
75+	11.68	11.30	12.16	12.50	11.71
All ages	1.55	1.52	1.65	1.72	1.56

source: Clinical Practice Research Datalink (CPRD) GOLD database



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# Research into atrial fibrillation

- We currently fund 23 research projects into atrial fibrillation
- That's a total cost of £9 million
- We invest a further £24 million into wider heart rhythm research
- Research ranges from laboratory studies looking at the disease at a molecular or genetic level to clinical studies in patients



# Professor Paulus Kirchhof

- BHF Senior Clinical Research Fellow
- University of Birmingham
- Studying the genetics of AF
- Understanding causes -> new treatments
- Also clinical research – can early treatment prevent strokes?





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# Arrhythmia Care Coordinators (ACC)

## What we did

BHF three year pilot funded 32 ACCs in 19 NHS trusts across England and Wales.  
The nurses were recruited into primary, secondary and tertiary centres

## What we achieved

**Cost savings:** Improved service efficiency and reduced hospital admissions - each ACC role achieved savings that not only cover their own costs, but recoups an additional £29,357 per annum

**Improved efficiency:** Nurse led clinics improved efficiency by reducing consultant clinic waiting time by 53%

**Patient satisfaction:** high levels of reported satisfaction due to continuity and coordination of care

## Innovating for excellence

We submitted data from the ACC evaluation to NICE, where it has joined the Quality, Innovation, Productivity and Prevention collection as a "[Proven Quality and Productivity Case Study](#)" – a resource to share best practice across the NHS



# BHF Innovation Funding– Integrated approach to Atrial Fibrillation

- Improving arrhythmia diagnosis

- Education and management in primary care

- Heightened engagement between primary and secondary care



# Lanarkshire AF project

Focus on upskilling primary care staff to deliver optimal care for people with AF through an audit and education programme in general practice

12 months after the initial audit and education intervention:

- ❖ Prevalence of AF increased up to 1.68% of patients in the Health Board area, from a 1.4% baseline, due to improved identification and diagnosis.
- ❖ More high risk patients are on anticoagulation medication: 62.2% of high risk patients , an increase of 4.2% from baseline
- ❖ The stroke risk has reduced: down to 78 strokes predicted annually in the high risk untreated group, a reduction of 14% from baseline (91strokes at baseline)



# Tayside AF project

Focus on upskilling primary care staff and developed a multi-disciplinary approach to managing AF in the community

- ❖ AF diagnosis and management – use of audit tools and risk scoring (GRASP-AF, CHADS-2) resulted in improved system efficiency
- ❖ Active hospital in-reach work and nurse led rapid access AF clinics significantly reduced waiting times
- ❖ >95% of patients reported satisfaction and felt their care was integrated
- ❖ Multidisciplinary Familial AF clinics – primary, secondary and tertiary care specialists together. High levels of patient satisfaction
- ❖ Specialist nurses share learning through key steering groups which influenced the direction and delivery of cardiac services at local and national level

# BHF Alliance

## The Challenge – Grow & Support the BHF Alliance



### Why is this challenge important to us?

- A key strategic BHF aim is to support Healthcare Professionals through the BHF Alliance
- Free membership network that drives and supports professional development and spread and adoption of CVD best practice
- Support those working in the field of Prevention, Survival and Support deliver better outcomes for people living with or at risk of CVD.

