

Opportunistic screening for atrial fibrillation

(Final version as at 24th September 2012)

Objective

The premise behind choosing atrial fibrillation for QOF in 2012-2013 is to prevent strokes in the locality. There are 20-25% of patients with AF who have not been identified yet. The vast majority of them are elderly at high risk of stroke and consequently do not receive effective stroke prevention.

Taking a standard population of our size there are 22 strokes a year due to AF. This does not allow for our older than average population, so there may be even more that can be prevented. If we could prevent half of these a year this would reflect a significant reduction in disability, work for carers, as well as a reduction in health and social care needs.

The QOF for the year 2012-13 includes the years risk stratification of existing patients with atrial fibrillation and the steps taken to prevent a stroke through antiplatelet or anticoagulation. This takes it one step further to screen patients for atrial fibrillation, confirm the diagnosis and then the QOF will deal with prevention.

NECVN Recommendation

The North East Cardiovascular Network has recommended that 85% of the over 65 population should be screened opportunistically to prevent stroke. We would like practices to put systems in place during 2012/13 that ensure that over the next two years this is achieved.

Practice screening system for over 65s

There are different approaches practices could use and it is up to practices to decide how they will implement this. Practices will be asked to describe at the end of the year what system they have put in place.

One suggestion would be to screen as part of influenza vaccination, as a large proportion of the over 65's should attend for vaccination. This is also a chance to screen patients who may not normally come into the practice. Another approach would be to include 'recording pulse rhythm' on templates in chronic disease follow-up clinics, which would cover a significant proportion of this group.

Neither approach on its own will screen the whole target population, so practices should include within their system a plan for how they will reach individuals who may be missed.

The screening system should also explain how patients identified with an irregular pulse will then go onto have an ECG recorded as quickly as possible.

Data collection

The steps for the data collection are set out on the page below, including dates set for completion of the tasks.

Should a patient be admitted with stroke associated with new onset atrial fibrillation please code both. The number of new strokes associated with new onset AF will form part of the end of year report. Of the new cases of AF detected, we will ask for a breakdown of those that were managed in house, those who were referred for open access echo or cardiological opinion. The treatment of AF should follow the approved guidelines shared with the practices last year.

The codes we would recommend for use in medical records are

	5 byte (EMIS / iSOFT)	CTV3 (SystMone)
Pulse Rhythm		
-Reg	2431	XM02J
-Irreg	2435	X76JE
ECG: AF	3272	3272
CHADS2	38DE	XaP9J
Referral for Echo	8HQ7	XaION
Referral to Cardiology	8H44	8H44

For information - changes made to final version

Following feedback from practices on the draft guidance, the following changes have been included within the final version of the guidance:

- Recognition that flu clinics may not suit all practices for screening, so emphasis placed on practices putting their own system in place that is able to achieve the 85% screening level recommended by the North East Cardiovascular Network over the next two years
- Removal of the 60% target in 12/13, to be replaced by emphasis on practices putting a system in place and reporting on their progress at the end of March against screening the over 65 population
- Removal of the specific audit parameter to measure ECGs undertaken within 2 weeks. This was included in relation to flu clinics where it may be difficult to process ECGs quickly. However, the clinical guidance is that ECGs should be done as quickly as possible, preferably same-day, so instead we are asking practices to report at the end of the year how they ensure ECGs are recorded quickly as part of describing their overall screening system.

Pathway implementation for AF Screening in the Over 65s

Step 1

The start of the QOF year would involve a two searches of computer records to find the total number of patients with AF in each practice and the number of patients over 65 who have had a record of pulse rhythm in the last year. This should be shared within the practice and at peer review groups.

Complete end September

2012

Step 2

The practice should discuss and agree a practice system for screening over 65s, then start proactive case finding through opportunistic screening. For example the pulse rhythm code should be added to Long-Term Conditions templates and completed at reviews. Flu vaccination campaigns are also good time for checking pulses. Code all results regular and irregular pulse codes.

Complete end March 2013

Step 3

All patients with irregular pulses should have an ECG. The report will need to evidence how the practice implements this routinely. The result should be coded using one of the codes above.

For information, where possible, best practice would be for an ECG to be recorded on the day when the pulse irregularity is found. This is because up to 25% will have paroxysmal AF and might be back in sinus rhythm if they return a week later.

If atrial fibrillation is discovered then the patient should be screened for heart murmurs. If patients are suspected to have a murmur or heart failure then cardiology review should be considered.

Complete end March 2013

Training Needs Analysis

The CCG has an opportunity to access training (sponsored through Boehringer Ingelheim) if there is an interest from practices. Practice managers should consult with their GPs and nurses and feedback whether there is an interest in the CCG arranging a full or half-day workshop (not a TARGET event) covering any or all of the following subjects (say which):

- ECG recording and interpretation
- Diagnosis and management of AF
- Use of the GRASP-AF software to search for patients with AF

Complete end September 2012

The report

In April 2013 a report should be completed with the following details:

Summary description of practice approach to screening, including how patients are screened and abnormal pulses are followed up with an ECG quickly.

Audit showing progress with screening in 12/13 covering:

- Number O65s
- Number and percentage O65s pulse rhythm recorded at 31.8.12
- Number and percentage O65s pulse rhythm recorded at 31.3.13
- Number and percentage of O65s with regular pulse detected at 31.3.13
- Number and percentage of O65s with irregular pulse detected at 31.3.13
- Number and percentage of new AF cases detected through screening 1.9.12 to 31.3.13
- Number and percentage of new AF cases managed in house 1.9.12 to 31.3.13
- Number and percentage of new AF cases referred for echocardiogram 1.9.12 to 31.3.13
- Number and percentage of new AF cases referred to cardiology 1.9.12 to 31.3.13
- Number and percentage of O65s admitted for stroke with new onset AF 1.9.12 to 31.3.13

Complete end April 2013