



## Can your practice prevent more strokes in patients with atrial fibrillation?

1<sup>st</sup> report  
May 2015

2<sup>nd</sup> report  
July 2015

3<sup>rd</sup> report  
October 2015

4<sup>th</sup> report  
January 2016

5<sup>th</sup> report  
April 2016

### Dear Practice Manager and colleagues

There is evidence that a substantial number of patients with atrial fibrillation (AF) are not receiving recommended treatment and are consequently at an avoidable risk of stroke. NICE estimates that with effective detection and protection with anticoagulants, 7,000 strokes and 2,000 premature deaths could be prevented each year in England<sup>1</sup>. The ASPIRE team is working with your practice to help more of your patients receive recommended treatment and lower the risk of avoidable, life-changing strokes.

You now need a good justification for **NOT** anticoagulating in patients with AF at risk of stroke. NICE recommend either vitamin K antagonists (e.g. warfarin) or non-vitamin K antagonists (NOACs; e.g. apixaban, dabigatran or rivaroxaban). As with all treatment options, there are advantages and disadvantages associated with each; patients should be allowed to make an informed decision on their treatment.

There are things you can do to reduce your patients' risk of stroke. ASPIRE offers quarterly comparative feedback, practice educational meetings, computerised searches to identify patients, and additional pharmacist support to review patient notes. You can use any of these as you wish to improve your levels of evidence-based care.

Please share and discuss your data with your team. We will also send you ten copies of this report. If you require more copies of this or previous reports, or have any other queries about ASPIRE, please contact Dr Tom Willis ([aspire@leeds.ac.uk](mailto:aspire@leeds.ac.uk); 0113 343 6731).

Yours sincerely



**Dr Robbie Foy**  
General Practitioner & Professor of Primary Care on behalf of the ASPIRE team

### Why does appropriate treatment of atrial fibrillation matter?

**Anticoagulation treatment significantly reduces the risk of stroke in AF patients.**

**Efforts to increase anticoagulation therapy can help to reduce the burden to patients and the service<sup>2</sup>.**

For more information on ASPIRE, please see <http://medhealth.leeds.ac.uk/aspire>

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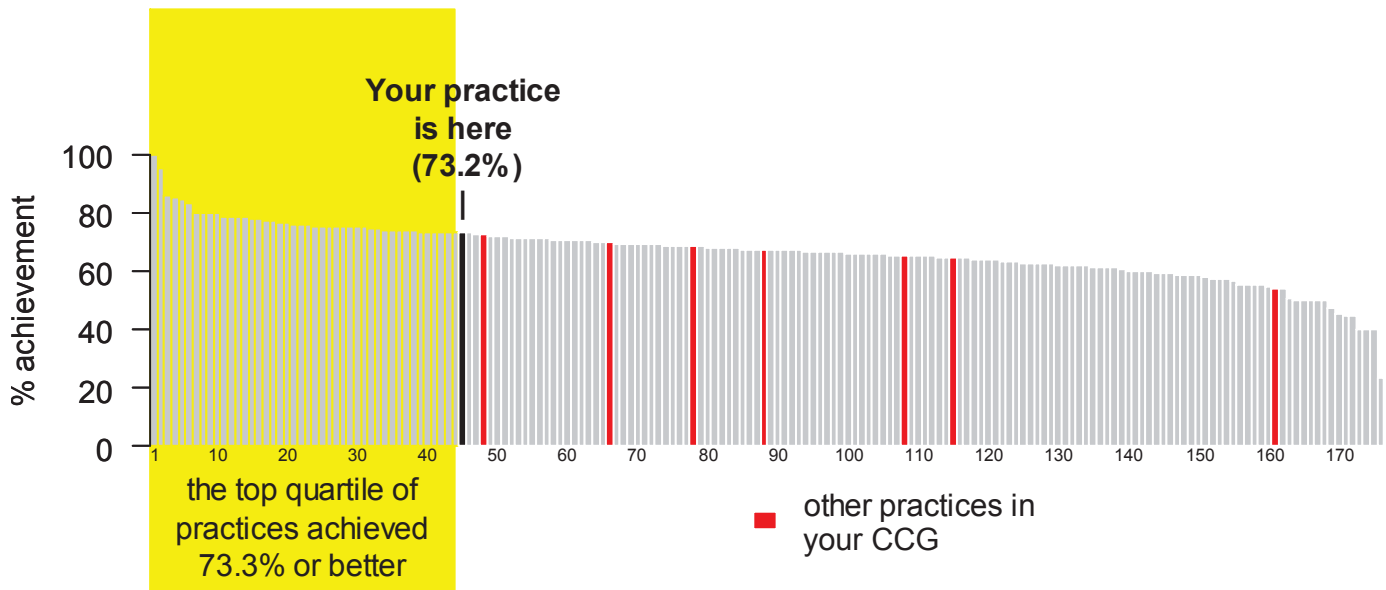
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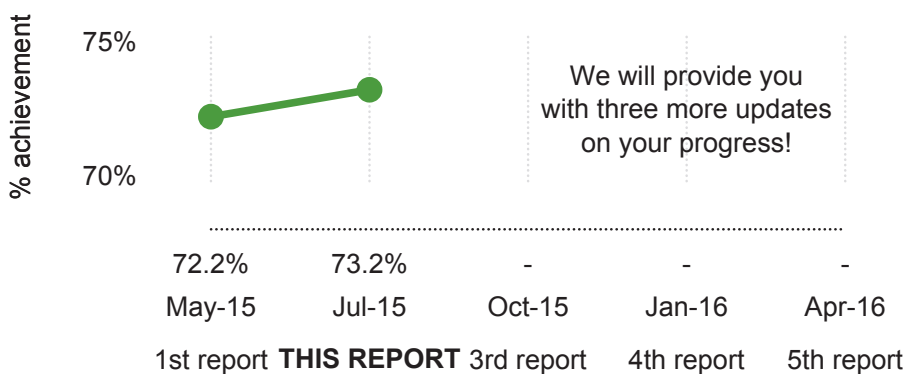
# How well is your practice doing?

## Achievement in participating practices across West Yorkshire June 2014 to June 2015

- Your practice (black bar) and % achievement (73.2%)
- Achievement throughout West Yorkshire overall (range 0 to 100%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 73.3% or above)
- Other practices within your CCG (red bars, n=7)



### What has changed?



Your achievement rose by

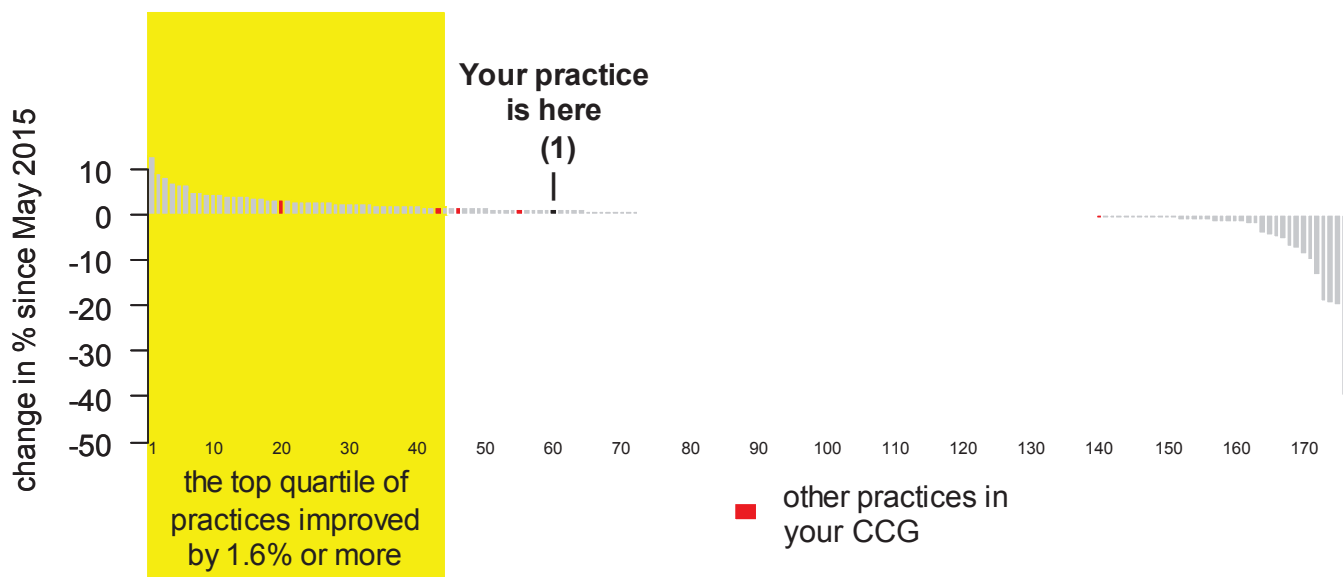
**1%**

Now, 180 out of 246 patients are in line with evidence-based targets whilst 66 could benefit from further action.

Congratulations! Please share these data with your colleagues. Your team are reducing the risk of stroke for your AF patients. Can you identify what has had the most impact? Please review your action plan to ensure this improvement continues.

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## What have other West Yorkshire practices achieved in three months?



## Where can we take action?



Indicators (for patients with atrial fibrillation)	Proportion of patients (%)	Change in proportion since May 2015	Number of patients	Number of patients to be reviewed	Proportion of patients to be reviewed (%)
AF register + male + CHA2DS2-VASc score = 1 + receiving anticoagulation	47.1	+17.7	8/17	9	52.9
AF register + male + CHA2DS2-VASc score = 1 + receiving anticoagulation OR contraindication for anticoagulation	47.1	+11.8	8/17	9	52.9
AF register + CHA2DS2-VASc score = 2 or higher + receiving anticoagulation	75.1	-0.3	172/229	57	24.9
AF register + CHA2DS2-VASc score = 2 or higher + receiving anticoagulation OR contraindication for anticoagulation	81.7	-0.9	187/229	42	18.3
<b>Combined indicators</b>	<b>73.2</b>	<b>+1</b>	<b>180/246</b>	<b>66</b>	<b>26.8</b>

## References

1. National Institute for Health and Care Excellence. Atrial fibrillation: the management of atrial fibrillation. 2014 [cited 2015 08/06/2015]; Available from: <https://www.nice.org.uk/guidance/cg180>.
2. National Audit Office, Progress in improving stroke care, Department of Health, Editor. 2010, The Stationery Office: London.

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## What will you do next to prevent an avoidable stroke in patients with atrial fibrillation?



- Identify a lead clinician who can take action on this.
- Disseminate this report to all relevant colleagues.
- Contact Naila Hussain at Prescribing Support Services (01274 299 536; [aspire.admin@nhs.net](mailto:aspire.admin@nhs.net)) to arrange a convenient time for a 30 minute outreach session to create a plan for action and a follow-up visit to maintain achievements.



- Run the SystmOne searches to create a list of AF patients whose treatment may need to be reviewed. Patient eligibility and relative contraindications can change over time. Consider reassessing patients you have reviewed before.
- We have made these available within SystmOne and sent instructions on how to action them. Please contact [aspire@leeds.ac.uk](mailto:aspire@leeds.ac.uk) if you have any queries.
- Consider other sources of help in your local area, such as your local Medicines Management Team.
- Access other resources, such as the AF Association website, which has resources for both clinicians and patients <http://www.atrialfibrillation.org.uk/>



- Discuss current practice within a team meeting to identify what could be changed or improved. Our outreach facilitators can help with this discussion.
- Use the action plan template to create a plan for reviewing your AF patients at risk of stroke.
- Significant event audit reports (2 or 4 pages) to support practice discussion will be introduced at your outreach visit or are available from [aspire@leeds.ac.uk](mailto:aspire@leeds.ac.uk). These could be used as a basis for discussion at team meetings and may provide evidence for revalidation.
- Up to two days of pharmacist support to review patient notes will be offered at your outreach visit or contact [aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) to arrange.

## Frequently Asked Questions

Since the last report in May 2015, we have received some questions relating to the data and/or ASPIRE in general. We have collated the most common queries and our responses below:

### • Where do these data come from?

These data were extracted from SystmOne in July 2015 by the NHS Yorkshire & Humber Commissioning Support Unit and cover June 2014 – June 2015. The ASPIRE team have created a bespoke search for each indicator that goes beyond QOF codes to capture the intricate ways that clinicians code patient data. We have made searches available on SystmOne so that you can identify relevant patients – please contact [aspire@leeds.ac.uk](mailto:aspire@leeds.ac.uk) if you require more information.

### • Are there any financial benefits of participating?

We offer our resources free of charge to practices. We also offer a minor 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.

### • Why can't I produce the same numbers as the report?

It is important to remember that you may have changed patient care since we collected these data. SystmOne updates on a daily basis so it may not be possible to replicate the figures in your practice feedback reports.

### • How is ASPIRE funded?

ASPIRE is a five-year research programme funded by the National Institute for Health Research (NIHR). Grant Reference Number RP-PG-1209-10040. We have the support of all CCGs in West Yorkshire and our research involves over 200 general practices in the region.



**National Institute for  
Health Research**