Optimising oral anticoagulation in atrial fibrillation

West Hampshire CCG
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51 practices

546,000 population
106,000 over 65s
16,000 over 85s
119,000 under 20

Ageing population

2,000 undiagnosed AF

12,000 people with AF

10,500 AF high risk stroke

3,700 no OAC
6,800 on OAC
Optimising Care: The Plan

Identify undiagnosed AF using WatchBP tool

Identify and treat people not treated with OAC

Identify people on warfarin sub-optimally-controlled
Optimising Care:
The Heart of the Matter
Optimising Care:
The Patient at the Centre

• Saving lives for people and families

• Saving time and money for the NHS
Optimising Care: The Method

Audit tools identified patients at high risk of stroke

Results to GPs & continuous feedback on improvement

Education and training was delivered

Medicines Optimisation Incentive Scheme

identification, feedback, education = continuous health improvement

Quality services, better health
Optimising Care: Collaborative Approach

Public Health England

Donald

West Hampshire Clinical Commissioning Group
350 GPs and their teams

Boehringer Ingelheim
Interface Clinical Services
Wessex Academic Health Science Network
Hampshire Hospitals NHS Foundation Trust
Pfizer
Bayer
University of Southampton
Buckinghamshire Healthcare NHS Trust
PRIMIS

Quality services, better health
Optimising Care:
Paying for Improvements

£1.7 million saved in 15/16

£1.5 million extra spent on NOACs for AF

Quality services, better health
Optimising Care: The Results

2,000 undiagnosed AF

WatchBP

19 new cases AF diagnosed

10,500 AF high risk stroke

GRASP AF

Before

No OAC

On OAC

After

No OAC

On OAC

1629 more OAC

36 expected strokes avoided

Quality services, better health
Optimising Care: The Results

10,500 AF high risk stroke

WPSAT

3000 people poorly-controlled on warfarin reviewed

% patients taking warfarin well-controlled

59 67

Before After

62 actual strokes saved

Quality services, better health
Optimising Care: The Impact

Quality services, better health
Optimising Care: Conclusion

This is a powerful, reproducible and collaborative way of carrying out health improvement

Saving lives for people and families

Saving time and money for the NHS

Quality services, better health