NHS COMMISSIONING BOARD

2013/14 NHS STANDARD CONTRACT

PARTICULARS

SCHEDULE 2 – THE SERVICES

1. Service Specifications (B1)

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement

Optional headings 5 – 7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

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| **Service Specification** |  |
| **No.** |  |
| **Service** | **Atrial Fibrillation** |
| **Commissioner Lead** | Jacqui Seaton |
| **Provider Lead** |  |
| **Period** | April 2019 – March 2020 |
| **Date of Review** | March 2020 |

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| **1. Population Needs** |
| 1.1 National/local context and evidence base  Atrial fibrillation (AF) is a major risk factor for stroke:   * The risk of stroke increases five-fold in people with AF * AF contributes to one in five strokes   Almost a third of people with AF are undiagnosed and therefore untreated and at high risk of premature death or disability.  The aim of treatment is to prevent complications, particularly stroke, and alleviate symptoms. Anticoagulation substantially reduces the risk of stroke in people with AF. Unfortunately less that 50% of stroke patients with known AF are on anticoagulation treatment at the time of their stroke. In January 2014, NHS England published an AF QIPP report for the CCG[[1]](#endnote-1). The headline of this report was that by increasing the detection and improving the management of patients on our AF registers, we could prevent a further 21 strokes each year.The current prevalence of AF in Telford is ~ 1.69%. The true prevalence is believed to be around 2%.If we assume that the true prevalence of AF in our population is ~2%, then we have ~ 795 people who are currently undiagnosed in our population. Approximately 80% of these patients will be eligible for treatment with an oral anticoagulant drug.Not only is our AF prevalence lower than expected, we also have a high percentage of high-risk AF patients (i.e. those with a CHA₂DS₂-VASC>1) who are ‘exception reported’ or receiving an antiplatelet (rather than an anticoagulant) or no treatment at all. |
| **2. Outcomes** |
| * 1. NHS Outcomes Framework Domains & Indicators      |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **√** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **√** |   2.2 Local defined outcomes   * Increase opportunistic pulse monitoring in patients aged ≥ 50 years. * AF diagnosed in accordance with [NICE guidance](https://www.nice.org.uk/guidance/cg180). * All patients diagnosed with AF have CHA2DS2VASc and HAS-BLED scores recorded in their notes and reviewed regularly (at least annually). * Patients are initiated on the most appropriate, evidence-based treatment (in accordance with NICE guidance). * All patients on current AF registers, with a CHA₂DS₂-VASC>1 who are either exception reported or prescribed an antiplatelet drug or no treatment at all (i.e. excluded from AF quality indicator AF004) are reviewed and prescribed the most appropriate, evidence-based treatment (in accordance with NICE guidance). |
| **3. Scope** |
| 3.1 Aims and objectives of service   * Encourage practices to increase opportunistic pulse monitoring in patients aged ≥ 50 years. * Ensure that AF is diagnosed in line with NICE guidance. * Where AF is diagnosed, ensure that CHA2DS2VASc and HAS-BLED scores are recorded in the patients notes and reviewed regularly (at least annually). * Ensure that patients are initiated on the most appropriate, evidence-based treatment (in accordance with NICE guidance). Treatment should be monitored carefully. * The service also aims to encourage practices to review patients who are on their current AF register, with a CHA₂DS₂-VASC>1 who have been exception reported or who are currently prescribed an antiplatelet drug or no treatment at all (i.e. excluded from AF quality indicator AF004) and ensure that they are prescribed the most appropriate, evidence-based treatment (in accordance with NICE guidance. |

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| * 1. Service descriptions/care pathway      1. Practices are required to keep a register of patients diagnosed with AF.      2. AF must be diagnosed in accordance with NICE guidance.      3. Once diagnosed: * CHA2DS2VASc (Stroke risk assessment) must be undertaken and recorded * HAS-BLED (bleeding risk assessment) must be undertaken and recorded * Patient should be initiated on the most appropriate treatment.   + **Offer** anticoagulation to people with a CHA2DS2VASc score of 2 or above, taking bleeding risk into account.   + **Consider** anticoagulation for all men who have a CHA2DS2VASc score of 1, taking bleeding risk into account.   + Where an anticoagulant is indicated but not initiated, the reason must be clearly documented in the patient’s notes.     1. High-risk AF patients (i.e. those with a CHA₂DS₂-VASC>1) on the current AF register (i.e. read coded as AF before 1st April 2019), who are currently ‘exception’ reported from AF indicators **or** treated with antiplatelet monotherapy or receiving no drug treatment at all (i.e. **excluded** from quality indicator AF004 – Patients with a CHA₂DS₂-VASC score > 1 treated with anticoagulation therapy) should be reviewed as detailed in 3.2.3 above.   1. Population covered   **In scope** - This LES applies to all patients who are newly diagnosed (on or after 1st April 2019) with atrial fibrillation and to those high-risk patients (i.e. CHA₂DS₂-VASC>1) on the current AF register (i.e. before 1st April 2019) who are either exception reported or being treated with an antiplatelet or receiving no treatment at all.  **Out of Scope** – This LES does not include patients who are on the current AF register, with a CHA₂DS₂-VASC>1 who are being treated with an anticoagulant. |
| **4. Applicable Service Standards** |
| * 1. Applicable national standards (e.g. NICE)   [National Institute for Health and Care Excellence. Atrial fibrillation: management. NICE Clinical guideline 180. June 2014](https://www.nice.org.uk/guidance/cg180)  QOF   * 1. Applicable local standards   NHS England. AF QIPP Report 2012-13 - Telford and Wrekin CCG. January 2014  Stroke Association. AF: How can we do better? 2015 |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. Applicable quality requirements (See Schedule 4 Parts A-D)   2. Applicable CQUIN goals (See Schedule 4 part E) |
| **6. Location of Provider Premises** |
| The Provider’s premises are located at: |

**Payment and reporting details** **Appendix 1**

Practices are required to keep a register of patients diagnosed with AF and submit baseline data and a quarterly claim to the CCG.

**Payments:-**

* £30 per new AF diagnosis (diagnosis must be made in accordance with NICE guidance). Once diagnosed:
  + CHA2DS2VASc (Stroke risk assessment) must be undertaken and recorded
  + HAS-BLED (bleeding risk assessment) must be undertaken and recorded
  + Patient should be initiated on the most appropriate treatment.
    - **Offer** anticoagulation to people with a CHA2DS2VASc score of 2 or above, taking bleeding risk into account.
    - **Consider** anticoagulation for all men who have a CHA2DS2VASc score of 1, taking bleeding risk into account.
    - Where an anticoagulant is indicated but not initiated, the reason must be clearly documented in the patients notes.

GRASP-AF will be available to all practices to help identify such patients.

* £10 per review of each high-risk AF patient (i.e. those with a CHA₂DS₂-VASC>1) on the current AF register (i.e. read coded as AF before 1st April 2018), who is currently ‘exception’ reported from AF indicators **or** treated with antiplatelet monotherapy or receiving no drug treatment at all (i.e. **excluded** from quality indicator AF004 – Patients with a CHA₂DS₂-VASC score > 1 treated with anticoagulation therapy)

The following **baseline** information should be provided:

* Number of patients on the AF register as of 31st March 2019 (AF001)
* Number of patients on the AF register that had a CHA₂DS₂-VASC score recorded in the past 12 months (from 1st April 2018)
* Number of patients on the AF register who have a CHA₂DS₂-VASC>1 that are not currently treated with anti-coagulation drug therapy (i.e. those EXCLUDED from AF004 indictor)
* Number of patients on the AF register with a CHA₂DS₂-VASC>1 treated with an antiplatelet only (i.e. not currently prescribed an anticoagulant)
* Number of patients exception reported from the AF indictors in the past 12 months

(Contact Medicines Management if you require EMIS searches to extract this baseline data)

**Quarterly** returns need to be submitted providing details of:-

* Patients newly diagnosed with AF (i.e. those diagnosed **on or after** 1st April 2019- complete table in Appendix 2)
* Patients diagnosed with AF who have been reviewed in accordance with this LES (i.e. those diagnosed **before** 1st April 2019 - complete table in appendix 3)

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| **Extraction date:** | **Submit by:** |
| 30/06/19 | 31/07/19 |
| 30/09/19 | 31/10/19 |
| 31/12/19 | 31/01/20 |
| 31/03/20 | 30/04/20 |

**NB: For 2019/20 there is no CQUIN scheme for this service, the payments have therefore been adjusted to include the 2.5% CQUIN payment (without the CQUIN payment the payment would have been £29.27 for new patients and £9.76 for reviewed patients)**

Appendix 2

**Quarterly return for patients diagnosed with atrial fibrillation on or after 1st April 2019**

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| **Unique patient identifier** | **AF diagnosed in accordance with NICE guidance** | **CHA2DS2VASc score** | **HAS-BLED score** | **If CHA2DS2VASc score > 1 was an anticoagulant started? If not, why?** | **Comments** |
|  | **Yes / No** |  |  |  |  |
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Appendix 3

**Quarterly return for patients on the AF register as of 31st March 2019 who are at high risk (i.e. CHA₂DS₂-VASC>1) and have either been exception reported or are currently being treated with an antiplatelet or receiving no treatment at all (i.e. excluded from quality indicator AF004).**

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| **Unique patient identifier** | **Reason for review? (i.e confirm whether exception reported, antiplatelet only or no treatment at time of review)** | **CHA2DS2VASc score** | **HAS-BLED score** | **If CHA2DS2VASc score > 1 was an anticoagulant started? If not, why?** | **Comments** |
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1. NHS England. Atrial Fibrillation QIPP Report 2012-13 - Telford and Wrekin CCG. January 2014 [↑](#endnote-ref-1)