



Personalised arrhythmia management – from a patient's perspective

Mrs Trudie Lobban MBE
Founder & Trustee

Improving Arrhythmia Management (2)
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What can we achieve together?

- Awareness
- Patient education
- Advocacy
- Greater understanding amongst the medical profession of patients needs
- Stronger fund raising – for research, education projects

What do arrhythmia patients face?

- Challenge to diagnosis
- Lack of awareness
- For some, debilitating symptoms or stroke risk
- Complicated, ineffective and unequal access to therapies
- Psychological impact

"I rested my head on my partner's chest, and laughed – his heart was all over the place! Three weeks later he collapsed and I later learned he had suffered a stroke due to AF."

"If only I had known what that irregular heart rhythm could be, I could have saved him. He was 58 years old, and we were planning for our future."

Patient Experience Factors

Accurate and comprehensive
information

Access to treatment

Streamlined
care

More choice

One size
does not fit
all

Patients at
the heart of
healthcare

What Makes a Difference

- Timely and accurate diagnosis
- Easy access to appropriate therapy
- Reliable and helpful information
- Personal support and reassurance



21st Vision is Partnership

- Patients
- Physicians
- Politicians
- Commissioners
- General Public



Consequences When This Does Not Happen



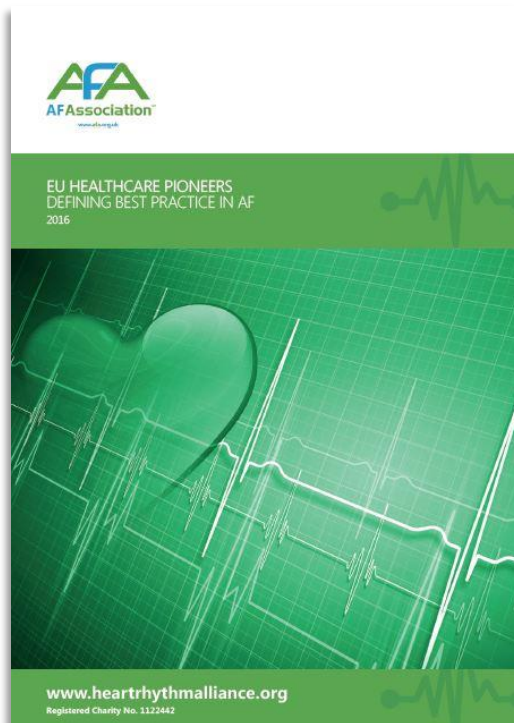
"I was rushed to A&E where they diagnosed me with atrial fibrillation. I was sent home with aspirin. Two weeks later I had a stroke." – Fiona

"In my 30s when I had my first palpitations, I went to my GP who assured me that 'it happens to everyone' and not to worry about it. I was finally diagnosed with AF at 59." – Christine



Good Practice

Examples from the EU Healthcare Pioneers Report



Correct: principles of best practice
Improving the AF patient journey to optimise AF correction and improve symptoms and quality of life

Richard Schilling, Professor of Cardiology,
Commercial and Strategy Director Barts
Heart Centre, UK

TRUSTEE ARRHYTHMIA ALLIANCE AND ATRIAL FIBRILLATION
ASSOCIATION

Once the primary aims of managing AF have been
achieved - detection of the problem, protection from

Key Points

- Once the primary aims of managing AF have been achieved - detection of the problem, protection from the major consequences of AF - then the management of AF should be largely focused on improving symptoms and quality of life.

Correct: case study
Primary Care Atrial Fibrillation (PCAF) Service

Dr Dhiraj Gupta, Consultant Cardiologist/
Electrophysiologist,
THE LIVERPOOL HEART AND CHEST HOSPITAL, UK

The Primary Care Atrial Fibrillation (PCAF) service was first launched in Merseyside in June 2012 by Inspira Health Solutions in collaboration with clinicians at Liverpool Heart and Chest Hospital. It is an innovative consultant-led pathway that provides expert hospital-based resources within GP practices with the aim of improving the provision of anticoagulation treatments among high-risk AF patients.

The service was developed in response to the fact that AF-related stroke-risk can be significantly reduced through appropriate treatment but, as NICE have estimated, 46% of patients that should be anti-coagulated are not. The service is available nationwide and as of November 2015, has been delivered in 364 GP practices within 84 CCGs across England, and in two Local Health Boards in Wales and in two Health Boards in Scotland.

The service comprises four phases:

1. In phase one, a comprehensive case note review is

Key Points

- Consultant-led pathway providing expert resources within GP practices with the aim of improving the provision of anticoagulation treatments among high-risk AF patients.
- The PCAF service is available across the UK.
- The service has demonstrated a 96% uptake to anticoagulation within previously untreated high risk patients.
- In a sub-set of 1063 previously untreated patients, it is estimated that PCAF prevented around 30-35 strokes per year.
- As of Nov 2015, the service has been delivered in 364 GP practices across 84 Clinical Commissioning Groups in England.
- Educational legacy left within the GP practice following completion of the PCAF pathway.

Good Practice

International Examples

Protect and correct: principles of best practice
Organisational change to improve multidisciplinary coordination and optimise therapy options for patients with AF

Lluís Mont, Assistant Professor and Head of Arrhythmia Unit, Hospital Clinic
UNIVERSITY OF BARCELONA, SPAIN

A number of healthcare disciplines are involved in the management of AF patients and to maximise stroke prevention and symptom control it is important that all those involved are working towards the same goals and are following treatment guidelines. However, the various disciplines often work independently with little interaction and have varying levels of experience and knowledge about AF management. Structured guideline based management of AF is rarely implemented with consistency across the disciplines.

Limited resources can make it challenging to improve multidisciplinary coordination. When resources are limited it may be possible to still address disconnect between the various disciplines involved in AF management. Existing systems can still be used but with new organisational steps put in place to enhance interaction and education and share expertise across different healthcare disciplines. It may be that this is a gradual process that involves more and more disciplines / departments over time.

Key Points

- Atrial fibrillation is a highly complex disease managed by a number of different disciplines.
- The healthcare professionals involved in the management of AF have varying levels of knowledge and structured management of AF is rare across all the disciplines.
- There are a number of different pathways and multidisciplinary management of AF is limited with each discipline working independently.
- Coordination of all the healthcare professionals involved can improve knowledge and guideline implementation enable the best possible treatment for patients with AF. This will lead to improved AF-related stroke prevention and control being achieved across the population.
- Multidisciplinary coordination is essential for the best management of AF.

Protect and correct: principles of best practice
AF outpatient clinic to improve patient access to protection against AF-related stroke and AF symptom control

Axel Brandes, Associate Professor, Consultant Cardiologist & Electrophysiologist,
ODENSE UNIVERSITY HOSPITAL, DENMARK

Many AF-related strokes can be prevented and AF symptoms can be reduced/managed through effective oral anticoagulation therapy and symptom treatment. Yet a vast number of patients across Europe that are diagnosed with AF do not receive the oral anticoagulation therapy and symptom treatment they require and are left both symptomatic and at an increased risk of AF-related stroke. There are a combination of reasons for this poor management, some of which are addressed here.

Findings from across Europe indicate that evaluation and treatment of AF and AF-related stroke risk is variable and inconsistent. Many healthcare professionals involved in the treatment pathway have limited knowledge and experience in managing AF and stroke risk management and collaboration between disciplines often requires improved coordination. Adherence to guidelines and therefore use of recommended therapy and treatment has also been shown to be insufficient across Europe.

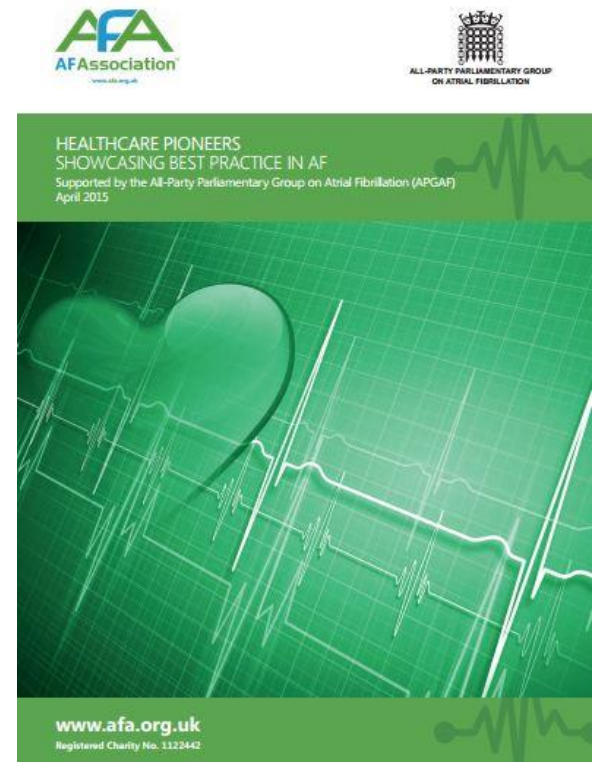
Key Points

- A vast number of AF patients do not receive the oral anticoagulation therapy and symptom treatment they require and are left both symptomatic and at an increased risk of AF-related stroke.
- AF patient access to evaluation, symptom treatment and protection against risk of AF-related stroke is variable and inconsistent.
- Patients with AF are seen by members of the healthcare team with varying levels of experience and knowledge and multidisciplinary collaboration is often limited.
- Structured guideline based management of AF is often not implemented resulting in available therapy options not being offered to patients with AF.
- Patient involvement in the management of their disease and associated stroke risk needs to be maximised.
- An AF outpatient clinic provides a channel for:

Healthcare Pioneers Showcasing Best Practice in AF April 2015

This report serves as an update to the 2011 edition of Healthcare Pioneers.

You can collect your copies from the exhibition area.



The All-Party Parliamentary Group on Atrial Fibrillation (APGAF)



The All-Party Parliamentary Group on Atrial Fibrillation (APGAF) champions awareness of Atrial Fibrillation (AF) from within the heart of Westminster.

Next meeting – 16th November 2016

AF Aware Week 21-27 November

Detect

AF by a simple pulse check

Protect

against AF-related stroke
using anticoagulation therapy
(not aspirin)

Correct

AF by access to appropriate
treatment

Perfect

the patient care pathway



Call For Action

Arrhythmia Alliance and AF Association are calling for an early review of the UK National Screening Committee's (NSC) policy on screening for atrial fibrillation (AF) in the over 65s.

For a template letter to send to your MP and CCG please email vicki@afa.org.uk



www.heartrhythmalliance.org

STARS

Syncope Trust And Reflex anoxic Seizures®

Working together with individuals, families and medical professionals to offer support and information on syncope and reflex anoxic seizures.



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Arrhythmia Alliance™

Working together to improve the diagnosis, treatment and quality of life for all those affected by arrhythmias.



@KnowYourPulse



Arrhythmia Alliance

AFA

AF Association®

Working to provide information, support, and access to established, new or innovative treatments for Atrial Fibrillation (AF).



@AtrialFibUK



Atrial Fibrillation Association





Trudie Lobban MBE

Founder & Trustee

trudie@heartrhythmalliance.org

07778 233999

Hear
Rhythm
Congress



Save The Date

01 – 04 October 2017

The ICC, Birmingham UK

Providing education and training to promote diversity and improved technology for all involved in the treatment of arrhythmia patients.

www.heartrhythmcongress.org

info@heartrhythmcongress.org