NHS
Bath and North East Somerset
Clinical Commissioning Group

Stroke prevention in people with AF –
Improving primary care use of oral anticoagulation in Bath & North East Somerset through pharmacist led use of GRASP-AF audit

Thames Valley Strategic Clinical Network Conference 17th January 2017

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Why did the CCG focus on stroke prevention in 2014?

NICE CG180 Atrial fibrillation June 2014
and
RCP Sentinel Stroke National Audit Programme (SSNAP) 2014

Further CCG Indicators

Atrial Fibrillation

Prior anticoagulation for patients in AF admitted to hospital for stroke

SSNAP data has revealed major issues in primary and secondary care about ensuring that patients have effective secondary stroke prevention. Over one fifth of patients are in atrial fibrillation (AF) on admission. Only 48% of patients reported to be in AF on admission are taking anticoagulants. Unfortunately 25.3% are taking antiplatelet drugs alone which are considered ineffective for patients in AF. For more details on this key indicator see section 1 of this report.

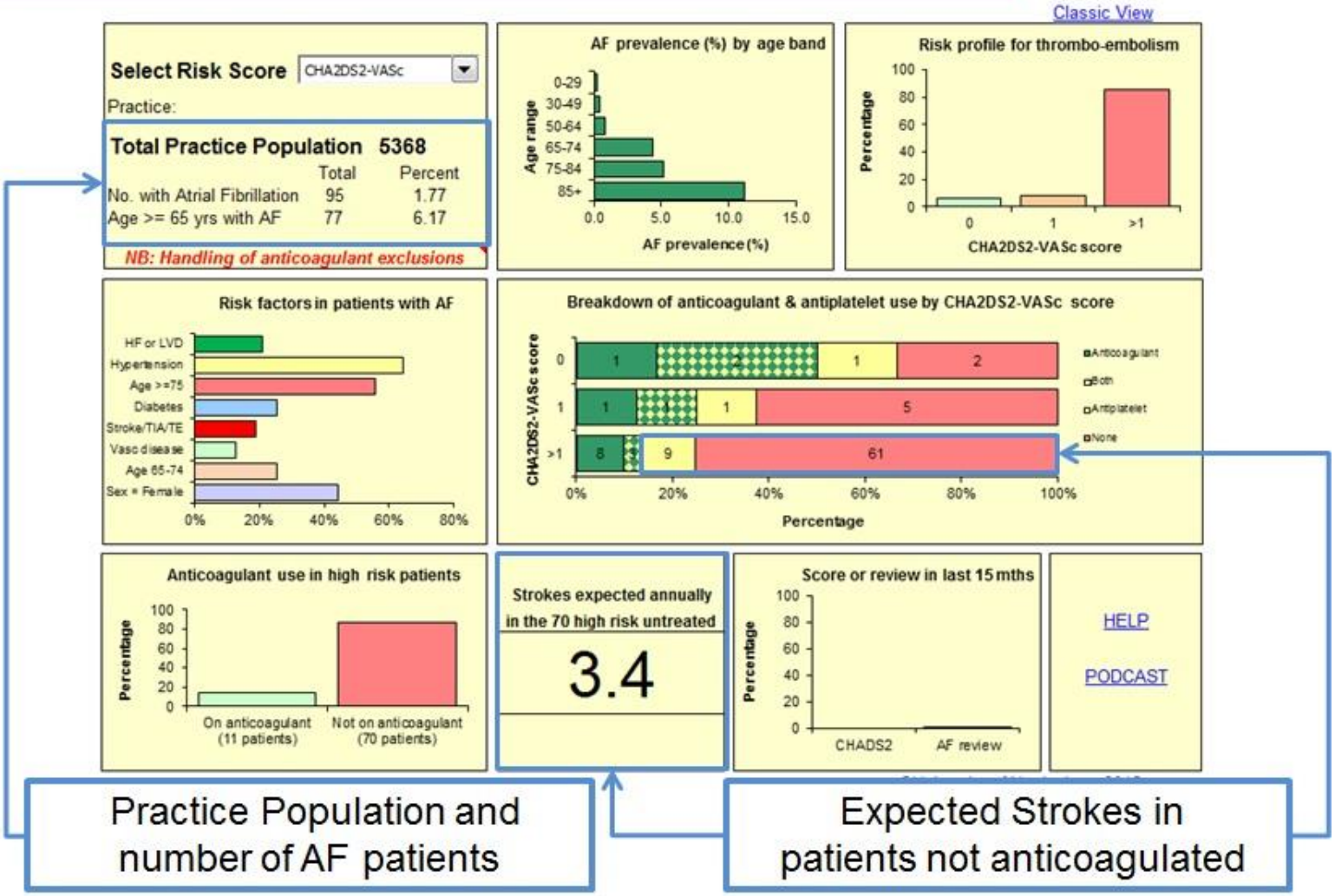
	April 2013 – March 2014	**April 2014 – March 2015**	**April 2015 – March 2016**
	N= 15248	N=16339	**N=16410**
Percentage of patients known to be in atrial fibrillation when admitted to hospital for stroke and prescribed anticoagulation prior to their stroke	38.3%	41.4%	**48.0%**

30%

Improving primary care use of oral anticoagulation

- Prescribing incentive scheme 2014-15
- Updated local formulary guidelines to include stroke risk scoring & prescribing decision support tools as novel direct acting oral anticoagulants were introduced
- Introduced audit using PRIMIS GRASP-AF tool in all 27 GP practices in Oct 2014
- Used the CCG funded practice based pharmacists in all GP practices to drive change through use of the GRASP-AF tool data

GRASP-AF Practice Overview Dashboard



Improving primary care use of oral anticoagulation

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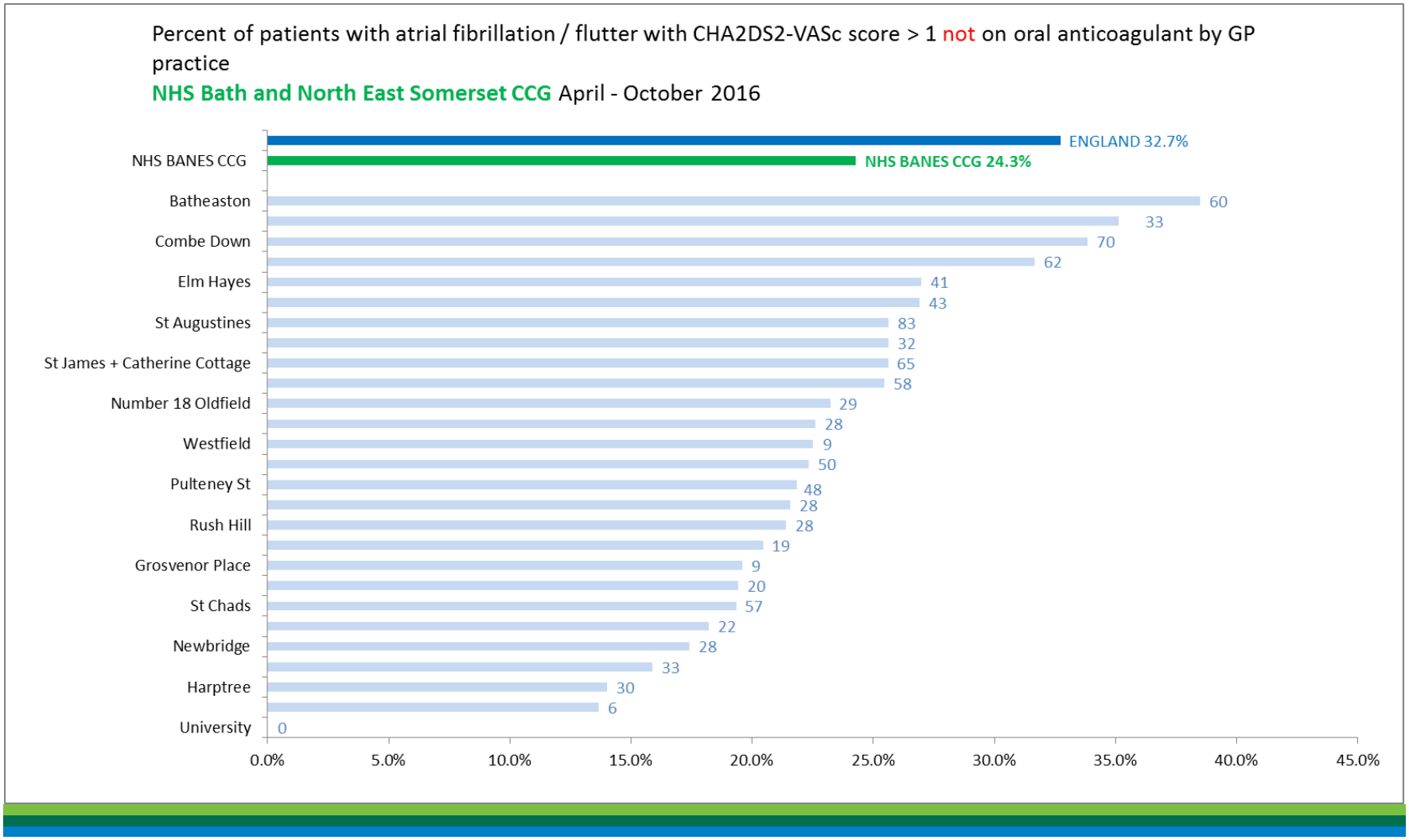
- Introduced audit using PRIMIS GRASP-AF tool in all 27 GP practices in Oct 2014
- Used the CCG funded practice based pharmacists in all GP practices to drive change through use of the GRASP-AF tool data
- Used the case finder function to offer more people oral anticoagulation
- Communication & education for GPs and pharmacists & patients
- Encouraged the use of shared decision making - NICE CG180 Patient Decision Aid
- Asked patients prescribed warfarin about their experience of INR monitoring

How well is this approach working?

Number of people who	April 2014 to Oct 2014	6 months later Mar 2015	24 months later Oct 2016	Change in 24 months
Were coded AF/flutter	4142	4181	4774	+ 632 2.27% prevalence
Scored high for stroke risk	3528	3558	4085	+ 557
Were not currently prescribed oral anticoagulation	1272 (36%) GP practice range (22 - 53%)	1093 (31%) GP practice range (16.5 - 46.5%)	991 (24%) GP practice range (13.6 - 38.5%)	- 281 and reduced variability between GP practices
Were expected to have a stroke	56	47	45	- 11

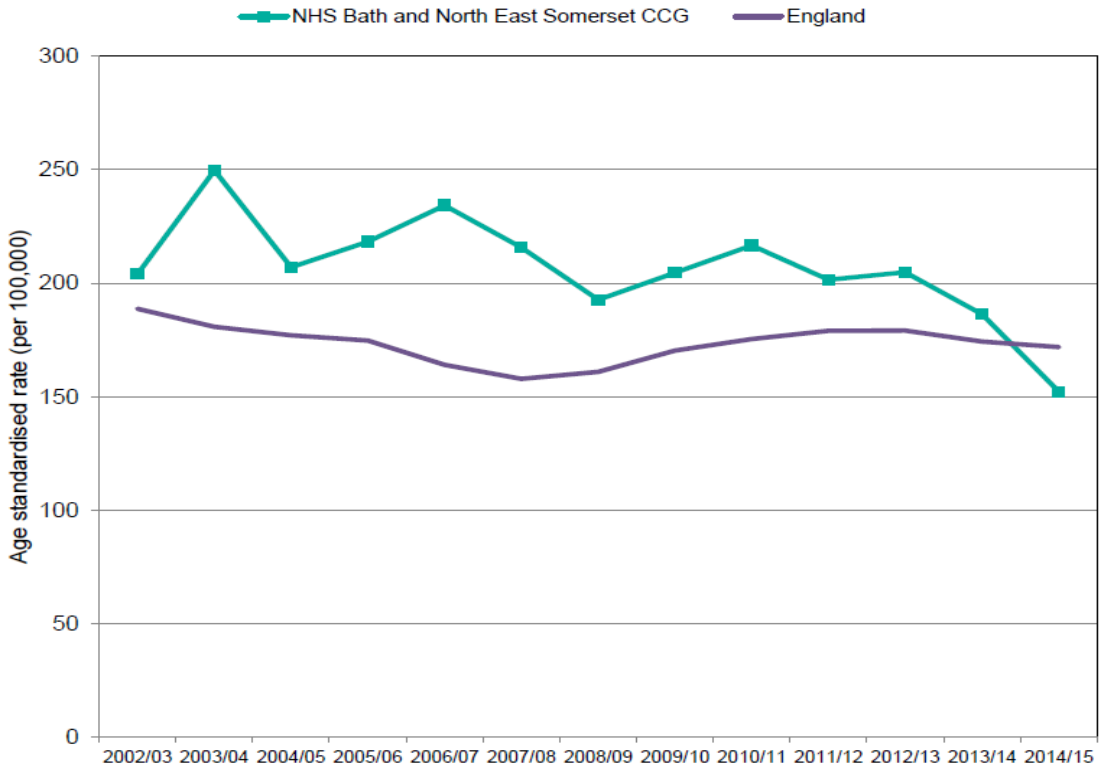
24 months later variability between GP practices has reduced and all have improved the proportion of high risk patients prescribed oral anticoagulants

991/ 4085 high risk patients are currently not prescribed oral anticoagulants



CVD: Primary Care Intelligence Packs May 2016 data set demonstrates the early impact of the CCG improvement programme on stroke admissions

Hospital admissions for stroke for all ages 2002/03 – 2014/15



- In NHS Bath and North East Somerset CCG, the hospital admission rate for stroke in 2014/15 was 152.3 (282) compared to 171.9 for England

Source: Hospital Episode Statistics (HES), 2002/03 - 2014/15, Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

Sentinel Stroke National Audit Programme (SSNAP) April – July 2016 CCG Outcomes Indicator Set shows improvement too

Prior anticoagulation for patients in known AF before stroke admission was 30% Q1 2014

April to July 2016: CCG Outcomes Indicator Set (OIS) and SSNAP Key Indicators

In this report, measures are divided into sections: "Care delivered with the first 72h", "Care delivered between 72h and discharge from inpatient care", "Care delivered after discharge from inpatient care", and "Further CCG/LHB indicators". All sections are based on patients either admitted to or discharged from inpatient care between April to July 2016.

	Percentage of applicable patients who are discharged with joint health and social care plan (CCG OIS - C3.7) (ref. J33.13)	%	90.4	94.8	90.9	100	100
Over 90% of inpatient stay on a stroke unit		n	22017	66	39	37	31
		d	26089	77	54	44	40
	Percentage of applicable patients who spend over 90% of their inpatient stay on a stroke unit (CCG OIS - C3.9) (ref. J8.11)	%	84.4	85.7	72.2	84.1	77.5
Further CCG/LHB indicators			**National**	**11E Bath and North East Somerset CCG**	**10M Newbury and District CCG**	**10N North and West Reading CCG**	**10W South Reading CCG**
Prior anticoagulation for patients in known AF before stroke admitted to hospital for stroke		n	2653	9	7	7	6
		d	5203	16	11	11	9
	Percentage of patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to their stroke (ref. F6.13)	%	51	56.3	63.6	63.6	66.7

Key success factors

- **Led by the CCG medicines management team** and sustained – now a continuous work programme
- **GRASP-AF audit tool** delivered a consistent patient data set at a practice level as well as standardised reporting metrics for use at CCG level
- **Implementation by practice based pharmacists** who were trained to use the GRASP-AF tool, and provide prescribing advice to align to NICE CG180
- **Engagement and support** at both a CCG and GP practice level through integration in the CCG prescribing incentive scheme and feedback at GP forums
- **Communication** across the health economy at all stages
- **Quality Improvement culture** to continually improve performance - currently implementing data reporting back to individual practices using run charts and posters

CVD: Primary Care Intelligence Packs May 2016

Stroke Prevention

Less than half of people with known AF admitted with stroke are on anticoagulant treatment at the time of their stroke.

Stroke is one of the leading causes of premature death and disability. Stroke is devastating for individuals and families and accounts for a substantial proportion of health and social care expenditure.

Atrial fibrillation increases the risk of stroke by a factor of 5, and strokes caused by AF are often more severe with higher mortality and greater disability.

Anticoagulation substantially reduces the risk of stroke in people with AF.

Despite this, AF is underdiagnosed and under treated: up to a third of people with AF are unaware they have the condition and even when diagnosed inadequate treatment is common – large numbers do not receive anticoagulants or have poor anticoagulant control.

What questions should we ask in our CCG?

1. For each indicator how wide is the variation in achievement and exception reporting?
2. How many people would benefit if all practices performed as well as the best?
3. How can we support practices who are average and below average to perform as well as the best in:
   - Detection of atrial fibrillation
   - Stroke prevention with anticoagulation

What might help?

- Increase opportunistic pulse checking especially in the over 65s
- Roll out GRASP-AF to identify people with AF who are undertreated
- Promote use of CHADS-VASC and HASBLED
- Roll out of Warfarin Patient Safety Audit Tool to ensure optimal time in therapeutic range for people on warfarin
- Disseminate latest evidence on risk-benefit balance for anticoagulants including the newer treatments (NOACs)
- Work with practices and local authorities to maximise uptake and follow up in the NHS Health Check

Live participation:
How to use Slido

- Open slido.com on your smartphone/laptop/tablet
- Enter the code: #Alf
- Click on the ‘Polls’ tab and vote

Stroke prevention in people with atrial fibrillation

Improving primary care use of oral anticoagulation in Bath and North East Somerset through pharmacist-led use of GRASP-AF audit.

Meet Alf:
You are Alf, a 76 year-old man with newly diagnosed Atrial Fibrillation (AF) and pre-existing hypertension, for which you are prescribed antihypertensive medication.

Your GP has explained what AF is, and why it increases your risk of a stroke, and you have been asked to consider the use of oral anticoagulation to reduce this risk of stroke. However, anticoagulants do carry a risk of causing major bleeding that can require admission to hospital.

You have taken the NICE patient decision aid home to read, and have returned to discuss the decision with your GP, who uses the graphics (shown overleaf) in the decision aid for your risk scores. You have been told your risk of ischaemic stroke score (**CHA_2DS_2-VASc**) is 3, and your risk of major bleeding score (HASBLED) is 2.

Clearly this is NOT how patients are managed in real life, but for today will illustrate how complex this decision is, in particular risk and benefit - how an individual's ability to understand risk and benefit matters, and how personal attitude to risk and benefit needs to be taken into account.

If you were Alf what decision would you make? Please look at this scenario and be ready to cast your answer to the question 'Did you choose to use oral anticoagulation to reduce your risk of stroke?' using **slido.com**.

Consider:
What issues mattered most to you?
What decision will you make?
How easy did you find the concept of possible benefit and harm when it's your care?
How useable and useful did you find the 'smiley faces' charts were for decision making?

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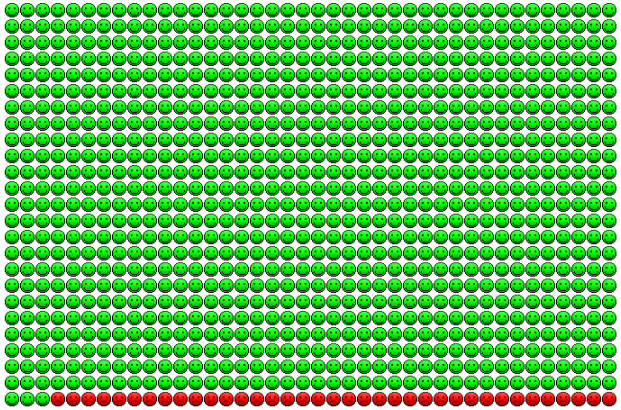
Atrial fibrillation: anticoagulant options decision aid NICECG180

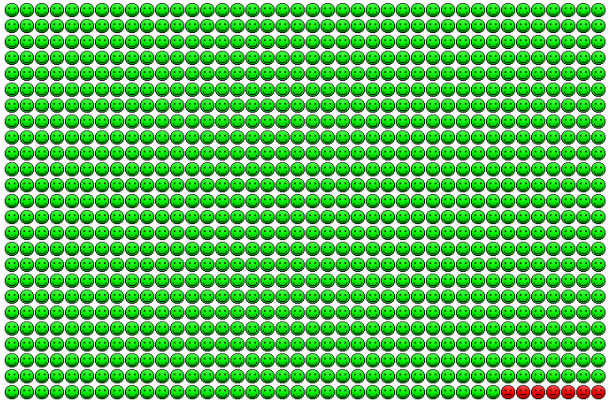
No treatment: CHA_2DS_2-VASc score 3



If 1000 people with AF and a CHA2DS2-VASc score of 3 take no anticoagulant, over 1 year on average:

- 963 people will not have an AF-related stroke (the green faces)
- 37 people will have an AF-related stroke (the red faces).

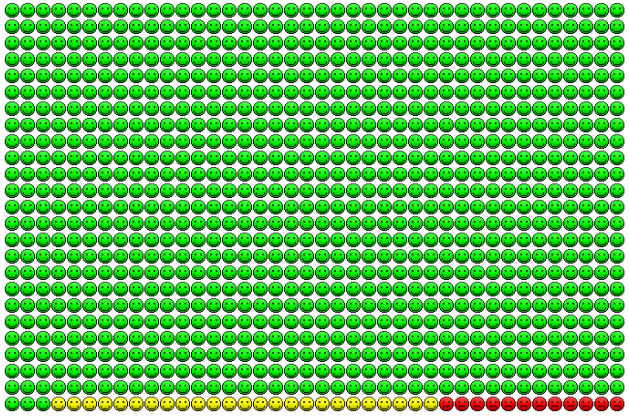
No treatment : HAS-BLED score 2



If 1000 people with AF and a HAS-BLED score of 2 take no anticoagulant, over 1 year on average:

- 993 people will not have a major bleed (the green faces)
- 7 people will have a major bleed (the red faces).

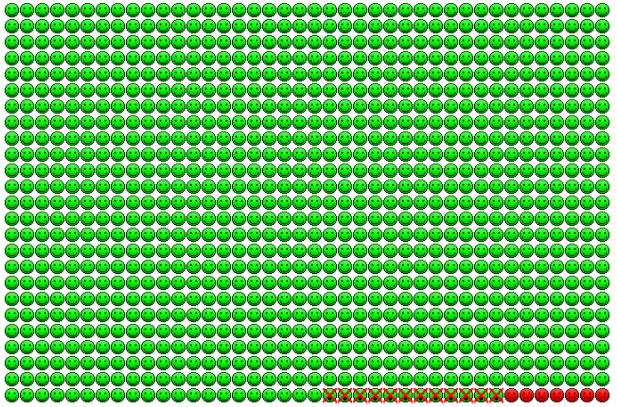
Anticoagulant: CHA_2DS_2-VASc score 3



If all 1000 people take an anticoagulant, over 1 year on average:

- 963 people will not have an AF-related stroke (the green faces), but would not have done anyway
- 25 people will be saved from having an AF-related stroke (the yellow faces)
- 12 people will still have an AF-related stroke (the red faces).

Anticoagulant: HAS-BLED score 2



If all 1000 people take an anticoagulant, over 1 year on average:

- 981 people will not have a major bleed (the green faces)
- 7 people will have a major bleed (the red faces)
- An extra 12 people will have a major bleed (the green faces with the red cross).

Sli.do results from the day

- **16 participants in the poll**
- **94% voted yes they did choose to use anticoagulation to reduce Alf's risk**
- **6% said they couldn't decide.**