

Item: 8.6

Report to:	Primary Care Commissioning Committee
Date of Meeting:	26 th February 2021
Title of Report:	Prevention of Strokes related to Atrial Fibrillation
Presented by:	Dr Dan Roper Phil Davis, Strategic Lead – Primary Care
Author:	Dr Mark Hancocks

STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

To secure funding to establish a system for identifying the condition of Atrial Fibrillation (AF) in the course of routine Primary care work in Hull Patients aged over 60 using a variety of technologies which have been tried and tested with many successful published projects.

The identification of Atrial Fibrillation, which is largely asymptomatic, will lead to appropriate management and the prevention of up to 80 severe strokes annually.

This will generate cost savings of £2-3 Million pounds annually and relieve pressure on High Dependency beds at a critical time for the NHS.

The initial one-off capital outlay for the purchase of equipment will be £50k with a further £50k to support PCNs in annual review and optimisation of management by an appropriate Health Care Professional, the latter being an important element in optimising health gain and savings each year, There will be recurring £30k annual costs for increased capacity in the HEYHT cardiology and Cardiac Physiology for additional Holter monitor capacity

The project aims to start in April 2021

RECOMMENDATIONS:

It is recommended that the Planning & Commissioning Committee approve utilisation of PMS Premium resources for:

- a One off funding for equipment;
- b Health care professional time in the PCNs to ensure that care of identified AF patients is optimised.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Objectives 1 and 4 to be met

Short summary as to how the report links to the CCG's strategic objectives

This project will improve health outcomes for patients in Hull and prevent many serious strokes and the deaths and morbidity and costs associated with them using inexpensive and tried and tested innovations in technology.
The project will reduce the pressure on specialist hospital services and be cost saving, there are many examples of successful cost saving projects of this type throughout the UK

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Spend to save investment of £100k to generate £2-3 million savings
HR	Health Care professionals to review and optimise management of AF patients – anticipated to be employed by Practices/PCNs
Quality	Improve the quality of care by identifying and managing patients with AF.
Safety	Benefits of identification and management of AF outweigh any risks in all published research and the Consensus statement of the European Cardiology Society 2020.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

This project has been discussed twice with the Primary Care Networks and with local Cardiology Consultants who are supportive. We have met and agreed resource and capacity implications with HEYHT Health Care Managers for Cardiology Services with plans in place to deal with additional demand for the Holter Monitor services and Cardiac Physiologist resource to interpret them.

The proposal was considered and supported by the CCG Planning and Commissioning Committee at the January 2021 meeting.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

None

As part of Usual care in General Practice, Health Professionals will assess and discuss risks and benefits of treatment with patients as they do currently.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

Improving Health Outcomes and Health Equality for the Hull population
 Providing Cost Effective and Evidence Based Care
 Improving health and life expectancy

PREVENTION OF STROKES RELATED TO ATRIAL FIBRILLATION

1. INTRODUCTION

The purpose of this report is to present a proposal to Improve Health outcomes for patients registered with Hull Practices, to prevent Strokes and to provide a highly cost effective intervention using established Technology to detect Asymptomatic Atrial Fibrillation and to provide treatment to prevent strokes caused by Atrial Fibrillation.

2. BACKGROUND

Atrial Fibrillation – definition and impact

Atrial fibrillation (AF) is a common medical condition involving the development of an irregular heartbeat. It principally affects people over the age of 65 years, affecting 2-3% of the population. It is more common in those aged over age 65 but may occur in younger people with coexisting illness such as Hypertension, Ischaemic Heart Disease, Diabetes and other conditions.

Most people with Atrial Fibrillation are not aware that they have the condition. The blood does not move through the heart chambers as well in Atrial Fibrillation and there is a tendency for blood clots to form which can then detach and cause Stroke.

Strokes associated with AF form 25- 30% of all strokes each year and tend to be more severe, causing more disability. These strokes can, to a large extent, be prevented by early detection and treatment of Atrial Fibrillation, effective treatment can prevent up to 80% of strokes.

The **cost** of each AF related stroke is **£100k over 3 years** (health and social care costs).

There are around 80-100 AF strokes each year in Hull registered patients, with a cost to the CCG of **£2-3 million annually**.

AF strokes also have a 10 % mortality.

3. INFORMATION

Public Health Modelling suggests that there are approximately 1500 patients with undiagnosed AF in Hull. At least 1 in 20 of whom will have a stroke each year if undiagnosed and untreated.

This project will make the identification of AF a routine ongoing part of Primary care by providing low-cost technology such as the Alivecor Device or the Watch BP A Blood pressure monitor (the cost of each is £ 80-90).

Providing one of these devices for each clinical room supported by a prompt from the clinical system which will identify a patient at risk of AF.

These technologies are of proven efficacy and a small number of practices in Hull and East Riding have purchased them. There are many examples of similar successful projects throughout the country.

E.g., the Academic Health Service Network has managed a number of projects providing Alivecor devices to areas of the UK since 2018, their subsequent analysis of the project produced the following evaluation:

‘A programme aiming to improve the detection and treatment of an irregular heart rhythm known as Atrial Fibrillation (AF) has helped to prevent 860 strokes and saved 215 lives. This represents an estimated cost saving to the NHS of £12million and a further £8million in social care savings’ (AHSN 2020)

The watch BP Home monitor has been used in local projects in previous years and has support from NICE Technology Appraisal Guidance MTAG13.

Once AF is suspected, the diagnosis is confirmed by ECG and some patients require 72-hour Holter monitoring to assess how well the heart rate and rhythm is controlled. Very few patients will require specialist Cardiology referral, the exception being the small number whose symptoms are not well controlled in Primary Care, some of these will require only Advice and guidance consultations.

The current prevalence of identified AF in Hull is 1.8%, nationally this figure is 2.5%.

The European Society of Cardiology (ESC) Consensus statement 2020 points to the ageing population and an anticipated AF prevalence approaching 4% over the next 20 years. This initiative is an attempt to pre-empt the enormous personal, social care and NHS costs of this rise in prevalence and to embed the process of identify AF into routine clinical care, rather than relying on intermittent catch-up projects.

Optimising Care of identified patients

A further aspect of this work is to ensure optimal stroke prevention through optimal use of Anticoagulant therapy. The GRASP AF project in 2017 suggested that up to 40 % of diagnosed AF patients are not on optimal therapy. Currently, based on public health data, local figures look better than that but there is still a likely need for improvement in therapy in 10% of AF patients with variation from practice to practice as anticipated, the ‘levelling up’ of that variation is a key role of the PCNs.

The ESC defines optimal management and assessment in detail, and it is considerably more than what is covered by QOF, this is the reason for the inclusion of additional resource for appropriate professionals to support practices in each Primary Care Network with this work. This would include assessment of concordance, falls risk, AF burden, renal function and dosage etc – this is set out in more detail in the ESC consensus statement.

Even if this proposed intervention prevented one AF stroke it would be cost effective, especially as the frequently used anticoagulant treatments are off patent now or imminently.

Costs and savings

Funding requirements

Provision of Alivecor or Microlife BP devices to practices and community settings such as CHCP run clinics and Pharmacies = £40k

Funding to PCNs for Practitioner time to optimise therapy on an annual rolling basis and to cover additional ECG costs = £60k

Projected Savings

Identification of additional AF cases optimising therapy and stroke prevention could reduce AF stroke costs by 70-80%, saving £2 million per year as a conservative estimate – see the savings generated in the AHSN evaluation.

4. RECOMMENDATIONS

It is recommended that the Planning & Commissioning Committee approve utilisation of PMS Premium resources for:

- a One off funding for equipment;
- b Health care professional time in the PCNs to ensure that care of identified AF patients is optimised.

Glossary

AF Atrial Fibrillation

PCN Primary Care Network

HEYHT Hull and East Yorkshire Hospitals Trust

AHSN Academic Health Services Network – research and evaluation of NHS innovation and technology

Alivecor Device image [alivecor device uk - Bing images](#)

ESC - European Society of Cardiology Consensus Statement and Guidelines 2020

Grasp AF project - Nottingham University led Project to evaluate and improve care of AF patients and provide technology support to improve care