

Atrial Fibrillation (AF)

Initiation of anticoagulation once AF diagnosed



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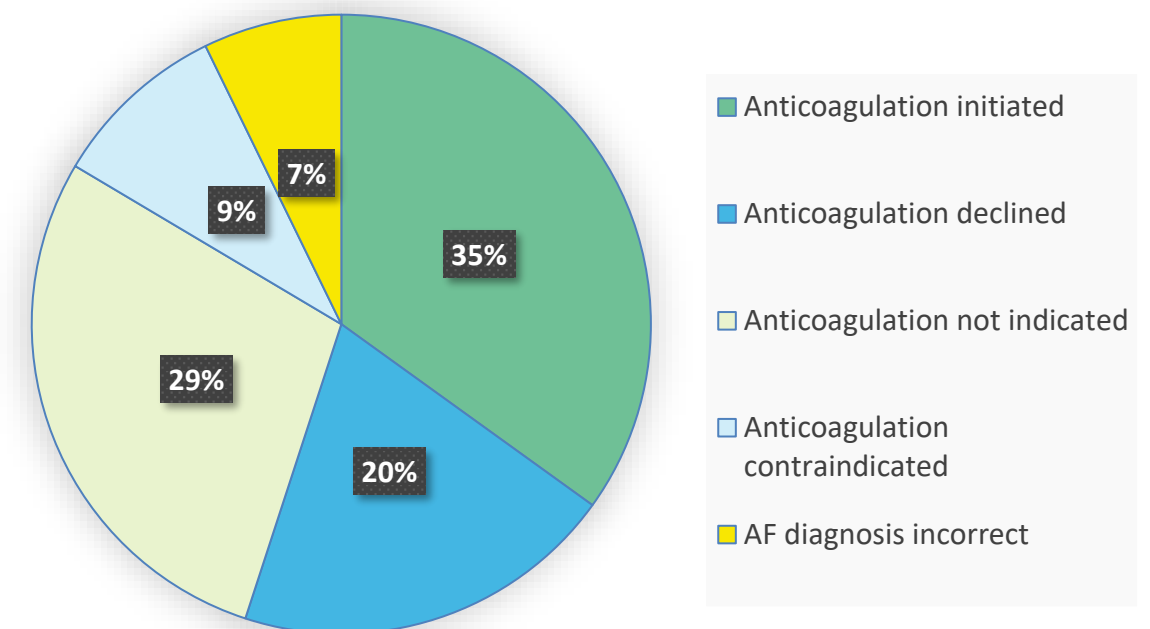
Aim:

To review 90% of patients across the Primary Care Network (PCN) who are diagnosed with Atrial Fibrillation (AF) but not prescribed an anticoagulant and offer an anticoagulant if indicated by the end of August 2024.

Method :

The UCLPartners Proactive Care Searches for Atrial Fibrillation were imported and run on a weekly basis to identify the priority 1 cohort of patients. Each patient was contacted for an up-to-date blood pressure reading to allow for accurate calculation of their CHA₂DS₂-VASc score. Those eligible for anticoagulation were then contacted by telephone for discussion.

Anticoagulation prescribing outcomes following patient review



Summary of Results:

271 patients were identified across the PCN, 249 (91.9%) of which were reviewed.

Of those reviewed:

- 71 patients (28.5%) were not eligible due to a CHA₂DS₂-VASc score of 0 (or 1 if female)
- 87 patients (34.9%) had anticoagulation initiated, 49 (56.3%) by the hospital at diagnosis, 38 (43.7%) by the practice
- 50 patients (20.1%) declined anticoagulation, 18 (36%) of these had a CHA₂DS₂-VASc score of 1 (moderate risk)
- 23 patients (9.2%) were deemed to have a contraindication to anticoagulation
- 18 patients (7.2%) were found to have an incorrect diagnosis of AF

Sustaining the Change

- Share data and findings with prescribing clinicians.
- Monthly running of the report going forward by the PCN Pharmacy Team.
- Annual calculation of CHA₂DS₂-VASc score or sooner if patient turns 65/75.
- Annual discussion with those who have previously declined.
- Those patients who are deemed to have contraindications to anticoagulation to be discussed at Multidisciplinary Team (MDT) meeting with Basildon consultant re: next steps.

Learnings

- To have up to date data before calculating CHA₂DS₂-VASc score and to discuss with the patient at least annually or when their score changes.
- To offer anticoagulation when CHA₂DS₂-VASc score of 1 as per NICE guidelines, rather than only focusing on patients with a score of 2 as per QOF targets.
- That ablation, cardioversion or normal sinus rhythm since diagnosis do not mean that AF has resolved.
- When starting a new project, start small (in one practice) before scaling up.
- Ensure that a senior key stakeholder is on board before attempting to roll out the project across a PCN.

Patient feedback

It's good to know that someone is keeping an eye on me and looking out for my well-being!

(Newly diagnosed in hospital, discharge letter requested GP review need for anticoagulation but this had not been followed up).

Staff feedback

It is fantastic that this cohort of patients have been thoroughly reviewed and it will be invaluable to have a referral pathway to tertiary care for review of complex patients.

Contact Details

- @UCLPartners
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