All Party Parliamentary Group on Atrial Fibrillation

ADDRESSING THE PATIENT IDENTIFICATION GAP IN ATRIAL FIBRILLATION (AF)

The Terrace, Palace of Westminster, London
21 November 2018
AF Association is a UK registered charity which focuses on raising awareness of atrial fibrillation (AF) by providing information and support materials for patients and medical professionals involved in detecting, diagnosing and managing atrial fibrillation.

The charity was formed in 2007 in response to overwhelming requests from medical and patient stakeholders seeking medically approved, informed and up to date information on AF and atrial flutter.

AF Association works closely with medical professionals, Department of Health, government, NHS Trusts, strategic health authorities, patients, carers, patient support group members and allied groups.

AF Association is the Secretariat of the All Party Parliamentary Group for Atrial Fibrillation which champions awareness of Atrial Fibrillation (AF) from within the heart of Westminster. The APPG-AF looks at a number of ways in which we can improve the treatment and diagnosis of AF and help prevent AF-related stroke. We also work with a broad range of parliamentarians from across the political spectrum to highlight the issue of AF from within parliament.

The elected Chair of the Group is Barry Sheerman, Labour MP for Huddersfield.
Elected officers: George Howarth MP | Glyn Davies MP | Baroness Olivia Bloomfield | Lord Anthony Colwyn
Over 1.5 million people have been diagnosed with AF in the UK alone, although experts estimate that at least 500,000 people remain undiagnosed. This number is expected to double by 2050. The focus for the APPG-AF and AF Association is to reduce the number of AF-related strokes in England and Wales. One of the key steps to achieving this goal is to identify those half a million people who have AF, but are currently undiagnosed. A large proportion of AF-related strokes could be avoided if someone who is undiagnosed was screened and prescribed anticoagulation therapy.

On **21 November 2018**, a meeting was held to discuss Addressing the Patient Identification Gap in Atrial Fibrillation (AF). The meeting formed part of the AF Association Global AF Aware Week which aims to raise awareness of atrial fibrillation, the most common arrhythmia (heart rhythm disorder).

**Welcome & Introduction**
Barry Sheerman MP – Labour MP for Huddersfield & Chair APPG-AF

**The need to address the AF identification gap**
Professor A. John Camm, President & Trustee, AF Association & Arrhythmia Alliance

**Launch of AF White Paper**
Professor A. John Camm, Ed Harding, The Health Policy Partnership

**AF Association Healthcare Pioneers Awards**
Professor A. John Camm & Barry Sheerman MP

**AF as a National Priority for Public Health England**
Professor Jamie Waterall, National Lead for Cardiovascular Prevention, Public Health England

**Closing remarks**
Barry Sheerman MP
Key Messages

AF currently affects 2% of the UK population – this will increase to 4% during the next decade. One in four people in their lifetime will develop AF

30% of people with AF in the UK remain undiagnosed and therefore at increased risk of suffering an AF-related stroke – this equates to nearly 500,000 people in England and Wales

Approximately 20% of people diagnosed with AF are given ineffective anticoagulation – mainly aspirin - which should not be used as an anticoagulant to prevent AF-related stroke

Health inequalities still exist – people in deprived areas are twice as likely to die from complications of CVD, including AF

Targeted activity can make a difference – in Huddersfield, AF Association and APPG-AF Chair Barry Sheerman MP, held a range of activities over a two-year period that has seen Huddersfield go from one of the poorest performing areas for identification, diagnosis and effective anticoagulation for AF, to well above the national average

AF White Paper identified four clear recommendations to improve the management of AF and reduce inequalities in care – patient and professional education, opportunistic detection, and policy leadership

CVD, which includes AF, is now one of the NHS’ four clinical priorities for 2019
Barry Sheerman MP, Chair of APPG-AF opened the meeting and thanked all those in attendance. He shared his personal family experience of AF and called on everyone in attendance to join with the APPG-AF, Arrhythmia Alliance and AF Association in raising awareness of the undiagnosed person with AF and the need for effective anticoagulation.

Mr Sheerman laid out his concerns: “We have a strong evidence-base for the identification, diagnosis and management of AF and yet we still have far too many people with AF who remain undiagnosed or who receive inappropriate anticoagulation.”

He added, “It is about time MPs ‘woke up’ to what is happening in their own constituencies – people going undiagnosed, and many of those that are diagnosed receiving ineffective anticoagulation, such as aspirin.”

If you get a GP or an MP that provides a focus for change you can see dramatic improvement in a short period of time. Over the last two years in Huddersfield, we have held Know Your Pulse events, a regional workshop and met with those individuals who can drive change in the NHS.

- I am pleased to say that during this time the local CCG has seen the number of patients identified and diagnosed with AF go from well below to actually above the national average, and a dramatic increase in the number of AF patients receiving effective anticoagulation – great news.
- BUT and there is always a BUT, more still needs to be done – as the number of AF patients being given aspirin is still prescribed in 20% of AF patients. We have the evidence and reservoir of passion to address these unnecessary gaps, such as the prescribing of the new anticoagulants (NOACs).

“I want to see a dashboard created that shows how each constituency is performing, and I will use parliamentary privilege to expose those who are not meeting the required minimal standards for identification, diagnosis and effective anticoagulation of patients with AF.”
Professor Camm, President & Trustee of AF Association & Arrhythmia Alliance outlined the reasons why AF is important, and why the identification gap needs to be addressed.

“Two percent of the UK population currently has AF, this will double to four percent within the next decade – and this is critical for all of us, as this means that one in four of us will develop AF in our lifetime.”

Professor Camm told the audience that he has had AF for thirty years and knows that with effective treatment a person with AF can lead a very good quality of life. However, about one-third of people still have undiagnosed AF in the UK, exposing them to an increased risk of an AF-related stroke.

The ‘Know Your Pulse’ campaign set up by AF Association has undertaken millions of pulses since the campaign started with 1-2 percent of those checked being identified with undiagnosed AF. There is a need for a more systematic approach to checking pulses for irregular heart rhythms. Everyone can do this – and if an irregular rhythm is detected then go straight to your GP.

Undiagnosed and untreated AF can have serious consequences, such as stroke, heart failure, sudden death, hospitalisation, cognitive decline and dementia. If AF is treated properly none of these issues need be a problem for someone with AF.

AF Association, set up in 2007, is now the largest UK and International organisation for AF. Its membership exceeds 100,000 (60,000 are patients) and it is making its impact felt across the world. AF Association partners with, and provides direct input to professional organisations, including the NHS to provide guidance on effective management of AF.
Launched in 2011, the AF Association Healthcare Pioneers Report recognises best practice in the identification, diagnosis, treatment and care of patients with atrial fibrillation (AF) and is used as a benchmark to improve services and care for the patients with AF.

Entries are reviewed by an AF expert judging committee established from the AF Association Medial Advisory Committee & Arrhythmia Alliance Executive Committee. The judging committee, chaired by Professor A. John Camm, select case studies that identify best practice in delivering care for AF patients from identification, diagnosis through to treatment – perfecting the patient care pathway.

Winners are invited to a presentation at the parliamentary event held during AF Association Global AF Aware Week.

Submissions for the AF Association Healthcare Pioneers Report 2020 report can be made via wwwafa.org.uk
THE SOS-AF SERVICE: IMPLEMENTATION OF A SECONDARY CARE SERVICE FOR SCREENING, OPTIMISATION AND SUPPORT FOR STROKE PREVENTION IN ATRIAL FIBRILLATION
Dr Kayvan Khadjooi, Nick Mills, Pauline Hough, Dr Isuru Induruwa, Dr Niamh Hannon, and Dr Elizabeth Warburton

SPECIALIST PHARMACIST-LED ANTICOAGULATION INITIATION IN THE PRIMARY CARE SETTING
Ms Hannah Oatley and Ms Satinder Bhandal

IMPLEMENTING A DETECT, PROTECT AND CORRECT STRATEGY FOR ATRIAL FIBRILLATION IN GP PRACTICES IN THE NORTH WEST COAST
Dr Julia Reynolds, Dr Michelle Coleiro, Paul Brain, and Haku Bhatt

CLINICAL COLLABORATION IN THE MANAGEMENT OF ATRIAL FIBRILLATION: THE VANGUARD PROGRAMME
Dr Peter Kabunga, Mrs Chikondi Saviele, Mrs Abimbola Amussah, Dr Matthew Wright, Dr Paul Scott, Mrs Denise Claxton, Miss Nellie Pindeni and Dr Jagdip Sidhu

A COLLABORATIVE APPROACH TO AF SCREENING AND RAPID RESOLUTION
Care City

AN INTEGRATED MULTI-PROFESSIONAL APPROACH TO AF MANAGEMENT: INITIAL EXPERIENCE OF A NEW RAPID ACCESS CLINIC IN SECONDARY CARE
Dr Karthik Viswanathan, Lucy Pittaway, Wendy Veevers, and Clare Vickers

ONE YEAR ON – COMMUNITY ECG CLINICS TO DETECT ATRIAL FIBRILLATION AND OTHER CARDIAC ISSUES FOR PATIENTS WITH SERIOUS MENTAL ILLNESS WHO ARE PRESCRIBED HIGH DOSE ANTIPSYCHOTIC MEDICATION
Miss Lisa Evans

IMPROVING ANTICOAGULATION PRESCRIBING FOR STROKE PREVENTION IN ATRIAL FIBRILLATION AND OPTIMISING MEDICINES FOR CARDIOVASCULAR RISK: NEW WAYS OF WORKING
Miss Jagjot Kaur Chahal, Dr Mark Earley, Dr Shabana Ali, Dr Khalid Saja, Dr Harjit Singh, Dr John Robson, and Mr Sotiris Antoniou
AF Association Healthcare Pioneer Awards 2019 winners

IMPLEMENTING VERNAKALANT
Mrs Angela Hall and Dr Andrew Mitchell

AF ANTICOAGULATION – DOACS BREAKING THE BANK?
Dr Stephen Cookson, Carina Joanes, Rachel Mackay, and Dr James Oldman

PHARMACISTS DETECTING ATRIAL FIBRILLATION (PDAF) IN PRIMARY CARE DURING THE INFLUENZA VACCINATION SEASON: A MULTI-SITE, CROSS-SECTIONAL FEASIBILITY PILOT STUDY
Dr Suivinder Bhamra, Dr Sarah Corlett, Ms Sarah Leaver, Professor Alistair Mathie, Mr Vilius Savickas, Dr Vanessa Short, Dr Adrian Stewart, and Dr Emma Veale

AN INTEGRATED APPROACH TO STREAMLINE ATRIAL FIBRILLATION MANAGEMENT IN A HOLISTIC MANNER: THE ABC (ATRIAL FIBRILLATION BETTER CARE) PATHWAY
Professor Gregory Y. H. Lip

PRESCRIPTION OF DIRECT ORAL ANTI-COAGULANTS IN ATRIAL FIBRILLATION – REAUDIT
Dr Alex Touze and Dr Terry Levy

ENHANCING PREVENTION OF AF-RELATED STROKE
Kam Grewal, Tarvinder Kalsi, Keval Modi, Gurkiran Kaur Ghatore, Caroline Davidson, and Dr Diviash Thakrar

KSS AHSN ALLIANCE FOR AF – DETECT – REVIEW – PROTECT
Jen Bayly, Dr Richard Blakey, Ellie Wells, and Justin Roccliffe
Launch of AF White Paper
Professor A. John Camm & Ed Harding

Professor Camm announced the launch of the “White Paper on inequalities and unmet needs in the detection of atrial fibrillation (AF) and use of therapies to prevent AF-related stroke in Europe”, and handed over to Ed Harding, The Health Policy Partnership, who co-ordinated the content for the White Paper to highlight its four critical recommendations:

**Recommendation 1:** Build awareness and understanding of AF. Public awareness of AF as a cause of stroke is worryingly low and comes at a high price. We need population-wide information campaigns with simple, targeted messages to address this. This should cover AF as a common cardiac condition, the link between heart conditions such as AF and stroke, and the importance of effective therapy in dramatically reducing stroke risk in people with AF. People diagnosed with AF should receive therapeutic education to build their knowledge of the condition and be involved in shared decision-making with healthcare professionals.

**Recommendation 2:** Increase opportunistic detection of AF among high-risk groups. Too many cases of AF are undetected, and all too often AF is diagnosed too late, for example following a stroke. Pulse rhythm checks are recommended by European Society of Cardiology guidelines as a quick, affordable and proven method to test for AF when followed by an electrocardiogram for confirmation. Pulse rhythm checks can be performed opportunistically (e.g. during a routine health check), as well as in almost any community or social setting. Yet it is rare for them to be recommended by national guidelines, and adoption in everyday practice is highly variable.

**Recommendation 3:** Increase knowledge and skills of healthcare professionals. Awareness of AF as a stroke risk factor and effective knowledge of first-line therapies for stroke prevention in AF are often inadequate outside of specialist cardiology settings. A wider range of healthcare professionals (e.g. GPs) must therefore be ready to play a key role in identifying AF and overseeing AF-related stroke prevention. To help achieve this, we must develop tailored guidelines for non-specialists, such as GPs, internists and nurses, and embed simple practices in everyday care.

**Recommendation 4:** Ensure policy leadership to drive equitable access to best practice. We must ensure local and national policies are in place to tackle the structural barriers behind persistent inequalities in the detection of AF and access to first-line therapies for AF-related stroke. To achieve this, we must also raise awareness and understanding of AF among decision-makers at all levels of the health system including administrators, managers and payers.
**Call to action**

AF-related stroke is a clear challenge to the future sustainability of healthcare systems and demands high-level attention in every nation in Europe. This should align to the Action Plan for Stroke in Europe 2018–2030 and should include, at a minimum:

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<th>Requirement</th>
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<td>an assessment of the current human and economic burden of AF as a cause of stroke</td>
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<td>an assessment of systemic and structural strengths and weaknesses to explain current performance</td>
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<td>adequate resources to ensure key actions can be implemented effectively.</td>
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<td>Future projections of AF prevalence and their implications for the burden of stroke, with scenario modelling for guideline-based efforts to reduce AF-related stroke clear and measurable targets to prevent AF-related stroke, and the identification of best-value investments to achieve them.</td>
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<td>an estimate of undiagnosed AF in the general population; and, for those with a diagnosis, an estimate of the current access to and uptake of first-line therapy to prevent AF-related stroke</td>
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Professor Waterall provided the audience with an update on the work of Public Health England with regard to cardiovascular disease (CVD) and AF and its forthcoming plans for 2019. Many people considered CVD to have been sorted out but in reality, much still needs to be done. CVD accounts for 25% of overall mortality in the UK; 7m people are living with CVD, the NHS spent £7.4bn on CVD, and the overall economic cost last year spent on managing CVD was over $15bn.

Health inequalities still exist and need to be addressed, deprived populations are twice as likely to die from CVD and its complications than more affluent areas.

On 22 November, PHE launched its new action plan – with CVD as one of the top four priority areas, including AF, during 2019. Professor Waterall outlined existing and planned initiatives of PHE to improve the outcomes of patients with CVD, and with AF:

- PHE has published a new ROI tool that sets out savings that can be made from better identification and management of patients
- ‘Size of the Prize’ identifies the gaps at a CCG and practice level that still exists between identification and appropriate management; over 14,000 heart attacks and strokes could be prevented each year through earlier identification, diagnosis and effective management of AF – this could also save the NHS £241m in just three years
- A new CVD system leadership forum has been established, including AF Association, and 32 other multi-agency organisations. Looking to develop National ambitions for CVD including AF, where are we going to improve outcomes
- New NHS long-term plan due for publication in December, with CVD as a new clinical priority, to improve outcomes and reduce the unnecessary complications of undiagnosed or unmanaged CVD, including AF
Mr Sheerman asked everyone to approach their local MP about this issue or to contact his office, so he can contact the relevant MP to help raise greater local political awareness of the issues surrounding AF and the situation in their respective constituencies.

Barry Sheerman MP
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AF White Paper

AF Association Healthcare Pioneers Report 2019

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All Party Parliamentary Group on Atrial Fibrillation

Secretariat: