

AF ADVANCE Programme East Midlands

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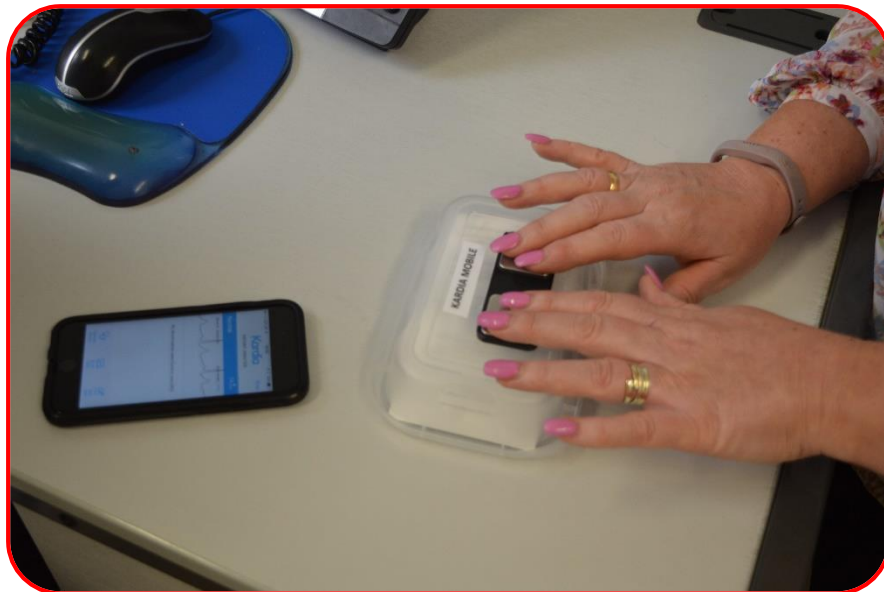
Heart Rhythm Congress
2nd October 2017



Our aim:

To prevent avoidable strokes by improving diagnosis and management of AF

- Building on success
- Our current challenge: Detect and Protect
- Our ambition and a system-wide response



System Wide Collaboration



AF ADVANCE: Our Approach

Innovation – **Novel technology** to expedite early identification of patients with AF

Improvement – reducing unwarranted variation across in care across all CCGs – in detection rates and optimization of treatment. Supported by the **AF Clinical Template**

Education – develop **clinical ambassador** roles in CCGs to secure local ownership and drive sustained improvements in AF. Supported by structured evidence based **GP up-skilling programme**



GP up-skilling in AF

1. Cardiology USP Project - 'up-skilling for Sustainable Prevention'

Improve outcomes for patients by facilitating evidence based guidance in primary care

Dr Yassir Javaid, GPwSI in Cardiology

4 x 3 hour upskilling workshops

Atrial Fibrillation

Heart Failure

ECG/Echo interpretation

Exam and refresher session

At least one GP per practice to cascade learning

Delivered in 12 CCGs:

- Leicester City CCG
- West Leicestershire CCG
- East Leicestershire CCG
- Hardwick CCG
- North Derbyshire CCG
- South Lincolnshire CCG
- East Lincolnshire CCG
- South West Lincolnshire CCG
- Nene CCG
- Corby CCG
- 2017 – Rushcliffe CCG & Nottingham North & East CCG
- Newham CCG (**RCGP accredited**)

2. CCG Protected Learning Time Sessions

3 hour workshops on AF



Outcomes

One year outcomes following the delivery of the upskilling programme in Leicester City CCG an additional:

- **441** additional AF patients were diagnosed (12.5% increase)
- **17.5%** reduction in anticoagulation exception reporting
- **16.5%** increase in anticoagulation of high risk AF patients.
- **5.1%** reduction in stroke admissions of 5.1%



Evidence Based AF Clinical Template

- Facilitates translation of guidance into front line practice with guidance integrated into template
- Reinforces upskilling and provides a single resource for GPs in managing AF
- Covers initial assessment, rate or rhythm control as well as anticoagulation
- Includes patient decision aid tools and East Midlands CN NVAF anticoagulation template
- Allows anonymised remote review of clinical template by local clinical champion to provide feedback to GPs and reinforcement of up-skilling
- SystemOne and EMIS-Web
- Implemented in CCGs in East Midlands and England



Atrial Fibrillation Assessment



How was the diagnosis made?

- a) a new diagnosis through targeted screening eg flu clinic
- b) a new diagnosis in a symptomatic patient eg palpitations
- c) previously known to have atrial fibrillation

Diagnosis made:

Consent

Consent given to share patient data with specified 3rd party

Declined consent to share pt data with specified 3rd party

Diagnostic Confirmation and Type of AF

ECG Confirmation (no P waves and irregular QRS)?

Type of AF

Clinical Notes

Clinical observation: symptoms and signs

BP mmHg

Pulse rate bpm

Rhythm

(Measure pulse manually for one full minute at rest)

Investigations

Please request FBC, biochemistry inc TFT, on all patients and BNP if suspected heart failure

Laboratory findings

New Electronic Pathology/Radiology Request

Echocardiogram requested

An echocardiogram may not be required in all cases. Refer for an echo if any of the following.

- 1) suspected structural heart disease (e.g. suspected HF(raised BNP), suspected valvular disease)
- 2) patient < 75 yrs
- 3) patient referred for assessment for rhythm control

Assessment Complete

Assessment Complete

Consent given to share patient data with specified 3rd party

Date Selection

No previous values

Show recordings from other templates

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**EMAHSN:
Transforming the health of 4.6m East
Midlands residents and stimulating
wealth creation
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