



Wessex
Academic Health
Science Network

Wessex AHSN
Atrial Fibrillation
Newsletter
Issue 7 Spring 2018



Welcome to the second newsletter of the Wessex AHSN Atrial Fibrillation Programme. We have had a busy few months as:

- we have completed a series of evening training sessions on patient centred anticoagulation, which has seen NMS rates across Wessex increase by 5%;
- in March we received 340 AliveCor Mobile ECG devices as part of the NHS England Innovation and Technology Tariff. These are just starting to be introduced locally into hospitals and GP practices. More information can be found at the end of this newsletter; and
- we are delighted to say that our **Starting Anticoagulation with Jack** film won an award from 4 patient charities for its help and support for patients;

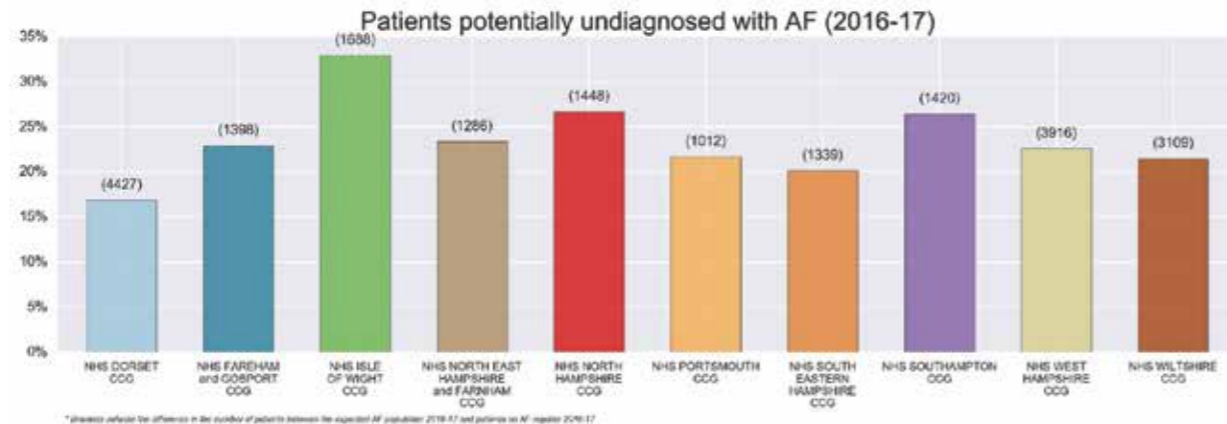
In this edition we focus on data to highlight why AF is such an important condition and the reason that all 15 AHSNs and NHS England are targeting it.

Key areas are to **DETECT** people with AF, **PROTECT** them from the risks of stroke by starting anticoagulant therapy, and **PERFECT** the effective treatment of those already diagnosed with AF.

DETECT

AF becomes more common as people age. It affects approximately 10% of the population aged over 75 and 18% of those over 85. In Wessex we have areas with a much older than average population, in particular on the Isle of Wight and in Dorset, so detection of AF is key in preventing stroke and the trauma associated with having a stroke.

Patients with AF have a 5-fold increased chance of having a stroke and poorer outcomes, compared with those who have a stroke but do not have AF. The average acute cost of a stroke is £12,000, and the trauma and quality of life lost is enormous to individuals and their families.



The graph above highlights the anticipated numbers of patients currently undiagnosed with AF as a percentage of the Wessex CCGs' population. There are approximately 21,000 patients still to find, diagnose and treat within Wessex.

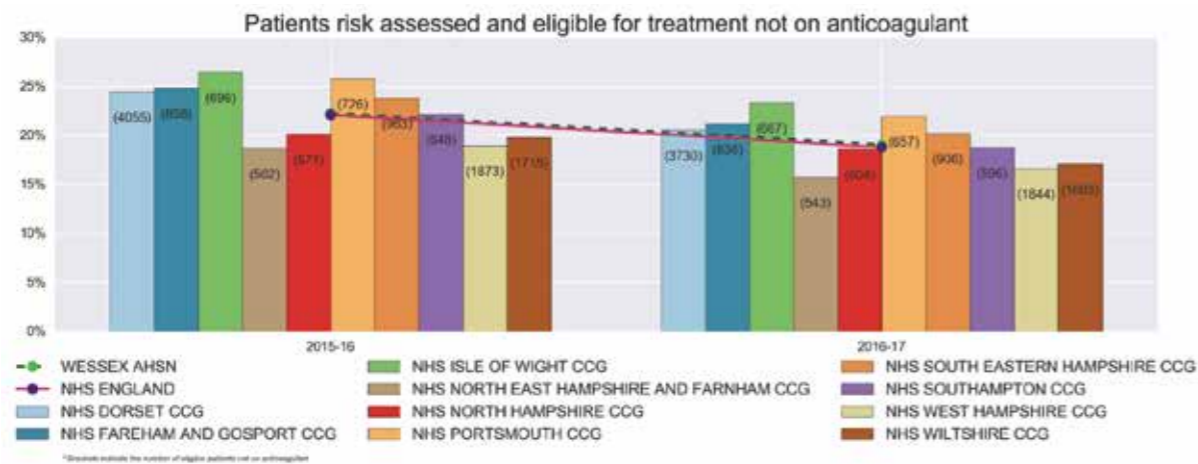
PROTECT

Mortality from stroke is doubled in patients with AF. Overall 15% of strokes across all ages are caused by AF with AF being the predominant cause of stroke in the elderly.

In 2015/16, over 2000 people in Wessex were known to have AF but were not on anticoagulation and had a stroke.

AF related stroke results in almost 43,000 bed days and 14,000 excess bed days in Wessex, and costs the NHS millions of pounds in acute care costs alone.

The graph shows the number of patients in Wessex diagnosed with AF and potentially eligible for anticoagulation but not treated.



In order to improve anticoagulation rates and clinical review we are working with Dorset CCG to provide medicines optimisation clinics within GP surgeries. Practices have been identified and a specialist team will be recruited to support the work. If you are interested in being involved or knowing more then please get in touch at: medicines.optimisation@wessexahsn.net

PERFECT



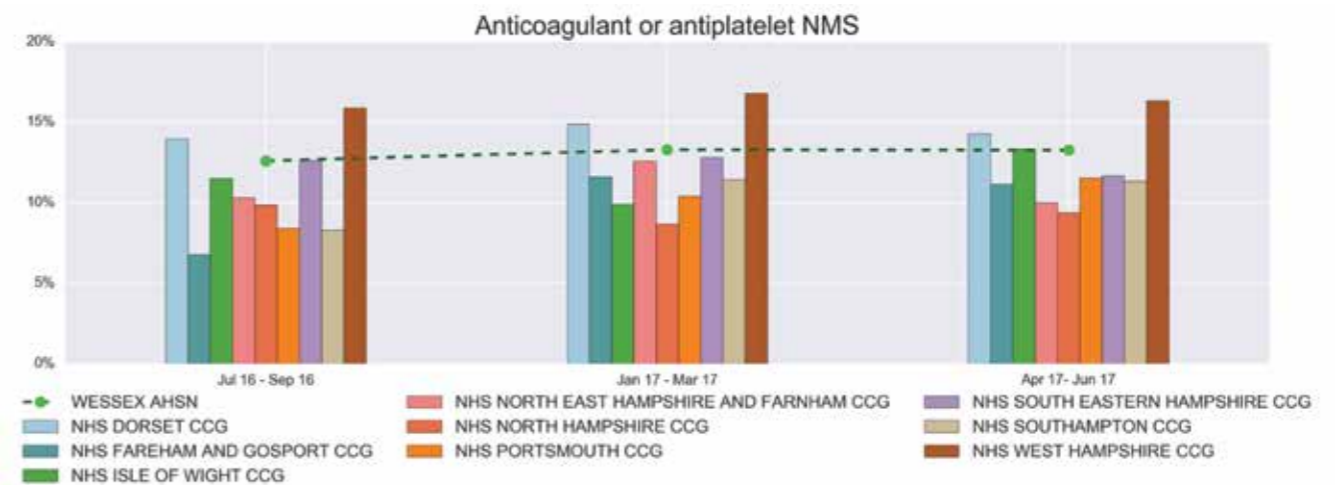
Jack

Taken correctly, anticoagulants reduce the risk of stroke by 66%. However, anticoagulants are complex and can be quite frightening for patients to consider and we know that some are not taking them as directed. Ten days after starting a medicine, almost one third of patients are already non-adherent. Of these 55% didn't realise they were not taking their medicines correctly and 45% are deliberately non-adherent. Pharmacist consultations improve outcomes. (*The Royal Pharmaceutical Society, Medicines Optimisation: Helping Patients to Make the Most of Medicines. 2013.*)

As a result, in collaboration with the Royal Pharmaceutical Society, Hampshire Hospitals NHS FT and Patient Charities, we have developed a short film, **Starting Anticoagulation With Jack**, to help patients understand anticoagulant therapy and why it is needed. The film explains clotting and why abnormal clots can form as people age. The different types of medicines are shown, and Jack and his son discuss common concerns, side effects and sources of support.

<http://wessexahsn.org.uk/projects/145/starting-anticoagulation-with-jack> is free for anyone to show, please let us know if you would like to use it in your locality.

The New Medicines Service (NMS) is a consultation service, provided by Community Pharmacists, for patients newly started on certain medicines. This service is funded by NHS England and has demonstrated a 10% improvement in adherence. NMS provides an excellent opportunity to assess side-effects, explain the risks and benefits and offer support to patients newly initiated on anticoagulation. Rates of NMS are increasing in the majority of CCGs in Wessex, as shown in the graph below.



Starting Anticoagulation with Jack video

AliveCor Roll-out



Following on from successful expressions of interest received in 2017, we are now in the process of rolling out AliveCor devices to practices and hospitals across Wessex.

We believe that implementation of these devices in long-term conditions clinics, to screen the over 65s population on a regular basis, will identify the majority of undiagnosed AF patients over the next 2-3 years. In order to achieve this, each device needs to be used approximately 5 times each day.

For more information and resources to support implementation, see our website at <http://wessexahsn.org.uk/projects/202/alivecor-rollout>

If you already have a Kardia AliveCor device, remember to register the device online so that you will get all the benefits.

Registering the device means that the results will also be included in the local and national evaluation.

CCGs: CCGs if you have programs in place then we can support you in delivering training and education. If you would like to run a program and have not applied so far then please do contact us

GP Practices: If you would like to increase the detection of AF in your practice and would like to access one of the AliveCor devices then please email us at medicines.optimisation@wessexahsn.net

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