UNIVERSITY OF LEEDS

ASPIRE
Action to Support Practices Implementing Research Evidence

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

1st report May 2015	2nd report July 2015	3rd report October 2015	4th report January 2016	5th report April 2016

Dear Practice Manager and colleagues

Practices across West Yorkshire are improving anticoagulation rates within their population of patients with atrial fibrillation (AF), reducing their risk of avoidable, life-changing strokes. The ASPIRE team is working with your practice to help achieve these goals for your patients. There are practical tools that you can access such as SystmOne searches and pharmacist support to identify relevant patients and review their care. We have provided examples of how other practices have used these tools to improve their patient care (see page 4).

We encourage practices to continue reviewing their management of patients with AF. Consider the latest clinical guidance (i.e. a good justification is required for **NOT** anticoagulating in patients with AF who are at risk of stroke[1]) and give your patients the opportunity to make an informed decision on their treatment. Be realistic in your action planning; carefully targeted efforts can still make an important difference to your patient outcomes.

Please share and discuss your practice 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**; 0113 343 6731).

Yours sincerely

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

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

Why review treatment of atrial fibrillation?

Appropriate use of anti-coagulation could reduce the risk of stroke by two thirds[2].

Around 25 strokes could be prevented yearly for every 1000 patients with AF given warfarin[3].

What have other practices taken advantage of?

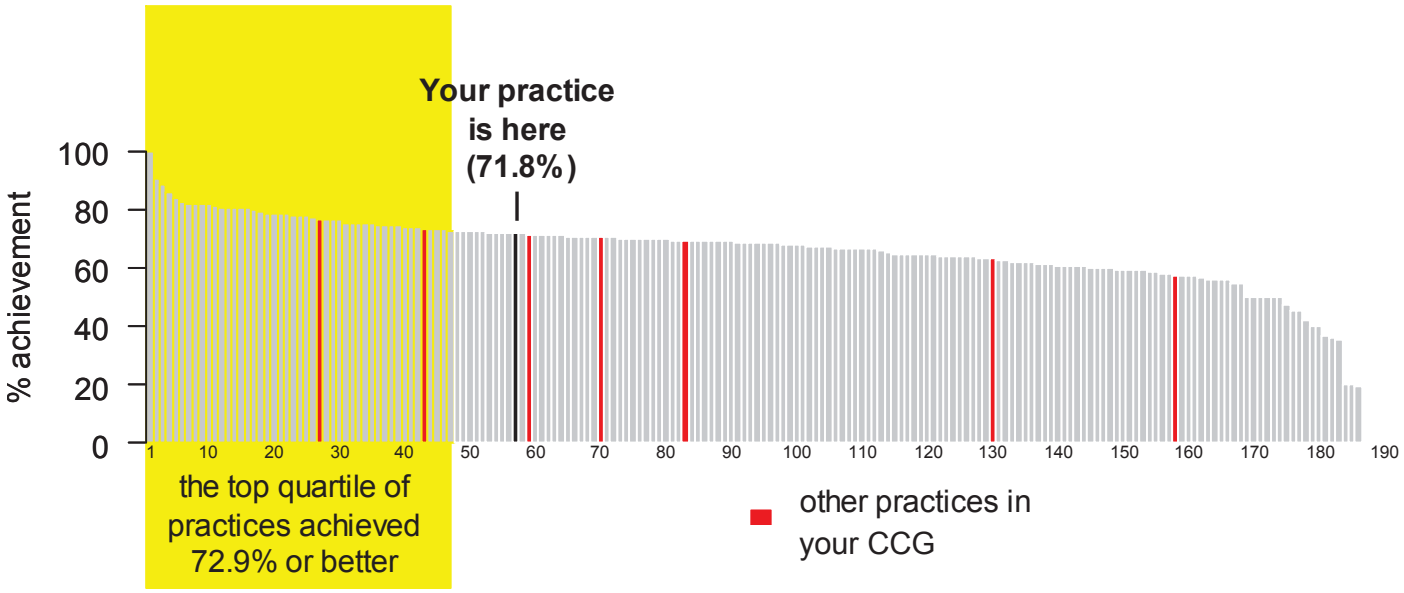
- Educational outreach meeting: a free, 30min, pharmacist-led meeting to review your data and identify plans for action. These meetings are only available for another five months. Contact Naila today (**aspire.admin@nhs.net** / 01274 299 536).
- SystmOne searches that allow you to identify patients who might be in need of review.
- Up to two days of pharmacist support to tailor these searches to your practice needs and review patient management.

NHS
National Institute for Health Research

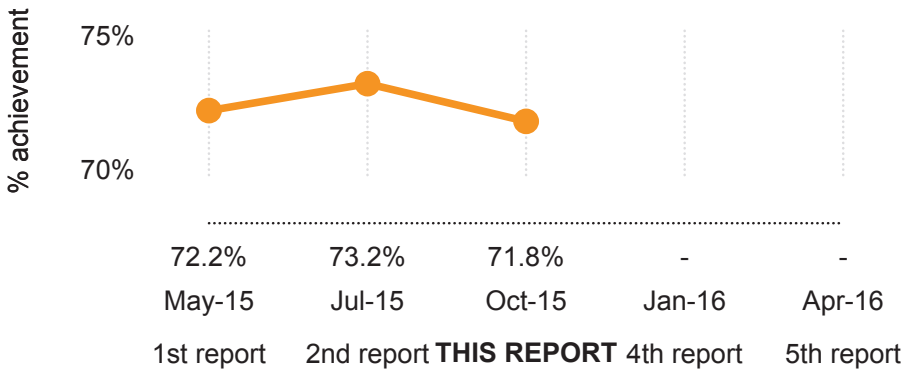
How well is your practice doing?

Current achievement in participating practices across West Yorkshire

- Your practice (black bar) and % achievement (71.8%)
- Achievement throughout West Yorkshire overall (range 0 to 100%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 72.9% or above)
- Other practices within your CCG (red bars, n=7)



What has changed?



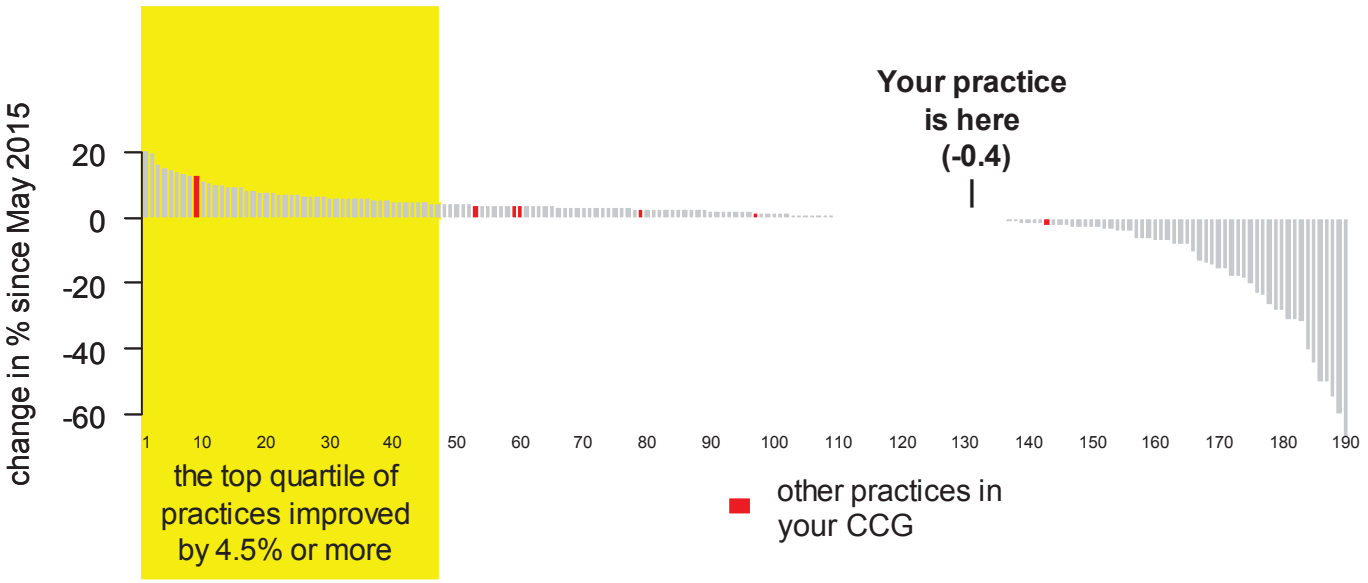
Your achievement fell by

0.4%

since May 2015.
Now, 191 out of 266 patients are in line with evidence-based targets whilst 75 could benefit from further action.

Don't be disheartened. These data cover a twelve month period (June 2014 - June 2015). The time since the last report may have been too brief a period to see an improvement in the number of eligible patients treated with anticoagulants. You may see changes in the individual indicators in the next table. Can you identify what worked and did not work for your team over the last three months regarding anticoagulation therapy for patients at risk of stroke? Can you create a manageable target for change that could prevent one more stroke? You can use the attached action plan to help with this.

What have other West Yorkshire practices achieved in six months?



Where can we take action?

Indicators (for patients with atrial fibrillation)	Proportion of patients (%)	Your Progress: Change in proportion since May 2015	Number of patients	Data for Action Plan: Number of patients to be reviewed	Proportion of patients to be reviewed (%)
AF register + male + CHA2DS2-VASc score = 1 + receiving anticoagulation	**54.5**	**+25.1**	**12/22**	**10**	**45.5**
AF register + male + CHA2DS2-VASc score = 1 + receiving anticoagulation OR contraindication for anticoagulation	**59.1**	**+23.8**	**13/22**	**9**	**40.9**
AF register + CHA2DS2-VASc score = 2 or higher + receiving anticoagulation	**73.4**	**-2**	**179/244**	**65**	**26.6**
AF register + CHA2DS2-VASc score = 2 or higher + receiving anticoagulation OR contraindication for anticoagulation	**76.2**	**-6.4**	**186/244**	**58**	**23.8**
Combined indicator	**71.8**	**-0.4**	**191/266**	**75**	**28.2**

What courses of action could we take to prevent an avoidable stroke?

Use your action plan template to identify what will work for your practice team. Consider who can do each task and make full use of the entire team's specialist skills. Here are some suggestions, including examples used by other practices in ASPIRE.

Patient with AF at avoidable risk of stroke

STOP

How can we identify who is at risk?

GO

- Accept the ASPIRE organisational group request and run the SystmOne search to create a list of patients at risk.
- Use up to two days of free pharmacist support to run and review the results of these searches (contact ASPIRE to arrange this).
- If the searches reveal large numbers of patients consider a proportion of them, e.g. those not on any anticoagulation therapy or with higher CHA_2DS_2-VASc scores.
- What is the simplest thing that you can do now? What is the most manageable task you can do most consistently over time?

STOP

How can we discuss anticoagulation with patients?

GO

- Consider the benefits and risks for each individual patient. There are often misconceptions about anticoagulation and bleed risk, but most eligible patients should be considered for anticoagulation[4]
- Task administrative team to set up treatment.
- Discuss benefits/risks with patient.

STOP

Are you clear on the procedures/pathways for referring to anticoagulation clinic?

GO

- Consider using a staff meeting / educational session to clarify procedures and pathways.
- Telephone consultations can often be arranged instead of hospital visits.

Anticoagulation reduces stroke risk by about two thirds

Frequently Asked Questions

Since earlier reports, you have raised some questions about the data and/or ASPIRE in general:

• What will happen in the educational outreach meeting?

During a 30 minute practice meeting we can review your achievement data, identify what works in your practice, identify realistic priorities for action and help you to create a manageable plan to improve the care of your patients. We can come back at a later date to review what's worked and help you improve further. Please contact **aspire.admin@nhs.net** to arrange a convenient time.

• We are simply too busy – what can you do to help?

We can offer up to two days of pharmacist support to identify your patients and review their risk – please contact **aspire.admin@nhs.net** to arrange this. We offer our resources free of charge to practices. We also offer a modest 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.

References

1. National Institute for Health and Care Excellence. Atrial fibrillation: the management of atrial fibrillation. 2014. Available from: **https://www.nice.org.uk/guidance/cg180**.
2. Ruff, C.T., et al. Comparison of the efficacy and safety of new oral anticoagulants with warfarin in patients with atrial fibrillation: a meta-analysis of randomised trials. Lancet 2014; 15; 383 (9921): 955-62
3. Aguilar MI, Hart R. Oral anticoagulants for preventing stroke in patients with non-valvular atrial fibrillation and no previous history of stroke or transient ischemic attacks. Cochrane Database of Systematic Reviews 2005; Issue 3. Art. No.: CD001927. DOI: 10.1002/14651858.CD001927.pub2
4. Olesen, JB, et al. Validation of risk stratification schemes for predicting stroke and thromboembolism in patients with atrial fibrillation: nationwide cohort study. BMJ 2011; 342: d124.