



British Heart
Foundation

MANAGEMENT OF ATRIAL FIBRILLATION IN PRIMARY CARE

The NHS Lanarkshire experience

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FOR EVERY
HEARTBEAT**

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Introduction

In December 2012, the British Heart Foundation (BHF) funded and evaluated a two year project within NHS Lanarkshire. The project aimed to improve the care delivered in primary care for people with a diagnosis of atrial fibrillation (AF). A key focus of the project was to identify the stroke risk and to support safe and effective prescribing of anti-coagulation.

Background

NHS Lanarkshire is located in central Scotland with a patient list of 588,572 based on practice registers. As of 31 March 2014, there were 114 GP practices and 3 acute hospitals. The territory for the health board is widespread covering approximately 4,732km², which is a mixture of urban and rural areas. The prevalence of coronary heart disease (CHD) as of 2013/14 is 4.6% which is higher than the national average of 3.4%. At the start of the project there were over 8,000 people on the AF register which represented 1.4% of the patient list. After 12 months the prevalence in the participating practices was 1.67% **ISD Scotland 2014**.

Practices volunteered to be included in the project following a succession of advertising through local NHS press, desktop “wallpaper” and word of mouth. Out of 97 practices in the area in 2012, 59 completed the project.

At the outset, people in Lanarkshire with a diagnosis of AF were invited along to a focus group. Those who attended (46) highlighted two main themes; not being provided with enough information about AF and being unsure about how to manage the condition, in particular what red flags to look out for. In response to the findings from the focus group the project supported all practices to provide the BHF HIS24 booklet on AF to all those with a diagnosis. A self-management card was also developed which incorporated escalating symptoms. The feedback from patients and primary care healthcare practitioners (HCPs) was very positive.

Audit

The project utilised the GRASP-AF audit tool in order to undertake localised audit in each participating practice. The GRASP-AF tool assists HCPs in primary care in improving the care and management of people with AF by interrogation of their current electronic clinical data allowing for stroke risk assessment; it can also be utilised to assist with case finding for AF. Only the stroke risk arm of the tool was used.

Each practice was provided with a summary dashboard which clearly showed their AF prevalence with breakdown of age spread of AF diagnosis.

The dashboard showed the **CHA₂DS₂-VASc Score** including a percentage and actual patient numbers of people with AF according to their current medical management - prescribed an anticoagulant, antiplatelet, both or neither. The CHA₂DS₂-VASc score calculates the stroke risk in the next 12 months in people with non-valvular AF.

The audit was carried out at baseline, six months and 12 months and the findings shared with the GP practice as part of a face to face discussion and education session. The information was shared in the form of patient lists, e.g. having a CHA₂DS₂-VASC Score>2, not currently on an anticoagulant etc. The practices found this aid helpful to identify and focus their patient reviews.

Education

A core education package was developed which incorporated a power point-presentation as well as interactive case studies. The education package was adapted to be bespoke to the requirements and requests of each practice and could be delivered either to the multidisciplinary team or as separate sessions to different HCPs. Practices could receive as many sessions as requested; most opting for 2 or 3.

The education package was then transferred into an interactive online learning module as part of the HEARTE suite of modules. www.heartelearning.org. The module is available free of charge to anyone and is aimed at HCPs who manage people with a diagnosis of AF in their caseload.

Findings

- The latest available QOF data indicates that the prevalence of AF increased during the project. GPs and practice nurses reported that they were more actively case finding for AF and that pulse checks became an integral part of a patient's assessment.
- GRASP AF tool can support safe prescribing of anticoagulation in primary care. The tool can identify people on dual or triple therapy to allow the practice to review specific patients in order to ensure safe and appropriate prescribing. The project saw a relative stroke reduction of 14% of those currently diagnosed with AF, which meant 13 strokes saved in first year.
- Combining audit and education was reported by primary care practitioners, as an effective way of supporting improvement in the delivery of optimal care for people with AF in the short, medium and long term.
- Localised, bespoke, interactive teaching sessions with primary care improved their knowledge and confidence in caring for people with AF. Online learning resources worked well as an adjunct to face to face teaching.
- People with a diagnosis of AF and their carers require a good level of information and understanding of their condition and should be actively involved in decision making around their care and supported to self-manage. There are many decision aids, patient information booklets and websites to support this.

Top 5 facts

Why and how we can do better to manage atrial fibrillation in primary care

- 1.** Case identification by pulse checks for AF in those aged 65 and older is effective; it is a great way of identifying AF before it presents in the form of morbidity or mortality.
- 2.** The majority of individuals with AF benefit from anticoagulation. Their benefit/risk of treatment should be calculated using the CHA₂DS₂-VASc and HAS-BLED tools and discussed with those being considered for treatment.
- 3.** Evidence is clear that aspirin is never adequate stroke prevention therapy, by itself, for those with AF and at significant risk of stroke.
- 4.** People with AF should have optimal heart rate control and be symptom free. Those who remain symptomatic despite optimal heart rate control should be referred for specialist management.
- 5.** People with AF should receive information about their condition, be actively involved in all decisions around their care and be supported to self-manage their long term condition.