

Protocol for the review of people with atrial fibrillation (AF) not receiving an anticoagulant

The purpose of protocol is to identify opportunities to protect someone with AF from an AF-related stroke

Prescribing and medicines optimisation team
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Protocol approval details

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Authorised by: medicines optimisation programme board (MOPB), May 2021

Review by: May 2024

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Document version control

Version	Changes	New version	Actioned by
1	Review of the previous AF protect protocol (February 2020). New method of searching using GP practice system and new appendix two and three.	No	Marco Motta and Emma Eade
1	Minor amendments	1.1	Rebecca Johns
1.1	Accessibility checked	1.2	Admin
1.2	New method for each system	1.3	Emma Eade
1.3	Final version	2	Admin

Link to quality and outcomes framework (QOF)

The AF001, AF006 and AF007 describe QOF requirements for AF. The cardiovascular disease (CVD) prevention direct enhanced service, due to commence in 2021, focus on AF.

Aim

The aim of this protocol is to identify those patients who have been diagnosed with AF and have not been risk assessed with a CHA2DS2-VASc and those with a CHA2DS2-VASc ≥ 2 and not on anticoagulation. This will also identify those who are only taking an antiplatelet for AF.

Background

This is a review of the protocol for AF: identify people with AF not receiving anticoagulation (February 2020).

This comes as an update to new method for identifying patients, which will use GP practice systems instead of Eclipse, and to make the review more specific.

Method for EMIS

Part 1: Identify patients who have been diagnosed with AF and not been risk assessed with a CHA2DS2-VASc (QoF indicator AF006)

1. Ensure the practice has agreed to the protocol, with permission recorded.
2. Import the search titled 'EMIS protect search with auto-report' in the shared drive to identify patients diagnosed with AF. For those practices wanting a copy of the exported search it can be e-mailed to them separately.
3. Export the data to an Excel spreadsheet and add those with no value recorded in the CHA2DS2-VASc column to the [data collection sheet](#) and complete the data required. Practices may have CHADS2 score instead.
4. Pass the data collection to the practice, primary care network (PCN) pharmacist or GP to review.
5. Review will highlight patients who have never had a CHA2DS2-VASc or have not had a CHA2DS2-VASc recorded or have a previous readcode of AF who have no further evidence of diagnosis. Risk assessment should be done every 12 months.
6. Practice to complete summary report form ([appendix 1](#)).

Part 2: Identify patients who have been diagnosed with AF, have a CHA2DS2-VASc of 2 or more and are not anticoagulated (QoF indicator AF007)

1. Use the previous [data collection sheet](#) to identify patients diagnosed with AF with CHA2DS2-VASc ≥ 2 and not on anticoagulation. This can be done by filtering the spreadsheet to show blanks in the anticoagulation column and then filtering the CHADS2 score only show 2 and above.
2. Export the data to an Excel spreadsheet and complete the [part 2 data collection sheet](#)
3. Pass the data collection to the practice, PCN pharmacist or GP to review.
4. Practice to complete summary report form ([appendix 1](#)).

Method for SystmOne

Part 1: Identify patients who have been diagnosed with AF and not been risk assessed with a CHA2DS2-VASc (QoF indicator AF006)

1. Ensure the practice has agreed to the protocol, with permission recorded.
2. Import and run the 7 CVD searches.
3. Highlight the search titled 'part 1' and breakdown the results to show age in years and sex.
4. Show patients then use this and the patients records to complete [the data collection sheet](#).
5. Pass the data collection to the practice, PCN pharmacist or GP to review.
6. Review will highlight patients who have never had a CHA2DS2-VASc or have not had a CHA2DS2-VASc recorded or have a previous readcode of AF who have no further evidence of diagnosis. Risk assessment should be done every 12 months.
7. Practice to complete summary report form ([appendix 1](#)).

Part 2: Identify patients who have been diagnosed with AF, have a CHA2DS2-VASc of 2 or more and are not anticoagulated (QoF indicator AF007)

1. Highlight the search titled 'part 2' and breakdown the results to show age in years, sex, CHA2DS2-VASc score and date of CHA2DS2-VASc.
2. Show patients then use this and the patients records to complete the [data collection sheet](#).
3. Pass the data collection to the practice, PCN pharmacist or GP to review.
4. Practice to complete summary report form ([appendix 1](#)).

Considerations during review

Previously exempt (for example, due to a fall): Review if they are suitable for anticoagulation based on their current clinical condition. Falls should not be the sole reason to avoid anticoagulation.

Taking antiplatelet: Antiplatelet treatment is not an effective method for preventing stroke in AF and in elderly it carries the same risk of major bleeding as anticoagulation.

Resolved AF: Patients who have resolved AF are recommended to continue anticoagulation.

Incorrect readcode: Patients who have a previous readcode of AF who have no further evidence of diagnosis.

Based on the new National Institute for Health and Care Excellence AF guidance NG196: consider anticoagulation with a direct acting oral anticoagulant for men with AF and a CHA₂DS₂ VASc score of one, considering the risk of bleeding, and HAS-BLED score has been replaced by ORBIT bleeding risk score.

Appendix 1: Completion of protocol

GP practice: [Click here to enter text.](#)

Date of review: [Click or tap to enter a date.](#)

Review conducted by: [Click here to enter text.](#)

Number of patients reviewed: [Click here to enter text.](#)

Feedback

[Click here to enter text.](#)

Difficulties encountered

[Click here to enter text.](#)

Completed by: [Click here to enter text.](#)