



Wessex AHSN: Joint working agreements with pharmaceutical companies

Project title

Education and support for the implementation of AliveCor mobile ECG devices across Wessex.

Organisations involved

Pfizer Limited/Wessex Academic Health Science Network

Summary

As part of the Accelerated Access Review NHS England has funded roll out of Mobile ECG Devices as part of the Integrated Technology Tariff. Our Atrial Fibrillation Professional Advisory Group has chosen the AliveCor Mobile ECG device for Wessex.

These devices will be used across Wessex in GP surgeries, community pharmacies, outpatient clinics, and home settings to detect AF and other heart rhythm abnormalities.

Background

There are a potential 23,000 people in Wessex with atrial fibrillation (AF) who have not been diagnosed. Atrial Fibrillation is present in 1:25 of the population, becomes more common as people age and is present in 10% of over 75s and 18% of over 85s.

AF is often asymptomatic or may present intermittently. Early detection and initiation of anticoagulant therapy reduces the risk of stroke and the morbidity associated with stroke if it does occur. By training professionals to use the AliveCor devices, and ensuring that patients with a positive result are managed on an anticoagulation pathway, this work will improve patient outcomes, save lives and reduce strokes.

Project approach

To ensure that these devices are deployed in a robust and effective way a project manager is required to a) develop a pack of educational materials and implementation resources and b) to support organisations to implement the devices. The project manager will develop the educational and practical resource pack by collating existing good practice, and supplementing where needed.

They will also work with all 17 organisations in Wessex who have applied for the devices, to support the roll out, evaluation and monitoring of the device use; deliver webinars and other training sessions; collate metrics and case studies and share learning to maximise use and patient management in all settings.



Project objectives

The project aims to:

- Increase the detection of AF through effective implementation of AliveCor devices in a range of settings
- Increase the number of people diagnosed and commenced on anticoagulation, thereby reducing the incidence of stroke, morbidity and mortality
- To ensure that effective projects are set up and linked to treatment pathways so that devices are used to their full potential.

The results of these projects will be shared in several ways. Locally, the project manager will be leading webinars to bring project staff together and undertake shared learning and successes. Resources will be hosted on Wessex AHSN website and publicity of the work will be via the AF newsletter, case studies of best practice from all 17 local organisations involved in AliveCor implementation. We also meet regularly with CCG Heads of Medicines Management, and Acute Trust Chief Pharmacists to share the work.

Through the national AHSN Network, all results and measures will be reported centrally to develop a national picture. The AHSN AF Community of Practice will hold regular webinars and during the project to share learning and resources between AHSNs.

The resource pack will be available to all AHSNs and organisations to support the ongoing deployment of AliveCor Mobile ECG devices.

Benefits

Not only are strokes tragic, fatal and debilitating, they are extremely expensive. It has been estimated that a single stroke directly costs the NHS between £9,500 and £14,000.

The use of AliveCor devices will improve detection rates, and we expect around 1% of those screened to have a confirmed diagnosis. It is difficult to put definite numbers to the screening rates as the organisations are using the devices in different settings and for different purposes, eg flu clinics, over 75s health checks, to identify intermittent palpitations and in community pharmacies.

People with atrial fibrillation tend to have more severe strokes with worse outcomes which are consequently more expensive to patients their families and NHS and Social Care. AF strokes are cardioembolic which leads the increased risk of more brain damage, and AF almost doubles the death rate from stroke.

Through increased detection and diagnosis rates patients can be commenced on anticoagulation and their risk of stroke reduced.

Funding

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