

AFA Healthcare Pioneers Showcasing Best Practice in AF (Max 400 words)

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Case Study:

DON'T WAIT TO ANTICOAGULATE (DWAC)

An innovative quality improvement approach to help prevent strokes amongst patients with high risk Atrial Fibrillation (AF), by optimising medicines management in primary care.



Working collaboratively with CCGs, stroke specialists, primary care, patients and carers, third sector, academia and industry partners, the West of England AHSN has developed a sustainable improvement for how AF patients are reviewed and treated within primary care settings.

An initial pilot to develop and test operating models and toolkits, with 11 Innovator GP practices, proved successful in establishing a sustainable approach to implementing the recommendations outlined in NICE Guidance CG180.

Further development in partnership with Bayer Healthcare and Gloucestershire CCG led to methodology roll out across 51 GP practices in Gloucestershire. The Don't Wait To Anticoagulate (DWAC) approach reviewed all existing patients with an AF diagnosis to ensure optimal treatment to prevent AF related strokes. Participating practices focused on three areas for improvement in line with NICE guidelines:

- *Patients who were receiving antiplatelet monotherapies*
- *Patients who were treatment naïve*
- *Patients with labile INR and suboptimal on warfarin*

Implementing DWAC significantly increased the number of patients optimally anticoagulated.

Modelling indicates that during the 12 week review period, potentially 13.49 strokes were prevented.



Overall 1,068 reviewed, with treatment:

patients with AF were 525 changing

No. Patients	Treatment 1 pre review	Treatment 2 post review
12	Antiplatelet monotherapy	Warfarin
122	Antiplatelet monotherapy	NOAC
24	No treatment	Warfarin
107	No treatment	NOAC
227	Warfarin	NOAC
5	NOAC	Warfarin
28	No treatment	Antiplatelet monotherapy

Wider changes have been identified following a formal evaluation:

- Increased shared decision making with patients using online toolkits
- Increased prescribing confidence amongst GPs
- Upskilling of other healthcare professionals
- Design and implementation of wider QI strategies

Additionally, DWAC received very positive feedback regarding Patient and Public Involvement - an integral element of the project design.

Other outputs included:

- Clinical skills training for GPs and practice staff
- Establishment of a clearly articulated AF treatment pathway within each practice
- QI training to sustain and continually upgrade the approach
- A website containing toolkits for use by clinicians and patients - <http://www.dontwaittoanticoagulate.com/>
- Coaching and support for GP practice staff

Most recently the approach has been implemented across 48 GP practices in Bristol with revealing 724 patients reviewed, 134 starting anticoagulation treatment, with an estimated 6 strokes saved.

The project enjoys national recognition, with further adoption and spread locally in the West of England ,Buckinghamshire and Yorkshire & Humberside and advanced plans to implement other areas of the UK, plus it is a case study for the NHS Confederation.