



## Wessex AHSN: Joint working agreements with pharmaceutical companies

### Project title

Improving the Identification and Management of Patients with Atrial Fibrillation (AF) in Order to Reduce Stroke Risk (Dorset Project)

### Organisations involved

Pfizer Limited/Bristol Myers Squibb/The AHSN Network

### Summary

Protection of patients with Atrial Fibrillation in Primary Care: Outreach education through clinical consultations to develop anticoagulant consultation and decision making skills.

### Background

Patients with AF have a 5-fold increased risk of stroke compared with patients without AF. Clinical outcomes in terms of increased disability are considerably worse for AF associated stroke and mortality from stroke is doubled in patients with AF.

Overall, 15% of strokes are caused by AF, but AF is the predominant cause of stroke in the elderly. Ensuring that patients are effectively anticoagulated is a key part of the reduction in stroke.

Dorset CCG has 10% more people aged over 65 than the national average and double the over 85 population, meaning there are a greater number of people at risk of stroke. There are 20,088 people on the AF register and approximately 5900 with AF who have not been diagnosed. Of the 16,652 patients eligible for anticoagulation, 7935 are either not anticoagulated or not adequately anticoagulated.

Anticoagulation therapy has become more complex since the introduction of Direct Oral Anticoagulants (DOACS) and some GP's lack confidence in anticoagulant prescribing and discussions to aid patient choice.

The goal of this project is to optimise the anticoagulation of the patients who are either not anticoagulated or ineffectively treated, whilst increasing knowledge and skills of GPs and/or Practice Pharmacists in anticoagulation discussions.

### Project approach

Anticoagulation Specialists will work with GPs/ practice pharmacists to identify and review patients either virtually or face to face.

Clinical audits identify patients needing review, and the list is assessed by the GP and pharmacist. Further to discussion with the anticoagulation specialist, patients are grouped to either receive



treatment advice from the specialist which is delivered by the GP/pharmacist, or invited to a clinic at the practice where the anticoagulation specialist will review patients alongside the GP/pharmacist.

The patient receives a patient centred review and jointly agreed anticoagulant treatment, while the GP/pharmacist is supported to learn about patient centred anticoagulant prescribing. The Keele Decision support tool and other existing tools to help clinician and patient decision making will be used as appropriate.

Assessment of impact will be through:

- Stroke data;
- Metrics on patients reviewed and anticoagulated;
- Qualitative evaluation of GP/pharmacist knowledge and review of Practice data with GRASP AF and Warfarin Patient Safety Audits.

## Project objectives

- To increase the knowledge and skills of General Practitioners and Practice Pharmacists to enable them to initiate and manage anticoagulation in AF effectively and in line with evidence based practice.
- To identify and review patients who are diagnosed with AF but either not on anticoagulation, are sub optimally treated or receiving anti-platelets alone, and develop patient centred treatment plans to reduce their risk of stroke.

## Benefits

The target audience is clinicians, specifically GPs and Practice Pharmacists, and patients with AF. All are expected to benefit. Current patients, by having their anticoagulation optimised, clinicians through the acquisition of skills and knowledge to manage anticoagulation, and future patients who will benefit from the clinicians enhanced knowledge and skills. Our learning from this approach will enable us to build a model of practice which we can share with other CCGs.

## Funding

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