



### **Project Title**

AF Quality Improvement Project with GP practices across West Yorkshire and Harrogate  
Joint working Project with Bayer Plc

### **Organisations involved**

Yorkshire & Humber AHSN  
Bayer Plc  
GP Practices within West Yorkshire and Harrogate

### **Summary**

Yorkshire and Humber AHSN and West Yorkshire and Harrogate STP developed a proposal to find and treat in excess of 7,000 patients with AF over a two year period. To deliver this a partner organisation was sought who had expertise in project management, quality improvement and experience of AF management. A Joint Working agreement was put in place for one year with Bayer PLC, who were able to provide the required skills and expertise.

The overall aim of the project was to reduce avoidable AF related Strokes within West Yorkshire through supporting practices to undertake Quality Improvement.

### **Background**

Atrial Fibrillation (AF) is responsible for one in five strokes, with survivors likely to live with debilitating consequences.

At the time of the project an estimated 12,268 people across West Yorkshire and Harrogate potentially had undiagnosed Atrial Fibrillation. With a further estimated 6,707 people with AF who were at risk of a stroke through not being protected by anticoagulation medication. This equated to potentially 268 preventable strokes within the first 18 months of patients receiving adequate treatment.

At the time of the project each AF related stroke costed the NHS £11,900 in the first year alone. The effective management of AF could result in a £124m per year saving across England as a result of avoided strokes. (The sAFe Report 2012, taken from Healthcare Professional page on <http://www.dontwaittoanticoagulate.com/clinician>)

### **Project Approach**

The project focused on engaging and working with those practices in West Yorkshire and Harrogate who have the greatest improvement opportunities to:

- Increase the number of patients diagnosed with AF
- Increase the number of people receiving appropriate anticoagulation medication
- Embed a Quality Improvement methodology to improve AF management in primary care





### **Project Objectives**

The project aimed to reduce avoidable AF related strokes by:

- Supporting identification of patients at risk of stroke
- Increasing numbers of AF patients appropriately receiving anticoagulation identified as moderate to high risk of AF related stroke not currently receiving appropriate anticoagulation
- Optimise anticoagulation of AF patients uncontrolled on warfarin which may include transfer to DOACs in line with current NICE guidance
- Reduce the number of moderate to high-risk patients currently receiving anti-platelet monotherapy for stroke prevention in line with current guidance
- Increase the clinical understanding of effective management and the benefit of medicines optimisation in AF – leaving a legacy which enables clinicians to re-evaluate treatment and consider all appropriate anticoagulation options
- Increase the number of GP practices using an effective audit tool to support quality improvement initiatives with reference to the management of AF
- Increase in clinician confidence in prescribing and management of oral anticoagulants
- Leave a legacy of learning through QI methodology on the benefit of treatment optimisation and effective management of AF

The core metrics were:

- Number of patients with a diagnosis of AF on GP practice clinical systems
- In WY&H the % of patients with AF and CHADS2VA2Sc score of  $\geq 2$  who are prescribed an anticoagulant
- Number of CCGs, federations or other Primary Care collectives engaged in the project
- Number of GP practices engaged in the project
- Number of practices who have demonstrated QI methodology to improve the management of AF

### **Project Benefits**

Patient Benefits were identified as:

- Reduced stroke risk by identification of AF and improving anti-coagulation where appropriate
- Reduced AF related strokes
- Care provided by providers that are meeting NICE quality standards for the management of AF

Benefits to the NHS were identified as:

- To increase the proportion of patients receiving appropriate anticoagulant therapy through clear guidelines on initiation and discontinuation of therapies as clinically appropriate
- To offer anticoagulation therapy to patients who are suitable in line with national NICE and local guidelines





- Patients' therapy is optimised with treatment options including, warfarin, LMWHs and Direct Oral Anticoagulants (DOACs) in accordance with the protocols approved by the CCGs

The benefits to Bayer were identified as:

- Increasing the number of patients suitable for anticoagulation in line with NICE guidance including DOACs which may include rivaroxaban
- Improved reputation as a result of working in partnership to benefit patient outcomes and experience
- Develop a deeper insight and understanding of the NHS in the Yorkshire and Humber area

### **Funding**

Bayer Resources:-

Costs are for 12-month duration of the project

QI Project manager –will work 50% of the time on managing the project and 50% of the time on QI delivery in practices The input is based on an annual reference salary of £45,830 (association of Project managers).

Total resource £45,830

National Healthcare Partnership Manager-project management support – 0.5 day/week

Total project manager resource £4,583

**Total Bayer input: £ 50,413**

### **Project dates**

*April 2018 – March 2019*

### **AHSN owner**

Jenny Hamer – Programme Lead. [Jenny.Hamer@yhahsn.com](mailto:Jenny.Hamer@yhahsn.com)

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