



**Southport and Formby  
Clinical Commissioning Group**

Our ref: FOI ID 5810

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[Southportandformbyccg.foi@nhs.net](mailto:Southportandformbyccg.foi@nhs.net)

**NHS Southport & Formby CCG**

Merton House  
Stanley Road  
Bootle  
Merseyside  
L20 DL

Direct dial: 0151 247 7000

**Re: Freedom of Information Request**

Please find below the response to your recent Freedom of Information request regarding Atrial Fibrillation services within NHS Southport and Formby CCG.

Request/[Response](#):

[Please see appendix 1.](#)



ALL-PARTY PARLIAMENTARY GROUP ON  
 ATRIAL FIBRILLATION



**Atrial Fibrillation in Your Area**

**Question 1: Between 1 July 2014 and 30 June 2015, in the area covered by your CCG:**

**a) What was the prevalence of atrial fibrillation (AF)**

Latest available (2013/14) data is freely available from <http://www.hscic.gov.uk/catalogue/PUB15751> for all organisations down to practice level. 2014/15 data is due for release 29/10/2015. The data isn't available for the time period requested (data is published in financial years)

**b) How many patients were diagnosed with AF?**

Data not available for the dates requested, information can be sourced by accessing the above resource and comparing previous year's figures.

**c) How many patients received a manual pulse check for AF?**

Data not routinely collected.

**Question 2: Which of the criteria listed below is included in the personalised package of care offered to patients with AF? (Please tick the boxes that apply)**

Personalised Package of Care and Information	
NICE Clinical Guideline 180 – <i>Atrial Fibrillation: the management of atrial fibrillation</i> makes the following recommendation on offering patients with AF a personalised package of care:	
<ul style="list-style-type: none"> <li>• Offer people with atrial fibrillation a personalised package of care. Ensure that the package of care is documented and delivered, and that it covers:               <ul style="list-style-type: none"> <li>- AF-related stroke awareness and measures to prevent AF-related stroke</li> <li>- rate control</li> <li>- assessment of symptoms for rhythm control</li> <li>- who to contact for advice if needed</li> <li>- psychological support if needed</li> <li>- up-to-date and comprehensive education and information on:                   <ul style="list-style-type: none"> <li>➤ cause, effects and possible complications of atrial fibrillation</li> <li>➤ management of rate and rhythm control</li> <li>➤ anticoagulation; practical advice on anticoagulation in line with recommendation 1.3.1 in 'Venous thromboembolic diseases' (NICE clinical guideline 144)</li> <li>➤ support networks (for example, cardiovascular charities).</li> </ul> </li> </ul> </li> </ul>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	Not routinely



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**Question 3: What steps does your CCG take to verify that patients with AF are being offered a personalised package of care?**

The provision of personalised packages of care is variable across the CCG.

As a CCG we are currently focusing on AF and Stroke prevention in a primary care action plan. We have run the GRASP tool across the CCG and are in the process of developing a plan to review the patients identified as being high risk.

Clinical Leads have developed an AF pathway outlining the interventions required to give quality care for patients with AF. Personalised packages of care are included within this work which is being rolled out.

**Question 4: What support networks and information are advertised and provided to patients with AF?**

There is an AF support group at Southport and Ormskirk NHS Trust to provide patients with relevant information.

Primary care uses the attached leaflet to provide patients with relevant information.  
<http://patient.info/health/preventing-stroke-when-you-have-atrial-fibrillation>

**Question 5: Between 1 July 2014 and 30 June 2015, how many patients in the area covered by your CCG have been referred for specialised management due to:**

**a.) Failure of AF treatment to control the symptoms of AF?**

Data unavailable and unable to extract by CCG, see below.

**b.) Recurrence of AF following cardioversion?**

Data unavailable to CCG.

Whilst we receive information via the Secondary Uses Service (SUS) pertaining to referrals to secondary care and which provider and specialty they have been referred to, we do not hold information pertaining to the reason for referral. Please contact the provider Southport and Ormskirk NHS Trust - [soh-tr.foi@nhs.net](mailto:soh-tr.foi@nhs.net)

**Referral for Specialised Management**

NICE Clinical Guideline 180 makes the following recommendation regarding referral for specialised management:

- Refer people promptly at any stage if treatment fails to control the symptoms of atrial fibrillation and more specialised management is needed.

**Question 6: What steps do your providers take to ensure that people with any of the above conditions are assessed for AF-related stroke risk using the CHA2DS2-VASc stroke risk score?**

Please contact the provider Southport and Ormskirk NHS Trust - [soh-tr.foi@nhs.net](mailto:soh-tr.foi@nhs.net)



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NICE Clinical Guideline 180 makes the following recommendations regarding assessment of AF- related stroke risk:

**AF- Related Stroke risk**

- Use the CHA2DS2-VASc stroke risk score to assess AF-related stroke risk in people with any of the following:
  - symptomatic or asymptomatic paroxysmal, persistent or permanent atrial fibrillation
  - atrial flutter

a continuing risk of arrhythmia recurrence after cardioversion back to sinus rhythm.

**Question 7: What steps do your providers take to ensure that the HAS-BLED score is used to assess the risk of bleeding in people who are starting or have started anticoagulation?**

Please contact the provider Southport and Ormskirk NHS Trust - [soh-tr.foi@nhs.net](mailto:soh-tr.foi@nhs.net)

**NICE Clinical Guideline 180 makes the following recommendations regarding assessment of bleeding risk:**

**Bleeding risk**

- Use the HAS-BLED score to assess the risk of bleeding in people who are starting or have started anticoagulation. Offer modification and monitoring of the following risk factors:
  - uncontrolled hypertension
  - poor control of international normalised ratio (INR) ('labile INRs')
  - concurrent medication, for example concomitant use of aspirin or a non-steroidal anti-inflammatory drug (NSAID)
  - harmful alcohol consumption.

**Questions 8: Of the patients who were treated for AF in the area covered by your CCG between 1 July 2014 and 30 June 2015, how many had a CHA2DS2-VASc score of 2 or above?**

We do not hold this information. Please contact the provider Southport and Ormskirk NHS Trust - [soh-tr.foi@nhs.net](mailto:soh-tr.foi@nhs.net)



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**Interventions to prevent stroke**

NICE Clinical Guideline 180 makes the following recommendation regarding interventions to prevent AF-related stroke:

**Anticoagulation**

Anticoagulation may be with apixaban, dabigatran etexilate, rivaroxaban, edoxaban or a vitamin K antagonist.

- Offer anticoagulation to people with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or above, taking bleeding risk into account.

**Question 9: Of these patients, how many were treated for AF-related stroke prevention with:**

a.) **Anticoagulation therapy (therapy which reduces the body's ability to form clots in the blood)?** [CCG level data not available](#)

b.) **Aspirin monotherapy (the treatment of AF with aspirin alone)?**  
[CCG level data not available.](#)

**Question 10: What guidance do you give to your providers to ensure they are prescribing an appropriate anticoagulant approved by NICE for AF-related stroke prevention rather than aspirin monotherapy?**

We utilise NICE guidance and Pan Mersey Area Prescribing Committee guidelines to support our providers in offering the most up to date evidence based care. Clinic Leads have developed a local pathway providing guidance on making the correct prescribing decisions and training is offered

We have also been involved in the development of a Cheshire and Merseyside AF pathway which is in the process of being finalised for use across the area.

**Question 11: Of the patients treated with anticoagulation therapy for AF-related stroke prevention in the area covered by your CCG between 1 July 2014 and 30 June 2015, what percentage were treated with:**

- a.) **A novel oral anticoagulant (NOAC)?**  
b.) **Warfarin?**

**NICE Clinical Guideline 180 makes the following recommendation regarding use of antiplatelets:**

**Antiplatelets**

- Do not offer aspirin monotherapy solely for stroke prevention to people with atrial fibrillation.



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**Question 12: Do your providers offer rate-control as the first-line strategy to patients with AF?**

\*AF is associated with an increased heart rate, which can cause both immediate and long term health consequences. Rate control uses drugs approved by NICE or surgical interventions to reduce the ventricular heart rate, and thereby improve symptoms and reduce the risk of associated morbidity.

**Rate and rhythm control**

NICE Clinical Guideline 180 makes the following recommendation regarding rate and rhythm control:

- Offer rate control\* as the first-line strategy to people with atrial fibrillation, except in people:
  - whose atrial fibrillation has a reversible cause
  - who have heart failure thought to be primarily caused by atrial fibrillation
  - with new-onset atrial fibrillation
  - with atrial flutter whose condition is considered suitable for an ablation strategy to restore sinus rhythm for whom a rhythm control strategy would be more suitable based on clinical judgement.

Rate control is offered to our patients as first-line strategy to patients with AF. The CCG is addressing variation in practice through our programme of work.