

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	03_CVDS_34
Service	Opportunistic screening for Atrial Fibrillation during Flu clinics and anticoagulation for the prevention of stroke
Commissioner Lead	CVDS CCP
Provider Lead	
Period	August 2014 – July 2017
Date of Review	January 2016

1. Population Needs

1.1 National/local context and evidence base

Atrial Fibrillation (AF) is a major cause of Stroke, accounting for some 14% of all strokes. AF also increases the risk and severity of stroke. Ischaemic strokes in association with AF are often fatal, and those patients who survive are left more disabled by their stroke and more likely to suffer a recurrence than patients with other causes of stroke. Consequently, the risk of death from AF-related stroke is doubled and the cost of care is increased 1.5 fold.

Recognition and treatment of AF is of particular importance as strokes due to AF are eminently preventable.

- Prevalence rate in Primary care is 1.2%, which equates to just over 600,000 patients in England have AF
- 12,500 strokes per year are thought to be directly attributable to AF.
- The estimated total cost of maintaining one patient on warfarin for one year, including monitoring, is £383.
- The cost per stroke due to AF is estimated to be £11,900 in the first year after stroke occurrence.
- NICE estimate that approximately 40% of patients in whom warfarin is indicated are not receiving it, amounting to some 166,000 patients nationally.

<http://www.improvement.nhs.uk/graspaf/> accessed on line 01/07/2009

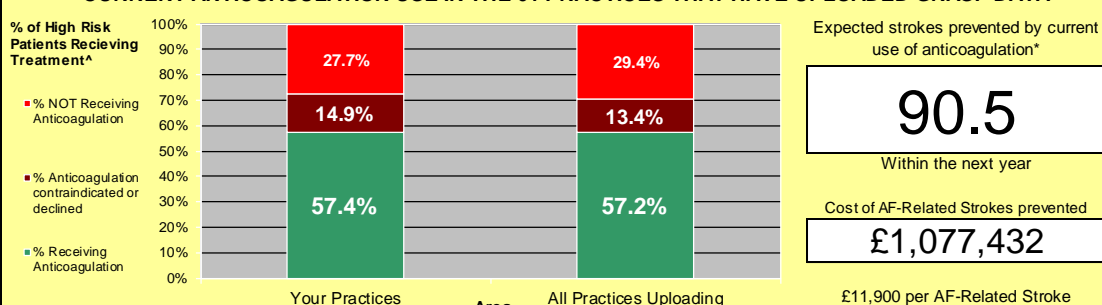
The average cost of social care in final year of life for person with AF is £3,410 (Unit costs of health and social care 2013,PSSRU)

Dorset prevalence of Atrial Fibrillation is higher than the national rate at 2.3%(GRASP-AF CHART ONLINE)

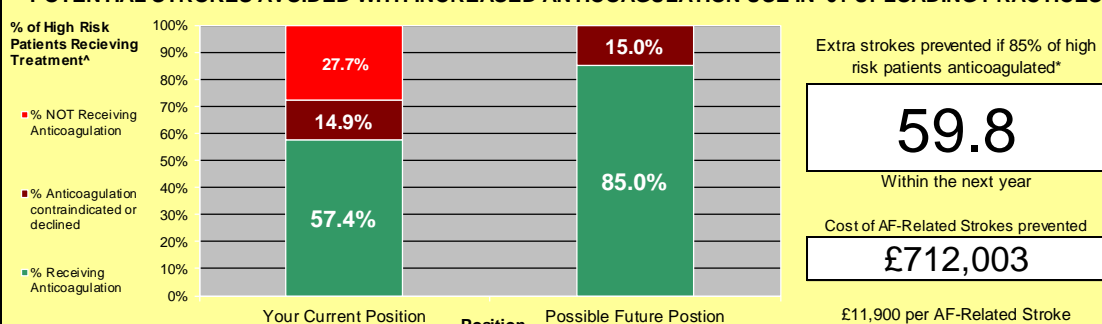
GRASP-AF SUMMARY - PARTICIPATING PRACTICES AND AF PREVALENCE

Select Organisation		Uploading Practices / Total Practices	% Practices Uploading
NHS Dorset CCG		61 / 101	60.40%
	Number of practices uploading multiple times	16 / 61	26.23%
AF Prevalence from GRASP	2.29%	% of AF Patients That Are High Risk^ (CHADS2 > 1)	55.94%
National AF Prevalence from GRASP	1.77%	National % of AF Patients That Are High Risk^	57.57%

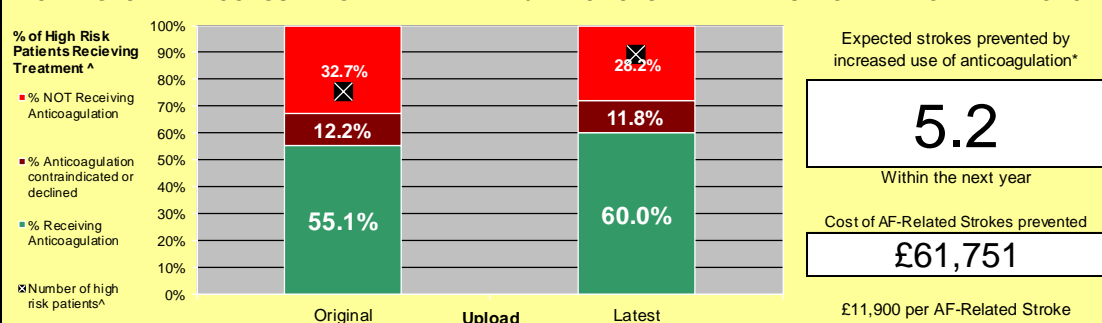
CURRENT ANTICOAGULATION USE IN THE 61 PRACTICES THAT HAVE UPLOADED GRASP DATA



POTENTIAL STROKES AVOIDED WITH INCREASED ANTICOAGULATION USE IN 61 UPLOADING PRACTICES



CHANGES IN ANTICOAGULATION MADE IN THE 16 PRACTICES THAT HAVE UPLOADED MORE THAN ONCE



Data as of 30th November 2013

For any queries on this dashboard please contact ian.robson@nhsig.nhs.uk

* Number needed to treat = 37

^ High risk AF patients = Those with CHADS2 greater than 1



A pilot project was undertaken in the Weymouth and Portland Locality to inform this specification. Patients were invited to be screened opportunistically for Atrial Fibrillation (AF) whilst attending flu clinics run by GP practices in the Weymouth and Portland Locality during September to December 2013. Patients were offered a pulse check whilst waiting for or after their Flu injection. When an irregular pulse was detected, an ECG was performed to ascertain the type of arrhythmia and treatment initiated as appropriate. The aim of the screening project was to improve quality outcomes for patients with AF through optimal therapy to reduce the risk of stroke.

Key legislation:

Key national policies and strategic plans:

- National Stroke Strategy. Quality Marker 2 Managing risk (2007) Department of Health
- Atrial Fibrillation: the management of Atrial Fibrillation Clinical Guideline (2014) NIHCE (DRAFT)
- Prevention of Stroke in patients with Atrial Fibrillation. A Guide for Primary Care (2014) SIGN Health Improvement Scotland.
- Atrial Fibrillation – detection and optimum therapy in primary care.
www.evidence.nhs.uk/qualityandproductivity NHS Stroke Improvement Programme
- Guidance on Risk Assessment and Stroke Prevention for Atrial Fibrillation (GRASP-AF) www.improvement.nhs.uk/graspaf/ accessed 01/07/2009
- Guidelines for the management of Atrial Fibrillation. European Heart Journal (2010) 31, 2369-2429
- Commissioning for Stroke Prevention in Primary Care – the Role of Atrial fibrillation (2009) NHS Improvement
- Atrial Fibrillation in Primary Care. National Priority Project (2008). NHS Improvement.
- Atrial Fibrillation in primary care: making an impact on stroke prevention (2009) NHS Improvement
- Rising to the challenge: Delivering QIPP by preventing AF-related stroke. (2013) United Kingdom Clinical Pharmacy Association.
- Grasp the initiative. (2012) Atrial Fibrillation Association.
- GRASP-AF. PRIMIS and the University of Nottingham.
<http://www.nottingham.ac.uk/primis/tools/audits/grasp-af.aspx>
- DH (2013) Cardiovascular Outcomes Strategy
- RCP (2012) The National clinical guideline for Stroke, fourth edition.

Key local policies and strategic plans:

- NHS Dorset Clinical Commissioning Group Strategy 2013-18
- CCG Outcomes Indicator Set 2013/14. Domain 1, preventing people from dying prematurely and Domain 2, Enhancing quality of life for people with long term conditions
- Cardiovascular Clinical Commissioning Programme 2013.14 priority

N.B This list is not exhaustive and the Provider is contractually obligated to review evidence base on a continual basis.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- Target of 85% of pulses to be taken on over 65yr old patients (without a recorded history of Atrial Fibrillation) attending for flu injection in designated clinics or individual appointments
- 100% of patients diagnosed with an arrhythmia to be offered an ECG
- 100% of patients diagnosed with Atrial Fibrillation to be entered into GRASP AF (Guidance on Risk Assessment for Stroke Prevention in Atrial Fibrillation) tool
- GRASP AF report to be presented to commissioners in quarter 4 with less than 25% of patients not on anticoagulation therapy due to contraindications or refused/patient choice.

3. Scope

3.1 Aims and objectives of service

- To reduce the risk of stroke by screening patients for AF whilst attending for Flu injection
- To improve quality outcomes for patients identified with AF through optimal therapy to reduce the risk of stroke
- For GPs to audit their intervention (using GRASP-AF) and make the appropriate

changes in discussion with patients.

3.2 Service description/care pathway

- Patients attend for flu injection
- Health Care Professional (HCP) takes pulse of eligible patients (post 65yrs)
- HCP identifies patient with irregular pulse
- Identified patients invited to ECG clinic
- ECG readings reported to GP
- GP initiates appropriate treatment
- Data uploaded to GRASP-AF
- Patients reviewed in line with best practice anticoagulation guidance with an expectation that there will be no more than 25% contraindicated or refused/patient choice.

Any acceptance and exclusion criteria and thresholds

All patients (without a recorded history of Atrial Fibrillation) over the age of 65 years at the time of receiving a flu injection

Exclusions

Patients with known Atrial Fibrillation

Interdependence with other services/providers

Patients who are unable to travel to the Flu Clinic will be offered a pulse check whilst receiving their flu injection at their normal place of residence by the most appropriate health professional

3 Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- Atrial Fibrillation: the management of Atrial Fibrillation Clinical Guideline (2014) NIHC (DRAFT)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Prevention of Stroke in patients with Atrial Fibrillation. A Guide for Primary Care (2014) SIGN Health Improvement Scotland.

4.3 Applicable local standards

- Target of 85% of pulses to be taken on over 65yr old patients (without a recorded history of Atrial Fibrillation) attending for flu injection with a pre payment for 50% of pulses checked in this age group
- 100% of patients diagnosed with an arrhythmia to be offered an ECG
- 100% of patients diagnosed with Atrial Fibrillation to be entered into GRASP AF (Guidance on Risk Assessment for Stroke Prevention in Atrial Fibrillation) tool
- GRASP AF report to be presented to commissioners in quarter 4 Quality Target – 75% anticoagulated, 25% contraindicated or refused/patient choice

4 Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

GRASP AF report to be presented to commissioners in quarter 4

- Target: 75% or more of patients to be recorded as being treated with anticoagulation therapy
- Target 25% or less of patients to show anticoagulation is contraindicated or refused

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

5 Location of Provider Premises

The Provider's Premises are located at:

Each GP practice to decide on location of Flu clinics, mop up clinics, individual appointments and home visits.

6 Individual Service User Placement