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myth busters

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Atrial Fibrillation (AF) toolkit

Detect, Protect and Perfect

Working together across London to prevent AF related strokes

This toolkit provides methodologies, resources and support for commissioners and clinicians working to reduce AF related strokes

Get Started

CONTENTS

- Foreword and Introduction
- The AF Improvement Cycle
- Data (including all London CCGs AF infographics)
- Detect (including devices review)
- Protect
- Perfect
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FOREWORD

Every year in London about 2,000 (SSNAP 2015-2016) people get admitted to hospital with a stroke due to atrial fibrillation (AF). More than half of these people, despite being known to have AF before their stroke, are not receiving anticoagulation of any sort. Although we don't have the data it is likely that many of the people who are listed as having been prescribed warfarin are not in therapeutic range. A conservative estimate is that 625 people a year in London could have their stroke prevented with correct management.

Stroke caused by AF tends to be severe and is associated with significant mortality and morbidity. The average costs of both health and social care for stroke have recently been calculated to be an average of £44,434 over the first 5 years (data not yet public). The top priority for commissioners is to fund services that are most likely to improve the health and wellbeing of their population. However, this has to be done within the available budget. Detecting AF through opportunistic pulse checks would cost virtually nothing. Anticoagulating these patients requires effective delivery systems and enhanced communication between all those

responsible for patient care. Many patients can be managed perfectly well with warfarin, which is a cheap and effective anticoagulant when managed correctly. Increasingly, the advantages of the newer oral anticoagulants are being recognised by both clinicians and patients. Although these drugs are relatively expensive, the cost is considerably less than the costs for one person who experiences a stroke.

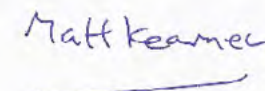
Failure to prescribe an important treatment needs to be seen as an error that is equally as serious as prescribing the wrong treatment. This toolkit provides useful information and support for those commissioning services for and treating people with AF in London. We hope that it will enable commissioners and clinicians in London to lead the way in showing that correct management of AF is not difficult to deliver, that in doing so we prevent a huge amount of suffering for individuals and their families and avoid an unnecessary burden on our health service.

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clinicians in London to lead the way in showing that correct management of AF is not difficult to deliver, that in doing so we prevent a huge amount of suffering for individuals and their families and avoid an unnecessary burden on our health service.



Tony Rudd CBE
National Clinical Director
for Stroke, NHS England



Matt Kearney
National Clinical Director
for cardiovascular
prevention, NHS
England



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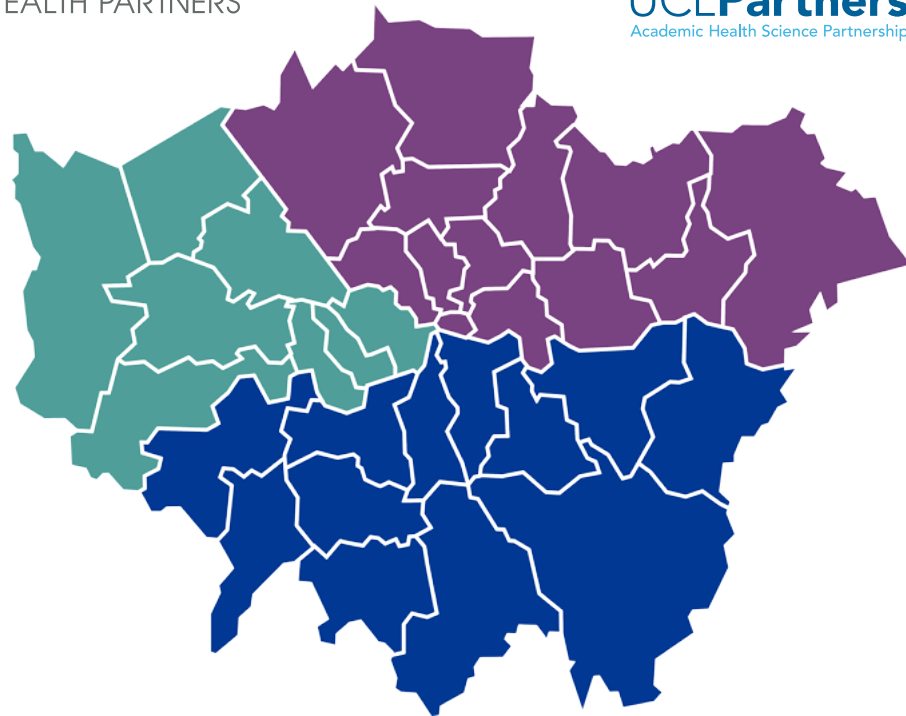
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London Clinical Networks

The pan-London AF Programme

There are 15 Academic Health Science Networks (AHSNs) established by NHS England with the aim to spread innovation at pace and scale, improving health and generating economic growth.

In addition across England there are 12 Clinical Networks which provide the clinical expertise and leadership to drive commissioning decision making, reduce variation and direct service improvement. The London Clinical Networks are focussed on specific areas of clinical care, including the London Stroke Clinical Network.

The London AHSNs **The Health Innovation Network**, **Imperial College Health Partners** and **University College London Partners**, have collaborated with the **London Stroke Clinical Network** to deliver a pan-London approach, working with clinical commissioning groups (CCGs) and providers to reduce AF related strokes.

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INTRODUCTION

and purpose

Within clinical and commissioning settings preventing AF related strokes is a priority. There is evidence of outstanding work delivered by the NHS, charities, and industry to improve AF care and outcomes for patients within London and nationally.

To ensure all commissioners and providers are aware of existing initiatives and accompanying resources this toolkit brings together a series of practical tools and case studies to inform those working on an AF project.

To navigate the available resources they are organised around the different parts of the AF pathway. There are three domains, **Detect**, **Protect** and **Perfect**. Within each domain there are three 'opportunities for improvement' in order to help determine where to focus improvement efforts.

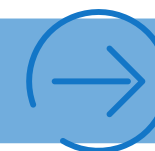
Whichever domain or opportunities for improvement you concentrate on, our **AF Improvement Cycle** is designed to inform you of the core elements that make up the foundations of an AF improvement project.

It is anticipated that this repository will continue to grow as further examples of great practice or new resources are published.

More information on the pan-London AF project can be found here in our position statement



The pan-London AF project team have developed AF quality standards and system level impact measures for prevention of AF related strokes



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Within the three AF domains Detect, Protect and Perfect we have highlighted nine opportunities for improvement. The AF Improvement Cycle on the following page provides a framework in which each opportunity for improvement should be considered.



FIND MORE

DETECT



TREAT MORE

PROTECT



TREAT BETTER

PERFECT



Awareness
campaigns



Pulse checks



Detection
devices



Increase anti-
coagulation



Initiate anti-
coagulation
in community
settings



Heart rate
and Rhythm
control



Excellence in
anticoagulant
care



Self-
management
and Self-
monitoring



Adherence
to oral
anticoagulant

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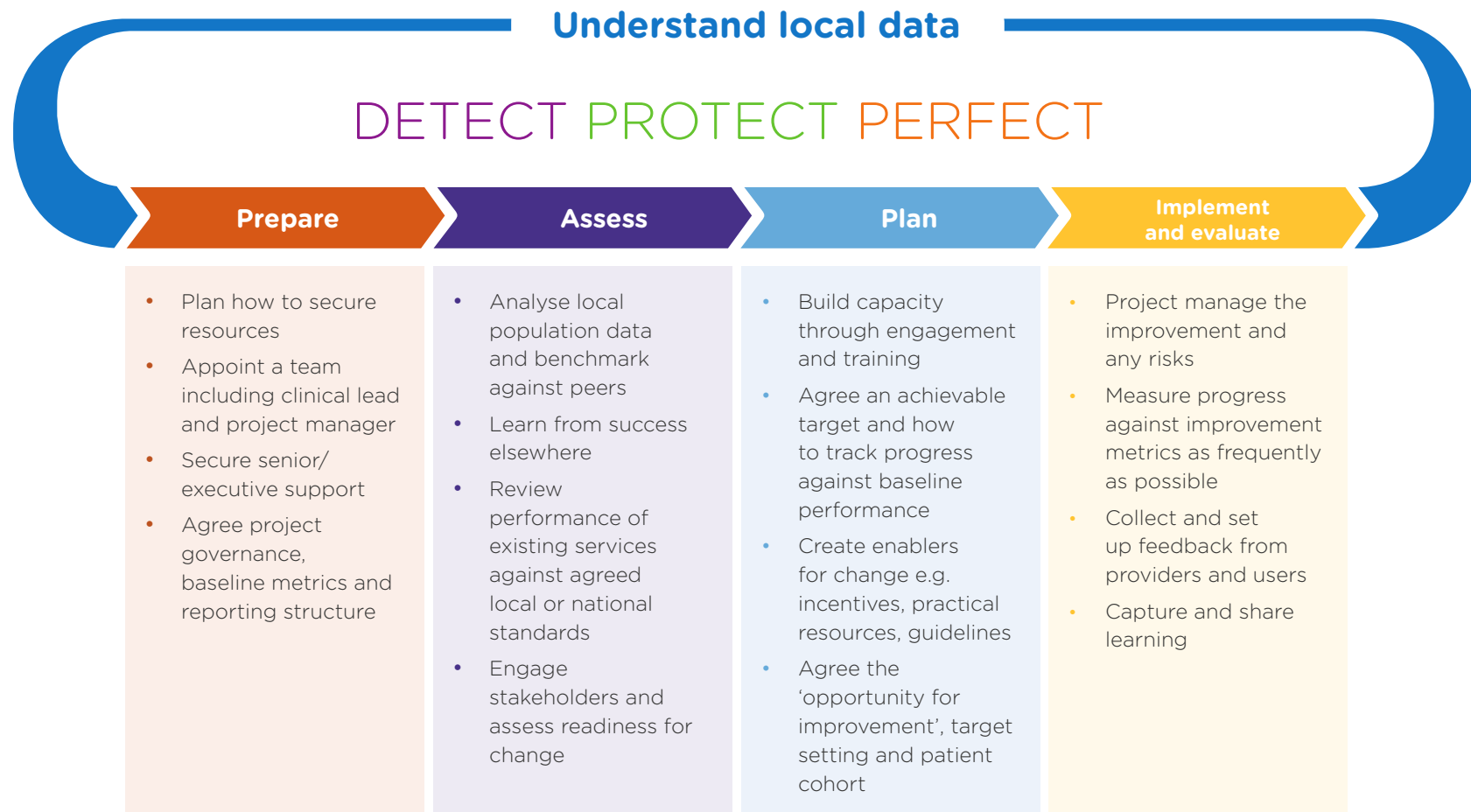
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The AF Improvement Cycle



This cycle has been developed through understanding the critical success factors within AF improvement work undertaken in London. It can be applied to any of the three AF domains.

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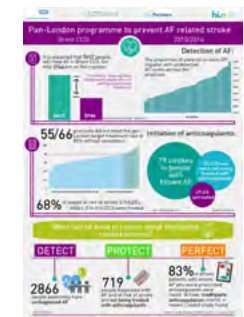
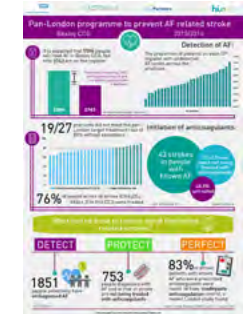
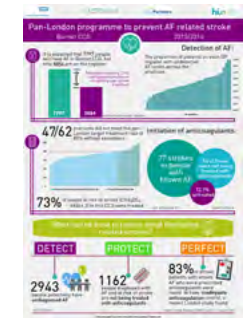
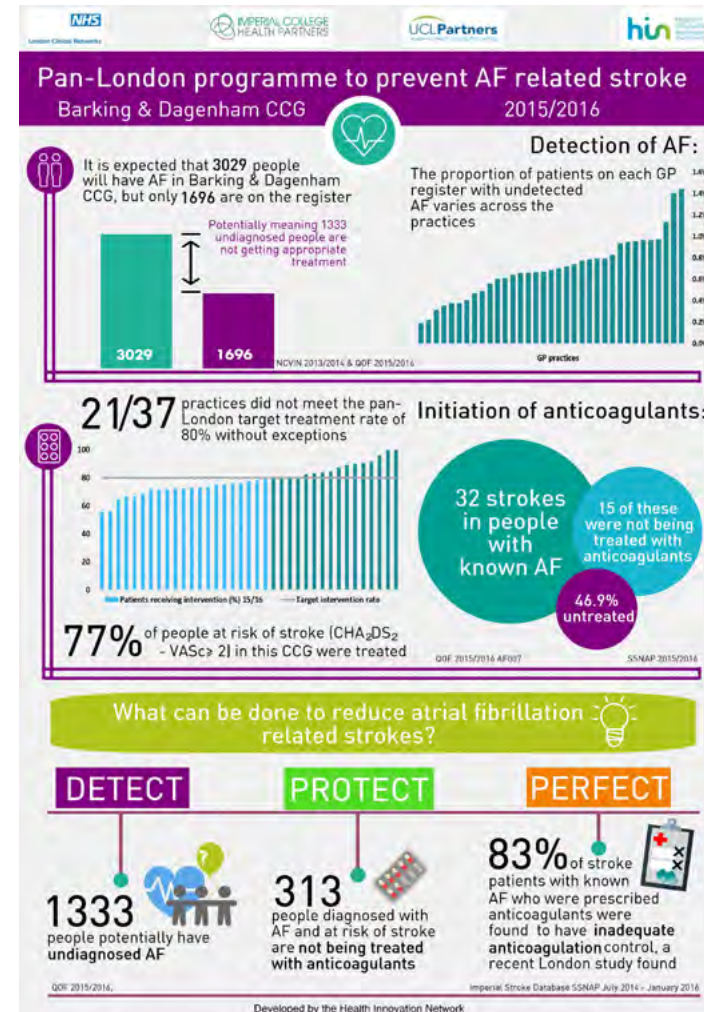
Understand your local population

The pan-London AF Programme have produced a series of infographics for each CCG using Quality and Outcomes Framework data (QOF), Sentinel Stroke National Audit Programme (SSNAP) and the National Cardiovascular Intelligence Network (NCVIN) data.

For each CCG the infographics outline:

- The proportion of patients on a GP register with AF compared to the expected prevalence
- The percentage of people with known AF at risk of stroke who are treated with anticoagulants
- The number of GP surgeries who treated at least 80% of their AF patients at risk of stroke with anticoagulants
- The number of strokes in people with known AF
- The percentage of those people who had a stroke with known AF, who were not receiving anticoagulation therapy

Click here to download your local CCG infographic



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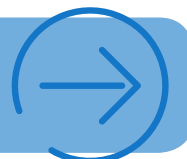
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Data - Understand your local population

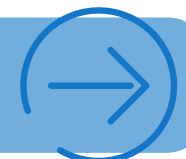
Understanding your local data is vital to identify areas for improvement and is the first step in any AF project.

Detect data FIND MORE	Protect data TREAT MORE	Perfect data TREAT BETTER
Understand the actual local prevalence of AF compared to the expected prevalence	Identify people with AF not receiving optimal anticoagulation	Gather local knowledge on anticoagulant services. Ensure you capture data on the following areas:
QOF data shows actual AF prevalence. For CCG level data select QOF 2015-16 prevalence, achievement as exceptions at CCG Level v2 Click here >	QOF data will show the proportion of patients with AF and at risk of stroke who are anticoagulated Click here >	<ul style="list-style-type: none"> • Criteria for referral (inclusion and exclusion) • Pathways (clinical and administrative) • Waiting times from referral to anticoagulant treatment • Time in Therapeutic Range (TTR) • Numbers of patients self-monitoring and self managing
The National Cardiovascular Intelligence Network (NCVIN) has produced models of expected prevalence of AF by CCG Click here >	Primary Care Intelligence Packs provide data on CVD prevention, detection and management Click here >	
Public Health England Health profiles give a snapshot of AF data for each local authority in England. Click here >	Sentinel Stroke National Audit Programme (SSNAP) will highlight the number of patients with known AF prior to their stroke who were not anticoagulated Click here >	The London Stroke Clinical Network has produced a checklist for excellence in anticoagulation which can be used to benchmark your service. See PDF >
Public health AF prevalence modelling Click here >	NHS RightCare CVD focus packs help CCGs identify 'what to change' by using data to identify improvement opportunities Click here >	AF quality metrics have been developed to support clinicians and commissioners to review care of people on local AF registers See PDF >

The NHS Specialist Pharmacy service outlines how to access and use the various data sources on medicines optimisation in AF, to assess the quality of care.



Cardiovascular disease prevention optimal value pathway This evidence based pathway has been produced by NHS RightCare



AF Business Case

Public Health England (PHE) and the Academic Health Science Networks have collaborated to develop the AF Care Pathway Business Case Model. This important tool uses local, publicly-reported data on AF to help each organisation identify opportunities for improving the identification and management of AF. The tool will also quantify the costs and savings associated with addressing these opportunities.

The business case assesses the potential gaps in:

- **Detecting** individuals with AF so that all those who need it have access to preventative care
- **Protecting** people with AF who are most at risk (those with a $CHA_2DS_2-VASc \geq 2$) by ensuring that all eligible patients have access to treatment with an anticoagulant
- **Perfecting** treatment approaches, to ensure optimal treatment for everyone with AF who is receiving an anticoagulant

Click here to access the business case template / budget impact website

If you would like support in generating your local business case using this tool please contact your local AHSN

AHSN Business Case: Improving AF Identification and Optimising Management to Prevent AF-Related Stroke
Report for <<organisation>>
Created by <<user>> on <<update>>

Executive summary

This business case for improved diagnosis and management of Atrial Fibrillation (AF) in <<organisation>> has been created using publicly available primary practice data (2015) for improvement in four key areas of AF management:

- 1) diagnosis of AF (Detection Gap)
- 2) identification of those at high risk of stroke (Protection Gap 1)
- 3) initiation of anticoagulant therapy in line with national guidelines (Protection Gap 2)
- 4) maintenance of adequate anticoagulation / medicines optimisation

Detection – the predicted gap between prevalence and diagnosis of AF in <<organisation>> is <<percentage>> of patients on the AF register. This is due to <<reasons>>.

Risk Assessment – <<percentage>> of patients on the AF register are at high risk of stroke. Improving risk assessment to determine the risk of stroke. Improving risk assessment to determine the risk of stroke. Improving risk assessment to determine the risk of stroke. Improving risk assessment to determine the risk of stroke.

Treatment initiation – <<percentage>> of patients on the AF register are not on anticoagulation. Improving treatment initiation to ensure all eligible patients are on anticoagulation. Improving treatment initiation to ensure all eligible patients are on anticoagulation. Improving treatment initiation to ensure all eligible patients are on anticoagulation.

Treatment adequacy – interventions to improve treatment adequacy. Improving treatment adequacy. Improving treatment adequacy. Improving treatment adequacy.

Inadequately anticoagulated with their anticoagulant. Improving treatment adequacy. Improving treatment adequacy. Improving treatment adequacy.

In this organisation, total potential savings from addressing <<percentage>> of these <<percentage>> AF management gaps. Of these, <<percentage>> is from <<percentage>> addressing <<percentage>>.

A detailed description of data



This is an important resource for our members across London. Identifying the right investment at the right place in the AF patient pathway will directly translate into more lives saved. The AF Care Pathway Business Case Model can be used to guide clinical and health investment decision-making at every level."

Helen Williams, Consultant Pharmacist from Health Innovation Network.

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Across London there are an estimated 67,000 people with undetected AF.

(QOF 2015, NCVIN 2015)

People with undetected AF are at risk of experiencing an AF related stroke, which may lead to death or significant disability. Early detection of AF to allow initiation of protective anticoagulant therapy is vital.

Opportunistic screening of those aged over 65 has been proven to be the most cost effective strategy in detecting undiagnosed AF (Hobbs 2005; Moran 2013). UCLPartners published a **position statement** in 2015 which supports this strategy.

The irregularity of heart rhythm caused by AF can be:

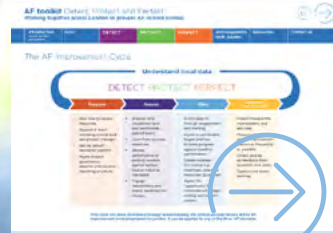
- detected by manual pulse checks or using a device
- incorporated into routine clinical practice or case finding programmes.

AF awareness campaigns provide an opportunity to improve public awareness of AF and its associated risks, educate and encourage people to routinely check their own pulse rhythm and to detect new cases of AF.

Reference

Hobbs FDR, Fitzmaurice DA, Mant J, et al. A randomised controlled trial and cost effectiveness study of systematic screening (targeted and total population screening) versus routine practice for detection of atrial fibrillation in people over 65 years and over. The SAFE study. Health Technol Assess 2005; 9:1-74.
Moran PS, Flattery C, Teljeur M et al. Effectiveness of systematic screening for the detection of atrial fibrillation. Cochrane Database Syst Rev 2013.

Supporting Information



AF Improvement Cycle









AHSN AF Business Case



CCG Infographics

The DETECT section of this toolkit provides information on

-  **AF Awareness campaigns** 
-  **Manual pulse checks** 
-  **AF detection devices** 

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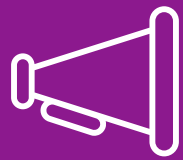
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DETECT Public awareness campaigns

Public awareness campaigns

- highlight to the community the dangers associated with AF
- educate people to monitor their own pulse rhythm
- demonstrate to the public the link between AF and stroke

They can be carried out on a variety of scales and settings and offer a chance for opportunistic screening for AF.

Every June the Arrhythmia Alliance organises Heart Rhythm Week, and the AF Association's international AF awareness week occurs every November.



Local Campaign case studies

1

Barking and Dagenham CCG raising awareness with the know your pulse campaign



2

Southwark CCG raising awareness with the know you pulse at work campaign



3

North West Coast Academic Health Science Network: A campaign to raise awareness of AF in Lancashire



Every 15 seconds someone suffers an AF-related stroke

AF can be detected by a simple pulse check
Protect your heart and your mind

A two minute check can detect and protect:

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DETECT Pulse checks

The simplest intervention to identify undetected AF is a manual check of pulse rhythm. Embed pulse checks in commissioning plans to include them in all routine clinical practice, e.g. flu vaccination clinics, clinic visits whenever blood pressure is taken, clinics for chronic disease management and all prevention related activities, such as the [NHS Health Check](#) programme. Alternative opportunities to carry out pulse checks include podiatry, dental services and community pharmacy.

Enable patients to check their own pulse and rhythm. Videos and advice for patients on how to check their own pulse rhythm can be found at the following websites

- 1 **British Heart Foundation** →
- 2 **Arrhythmia Alliance** →

Innovative examples of services which have been successful in embedding pulse checks in routine clinical practice.

- 1 **Bromley CCG has embedded pulse checks within all of their commissioned services** →
- 2 **Wandsworth CCG undertook pulse checks in Flu clinics** →
- 3 **Dorset CCG undertook Opportunistic Screening for over 65's** →
- 4 **The Academic Health Science Network for North East and Cumbria, Podiatry and AF case finding** →
- 5 **Heywood, Middleton and Rochdale CCG Locally Commissioned Service Specification for AF Check in Influenza Vaccination Programme** →

Know Your Pulse

What is your pulse?

Your pulse is:
 ♥ Your heart beat ♥ Your heart rate ♥ Your heart rhythm

One of the easiest places to feel your pulse is on your wrist, just below your thumb. You can feel your pulse in other areas of your body, including the crease of your elbow, in your groin or behind your knee.

Why and when should you check your pulse?

Being aware of your pulse is important because it may indicate an abnormal heart rate or rhythm. It is a good idea to try taking your pulse at various points throughout the day (before and after various activities). Your pulse rate will change during the day depending on what activity you are doing. This is normal. To get your baseline pulse and normal rhythm, try taking your resting pulse when you wake in the morning and before going to bed.

What is a normal pulse?

Between 60 and 100 beats per minute.

However, there are normal reasons why your pulse may be slower or faster. This may be due to your age, medications, caffeine, level of fitness, any other illness including heart conditions, stress and anxiety.

When should you seek further advice?

- ♥ If your pulse seems to be racing some or most of the time and you are feeling unwell.
- ♥ If your pulse seems to be slow some or most of the time and you are feeling unwell.
- ♥ If your pulse feels irregular.

Everyone is different and it is normal for your pulse to be over 100 beats/min (bpm) and a bit irregular, varying with activity. If you are over 65, a pulse above 120 bpm or below 40 bpm is a concern.

Download 'Know Your Pulse' PDF →

Arrhythmia Alliance
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 Published April 2016. Reviewed January 2017

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Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.

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DETECT Detection Devices

The use of detection devices will enhance an AF detection programme by improving accuracy when identifying AF (compared to pulse checks alone), and therefore reduce the need for unnecessary and costly 12 lead electrocardiograms (ECGs).

Some devices produce an ECG reading of the heart's electrical activity, which can be shared upon referral, and will assist further investigations for paroxysmal AF.

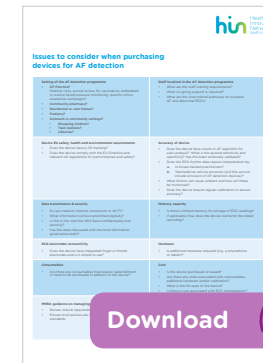
The Health Innovation Network AF detection device review is a detailed report defining the current technology and software designs available to enhance AF detection. It contains examples of how to use these devices to improve actual prevalence in a variety of settings, and contains further information on:

- Rationale for screening
- Strategies for AF detection
- Diagnostic accuracy of AF detection devices
- Barriers, enablers & strategies for screening programmes using detection devices
- Factors to consider when choosing a detection device
- Product information on selected detected devices

Health Innovation Network's AF Detection Devices Review



Download



Download

Issues to consider when purchasing devices for AF detection.

Case studies of successful examples of using detection devices in a variety of settings.

1

Chelsea and Westminster Hospital NHS Foundation Trust use of Samsung smartphone and a hardware/software solution called Kardia mobile, from AliveCor



2

North West Coast AHSN. Innovative approaches to increase the identification of AF in the community and primary care



3

Southwark CCG 'Know your Pulse' at the workplace



4

QIPP Case study, use of Microlife Watch BP Home A



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The risk of an AF-related stroke for people with AF can be substantially reduced by providing effective anticoagulation therapy to prevent the formation of clots in the heart.

For London, at least 25% of people diagnosed with AF are not receiving appropriate anticoagulation therapy in line with NICE guidance (lower than the national average). In real terms this equates to 19,000 people who are suitable for, but not yet receiving anticoagulation. (QOF 2015/16).

In England, over half of the estimated 16,000 people admitted to hospital with an AF-related stroke, were not receiving anticoagulation therapy prior to admission (SSNAP 2015/16).

For your local data of people on the GP register with known AF and not receiving appropriate anticoagulation therapy, refer to **CCG infographics**

Opportunities to PROTECT someone with AF from an AF-related stroke include:

1 Improving anticoagulation

Ensure patients at risk of an AF-related stroke are appropriately anticoagulated, and that their blood pressure and cholesterol is managed

Review all patients on antiplatelet therapy and do not use aspirin or clopidogrel as monotherapy for stroke prevention

2 Initiating anticoagulation in community settings

Consider initiation of anticoagulation in community settings, so care is delivered closer to home

3 Correct heart rate and rhythm where necessary

4 Ensuring mechanisms are in place to monitor and support people on anticoagulation (see the **Perfect** section for further information)

Supporting Information



AF Improvement Cycle



AHSN AF Business Case



CCG Infographics

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PROTECT Improving anticoagulation

Review general practice AF registers to identify those either not receiving anticoagulation or receiving suboptimal medication (e.g. antiplatelet therapy), with the view to:

- Initiating anticoagulation where appropriate
- Discontinuing use of antiplatelet therapy such as Aspirin, Clopidogrel solely for stroke prevention, and reviewing all those receiving it
- Managing blood pressure and other risk factors including the use of statins
- Reviewing patients who have been 'exception reported' and are therefore not currently receiving anticoagulation or other effective therapies, such as coronary ablation

Resources and guidelines

From the Quality and Outcomes Framework (QoF) the numbers of people with AF can be identified on an annual basis at CCG and practice level. Follow this link for QOF data.



Clinical decision support software can also be used to identify individuals at a practice level on a more frequent basis. These include:

GRASP-AF



APL-AF



Guidelines and risk assessment tools for effectively managing AF include

1

NICE AF guideline (particularly sections: 1.4 and 1.5)



2

European Society of Cardiology guidelines



3

CEG/UCLP Anticoagulation guideline



4

Clinical CHA₂DS₂-VASc



4

Clinical HAS-BLED



Wessex AHSN have worked with partners to develop a video 'Starting Anticoagulation with Jack', which can be used to support practitioners in their discussions with people when considering anticoagulation therapy, and can also be a resource for patients to refer to after discussions in clinic.



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PROTECT Initiating anticoagulation in community settings

Initiation of
anticoagulation
(warfarin and Direct
Oral Anticoagulant
(DOACs)) in a
community setting
may reduce delays in
treatment, improve
patient satisfaction,
improve patient
adherence to
treatment, and yield
efficiency savings.

When considering initiation and/or monitoring of anticoagulation, the preference is to provide this service 'closer to home' in community settings. There are a number of resources and examples of work to draw upon.

Service specifications

Newham CCG Atrial Fibrillation Pathway Commissioning Model
[Visit Here >](#)

The London Stroke Clinical Network have developed a checklist to assist commissioners to benchmark their anticoagulation service against best practice [Visit Here >](#)

Camden CCG service specification provides an overview of different community-based anticoagulation services, including key parameters commissioners will need to consider when commissioning an anticoagulation therapy service, e.g. patient eligibility criteria, clinical accountability, contract management and governance arrangements
[Visit Here >](#)

Community-based models of good practice

A range of different models of care have been established across the country, which have delivered improvements in anticoagulation, for example:

NHS Blackpool makes effective use of GRASP-AF: [Visit Here >](#)

Southwark and Lambeth CCGs, Optimising Anticoagulation for AF in Primary Care, use of virtual clinics [Visit Here >](#)

Industry solutions

Helicon Health is a web-based service to support people with AF, and is part of the [Digital Health.London](#) Accelerator [Visit Here >](#)

Inspira Health support primary care AF management [Visit Here >](#)

Clinical tools to help choose the right agent for each patient

Clinical anticoagulation decision aid from Keele University



Newham community anticoagulation service, "Anticoagulation of choice" patient leaflet



Newham CCG, Initiating Anticoagulation: A guide for Primary care



'Don't wait to anticoagulate'



East Midlands Clinical Network: Considerations for Anticoagulation in Non-Valvular AF



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CORRECT

Heart rate and rhythm control, blood pressure and cholesterol

Alongside anticoagulation, review patients with respect to:

- Optimising control of raised blood pressure (140/90 mmHg) and statin use where appropriate - if cardiovascular risk is high (>10% over 10 years), when calculated using Qrisk.
www.qrisk.org/2016
- AF rate and rhythm control

Recommendations for Correct, aligned with NICE guidance CG 180 (section 1.6)

and

The European Society Guidelines on Management of AF (2016):

Referral for specialised management

Refer people promptly at any stage if treatment fails to control the symptoms of AF and more specialised management is needed.

Offer rate and rhythm control where appropriate

Offer rate control as the first-line strategy to people with AF, except in people:

- Whose AF has a reversible cause
- With heart failure thought to be primarily caused by AF
- With new-onset AF
- With atrial flutter considered suitable for an ablation strategy to restore sinus rhythm

Ablation or pace and ablate strategies

- If drug treatment is unsuitable or has failed to control symptoms of AF, offer ablation strategy to people with paroxysmal AF or those with persistent AF, (and discuss the risks and benefits with the person).



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PERFECT TREAT BETTER

Even when people with AF are correctly diagnosed and treatment started, strokes still can and do occur, often due to poor quality of anticoagulation and poor adherence to treatment. Patients supported in the correct use of anticoagulation treatment have less risk of adverse events such as bleeding.

A high quality anticoagulation service allows people with AF to be supported with their choice of anticoagulation, to self-monitor their INR, and provides education on access and adherence to treatment.

The resources in this section will help you improve your anticoagulation service

- Quality of anticoagulation management
- Self-monitoring and self-management - please refer to pan-London information on patient self-monitoring
- Promoting adherence during anticoagulant therapy



Supporting Information



AF Improvement Cycle



AHSN AF Business Case



CCG Infographics

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PERFECT Excellence in anticoagulant care

Key components of a high quality
anticoagulation service include:

- Patient education about the benefits and risks of anticoagulation treatment and the importance of medication adherence
- Support for patients and carers in the choice of treatment options
- Support for patients to self monitor and self manage their anticoagulation therapy
- Staff education to improve skills for supporting self-monitoring and improve adherence
- Robust mechanisms in place to assess “time in therapeutic range” (TTR) information, with clear protocols to optimise the quality of anticoagulation control
- Key performance indicators (e.g. referral to treatment time, TTR, adverse events, number of patients self-monitoring/managing warfarin)
- Annual review of the service



Excellence in anticoagulant care is a guide for commissioners and service providers, to help deliver a high quality anticoagulation service.



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PERFECT Service Review

The London Stroke Clinical Network have developed a checklist to assist commissioners to benchmark their anticoagulation service against best practice. When using this checklist to benchmark a service or create a service specification consider it alongside the [Excellence In Anticoagulant Care document](#).

The pan-London AF programme is working in partnership with clinicians and patients to develop a consensus workforce competency framework and training guide for London. In the meantime examples of workforce competencies for anticoagulation services are included in the diagram.



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PERFECT Educational resources for patients and staff

Educational resources

Staff

National Patient Safety Alert - actions that can make anticoagulant therapy safer →

Commissioning effective anticoagulation services for the future →

Don't wait to anticoagulate - Medication FAQ →

Practical guide on use of DOACs →

Promoting adherence during anticoagulant therapy →

Service users

Factsheets on anticoagulation self-monitoring →

Pan London patient information leaflet →

Coaguchek - Because it's my life →

Information on patient self-testing and self-management of oral anticoagulation →

Pan-London information on patient self-monitoring (for staff) →

Online support websites for service users: →

European Heart Rhythm Association →

Atrial Fibrillation Association →

Anticoagulation Europe →

Don't wait to anticoagulate - Medication FAQ for patients →

Anticoagulation Myth Busters

As treatment guidance has developed, there remains some common questions and misconceptions relating to AF anticoagulation therapy. Within this section, we aim to identify common myths and questions and provide evidence based answers.

““ Antiplaetlet agents (such as aspirin or clopidogrel) can be used to reduce stroke risk in patients with Atrial fibrillation

““ Aspirin should always be continued with anticoagulants if a patient has cardiovascular disease

““ DOACs cannot be reversed and are therefore unsafe

““ I cannot give anticoagulation to an elderly or frail patient in case they fall

““ DOACs do not interact with other medication

For the answers to these and much more information click here

““ My patient is renally impaired, so they cannot have an Oral Anticoagulant

““ All patients must stop anticoagulant agents prior to dental procedures

““ I need to give heparin bridging to my patients with AF when they are taking warfarin or DOACs



““ I don't need to monitor my patients bloods when they are on a DOAC

““ I have decided to put my patient on a DOAC, which one is the best? And at what dose?

““ My newly diagnosed AF patient is on a DOAC already for joint replacement, so they are already anticoagulated for their AF

““ My patient is unable to swallow therefore cannot have a DOAC

““ Patients with any form of valve disease are not suitable for DOACs

““ DOACS, like warfarin, can interact with food

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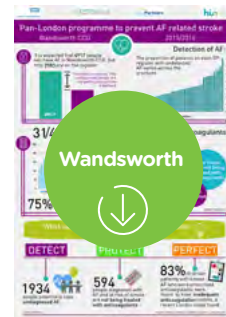
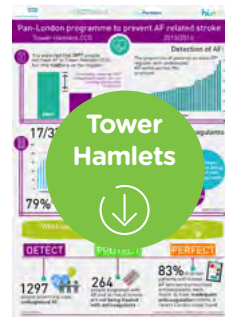
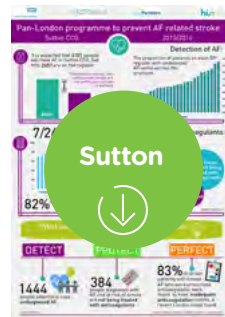
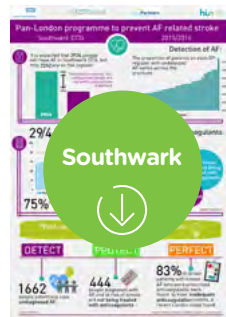
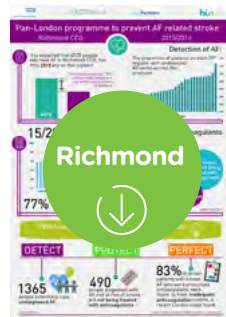
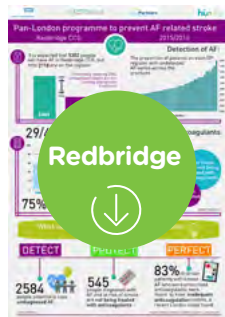
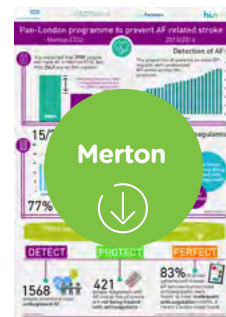
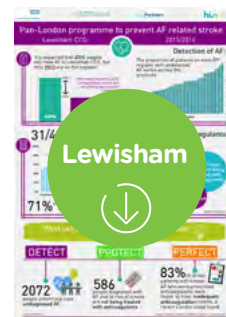
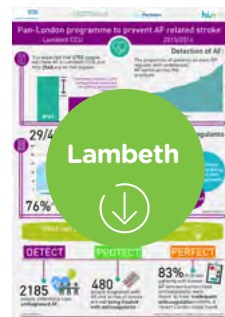
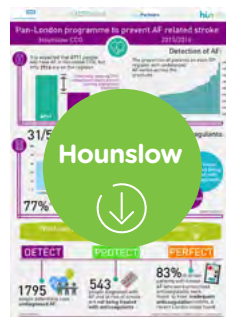
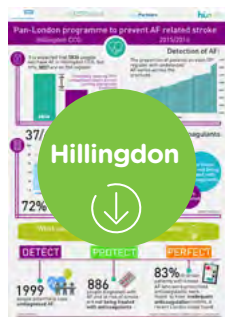
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Acknowledgments

The pan-London AF team would like to thank the following individuals and organisations for their input to this toolkit through sharing their resources, best practice, time and knowledge.

Charities

Anticoagulation Europe

Arrhythmia Alliance

Atrial Fibrillation Association

British Heart Foundation

Stroke Association

Thrombosis UK

Matt Kearney, National clinical lead
for CVD prevention, NHS England

Tony Rudd, National clinical lead
for stroke, NHS England

The members of:

The excellence in anticoagulation
working group (London region)

The AF self-monitoring and self-
management group (London region)

The anticoagulation adherence
working group (London region)



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