

A pilot approach to identifying unknown cases of Atrial Fibrillation

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Introduction

Scarborough and Ryedale CCG (SRCCG) prioritised tackling Cardiovascular Disease (CVD) to reduce ill-health and premature mortality for the population. A CVD strategy identified significant variation between expected and actual diagnosis of Atrial Fibrillation.

What is Atrial Fibrillation (AF)?

AF is a heart condition that causes an irregular and often abnormally fast heart rate. AF is the most common adult cardiac arrhythmia in the UK. AF increases the risk of stroke significantly, strokes that occur because of AF are often more severe, with greater disability and a higher mortality rate. Anticoagulation substantially reduces the risk of stroke in people with AF. It is well reported that AF is underdiagnosed and consequently undertreated. Around 25% of people with AF are unaware they have the condition.¹

Rationale for the pilot

- In 2015/16 there were 2,861 people who had been diagnosed with a stroke in NHS Scarborough and Ryedale CCG².
- The diagnosed AF prevalence for SRCCG is 2.5% and the estimated prevalence is 3.3%. Meaning a potential additional 1,120 people with undiagnosed atrial fibrillation in the CCG².
- 47% of stroke patients admitted who had a history of atrial fibrillation were not prescribed anticoagulation prior to their stroke².
- 24% of people who had AF diagnosed prior to their stroke admission and were not on anticoagulation at admission were either completely independent or had no significant disability after their stroke, however, 16% of people died².
- Mortality rates from cardiovascular diseases in the under-75 age group is significantly higher across the district than observed nationally (85.3 per 100,000 locally compared to 75.7 per 100,000 nationally) and, whilst the long term trend demonstrates a sustained reduction in the mortality rate, the gap between local and national rates has not significantly narrowed³.

Aims

To detect additional unknown cases of AF and reduce the gap between prevalence and diagnosis. Support the practices in the therapeutic management of stroke risk in AF patients in accordance with risk profile, current guidelines and CCG preferred anticoagulation strategy.

Methodology

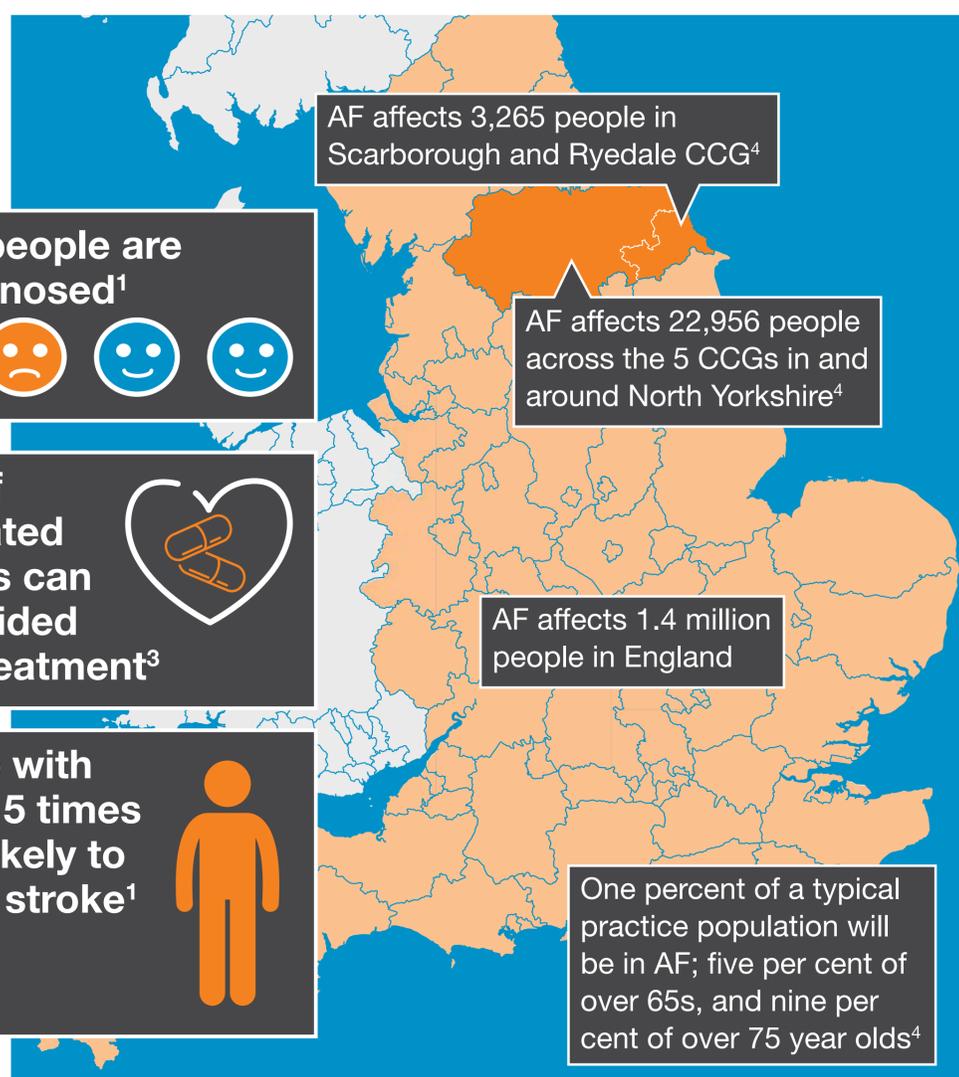
Clinical lead undertook searches of two clinical systems, then approached two practices, classified as outliers based on: numbers of QOF exception reports and highest gap in recorded vs expected in order to promote case-finding in the practice population. Additional resource was provided to case-find patients via Interface Clinical Services and a diagnostic tool.

Initial Findings

It is evident from clinical system searching, there are cohorts of patients with recorded read-codes of irregular pulse but no investigations for AF, additionally patients who are diagnosed with AF and not anticoagulated for a number of reasons. During the pilot a number of patients were found to be prescribed warfarin and not treated to target, these patients remained at risk of suffering an AF related stroke. The pilot highlighted these patients and reviews took place to prescribe Direct Oral Anti-coagulants (DOACs).

Conclusions

The final review has not been completed yet, however early indications suggest that there remains some work within Primary Care to case-find unknown AF patients. It should be noted that the numbers of patients newly diagnosed is expected to be fewer than originally envisaged. This has implications for use of prevalence modelling. It is believed to have demonstrated that there is a cohort of patients who are not treated to target and this offered the opportunity for case finding and for clinical review.



1 in 4 people are undiagnosed¹



64% of AF related strokes can be avoided with treatment³



People with AF are 5 times more likely to have a stroke¹



References

1. PHE (2016). Public Health Matters. Transforming services: a systems based approach. Available at: <https://publichealthmatters.blog.gov.uk/2016/07/14/transforming-services-a-systems-based-approach>
2. PHE (2017). Cardiovascular disease profile – Stroke; June 2017. NHS Scarborough and Ryedale CCG. Available at: https://fingertips.phe.org.uk/profile/cardiovascular/area-search-results/E10000023?place_name=YO12 5ER&search_type=place-name
3. NYCC (2016). North Yorkshire Joint Strategic Needs Assessment; Annual Update 2016. Available at: <http://hub.datanorthyorkshire.org/dataset/2cb529f6-4715-4c2d-9364-a770deb03472/resource/9a2cd036-8a60-4dc4-92e7-8f7f24def5b1/download/north-yorkshire-jsna-overview-for-scarborough-district2016refreshv0.3.pdf>
4. PHE (2017). Atrial Fibrillation prevalence estimates; February 2017. Available at: <https://www.gov.uk/government/publications/atrial-fibrillation-prevalence-estimates-for-local-populations>