Report to:	**SINGLE COMMISSIONING BOARD**
Date:	14 February 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**ATRIAL FIBRILLATION PATHWAY AND COMMUNICATIONS STRATEGY**
Report Summary:	Atrial Fibrillation is a common heart arrhythmia and increases the risk of stroke. In order to improve health outcomes for people with Arterial Fibrillation, and to also achieve significant financial savings for the NHS and social care, more patients (in particular those who are asymptomatic) need to be identified, treated and managed appropriately. The Heart Disease Programme Board identified the need for: • a clear pathway to identify, treat and manage Atrial Fibrillation; • key messages about Atrial Fibrillation to be communicated to the Neighbourhoods (including Primary Care) and also people living in Tameside and Glossop. Included in this report is a copy of the proposed pathway (**Appendix 1**), a draft communications plan (**Appendix 2**) and targets for increasing the identification and management of people with Atrial Fibrillation.
Recommendations:	The Single Commissioning Board are asked to 1. Approve the pathway for use in Primary Care; 2. Note that further discussions are to be held with Tameside and Glossop Integrated Care NHS Foundation Trust to further develop the draft communications plan to identify more people who have undiagnosed Atrial Fibrillation; 3. Agree with the aim to implement the pathway as the approach to identifying 550 more people by the end of 2016/17 and reduce the number of people who are admitted for a stroke but have known Atrial Fibrillation and are not anticoagulated.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The costs associated with this are all included in the wider Integrated Care Fund, but are not part of the S.75 as some costs fall within the list of exclusions. Finance Group has reviewed this report and fully support the principles contained within, which aligns well with the principles of Care Together. However we must sound a note of caution with regard the calculated savings which we believe need more work if they are to form the basis of the decision making process. While the £23k per stroke calculation may have academic rigour behind it, it is a theoretical figure based on the long term costs associated with stroke in different areas. It does not represent a short term cashable benefit; therefore realisation of savings in 17/18 cannot be as quoted. The report talks about implementing a new communications strategy to which there is no cost attached, which would further reduce any saving.

Legal Implications: **(Authorised by the Borough Solicitor)**	To avoid sustainable challenge the proposals agreed and as set out in this report should be effectively monitored to ensure compliance with targets in achieving improved outcomes and reducing the costs to the system. Whilst the health benefits will significantly reduce health inequalities, the financial savings of £41K are finely balanced. Moreover do not take into account any spend required for the communications strategy.
How do proposals align with Health & Wellbeing Strategy?	The proposed pathway and communications plan will align with the H&WB strategy by: • Providing a clear pathway for Primary Care which will support the identification of the undiagnosed Atrial Fibrillation patients; • Providing a clear plan of how to treat and manage people with Atrial Fibrillation in Primary Care and in the community which will increase independence and reduce ill health; • Producing a neighbourhood communications strategy that will provide targeted awareness and improve identification.
How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Healthy Lives (early intervention and prevention); • Enabling self-care; • Neighbourhood-based identification and management.
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering people to identify the symptoms of Atrial Fibrillation in themselves or others; • Encourage neighbourhood teams to identify and undertake pulse checks on people who may be at high risk of Atrial Fibrillation; • Recommend that Primary Care follow the pathway to identify more people and manage them appropriately.
Recommendations / views of the Professional Reference Group:	PRG agreed to the three recommendations. There was a concern raised about the impact the pathway may have on primary care and this is something that would be addressed with the full implementation plan. The implementation of the pathway would support the reduction of unwanted variation in healthcare and this is an area of change that is highlighted within the RightCare data.
Public and Patient Implications:	The new pathway would support the identification of Atrial Fibrillation across Tameside and Glossop. This would then allow for improved management and reduction in risk for future strokes.
Quality Implications:	A quality impact assessment has been completed and is attached.
How do the proposals help to reduce health inequalities?	The incidence of Atrial Fibrillation increases with age. By identifying Atrial Fibrillation early, and by supporting and managing people appropriately, it will ultimately reduce the number of people who would go on to have a stroke.
What are the Equality and Diversity implications?	It is anticipated that the proposal will not have a negative effect on any of the protected characteristic group(s) within the Equality Act.

	An Equality Impact assessment has been completed and is attached.
What are the safeguarding implications?	None.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information governance is a core element of the NHS. GP Practices and neighbourhood teams would have IG policies in place and they would be expected to adhere to these.
Risk Management:	By following the pathway is it expected that there would be a reduction in risk as more people would be identified.
Access to Information :	The background papers relating to this report can be inspected by contacting Samantha Hogg, Commissioning Development Manager by: Telephone: 07342 055 999 e-mail: Samantha.hogg@nhs.net

1. BACKGROUND

1.1 This report sets out the following proposals:

- Approval of the Atrial Fibrillation Pathway;
- Approval of a Communications plan for the neighbourhoods;
- Approval of targets to achieve by the end of 2017/18.

Atrial Fibrillation

1.2 Atrial Fibrillation (Atrial Fibrillation) is a common heart arrhythmia. Atrial Fibrillation is associated with symptoms such as breathlessness, palpitations, dizziness and chest discomfort and is a major predisposing factor for stroke (NICE, 2014). However Atrial Fibrillation can also be asymptomatic and will often only be diagnosed once a person has had a stroke.

1.3 In order to improve health outcomes for people with Atrial Fibrillation, and to also achieve significant financial savings for the NHS and social care, more patients (in particular those who are asymptomatic) need to be identified and prescribed anti-coagulants.

1.4 Circulation pathways, including Atrial Fibrillation identification and management, have been identified in the latest NHS England 'Right Care' data as one of 5 priorities where Tameside & Glossop could improve outcomes and financial efficiency when benchmarked with 10 comparator CCGs.

1.5 The recorded prevalence in England is 1.7% and the recorded prevalence in Tameside and Glossop is 1.64% (Quality and Outcomes Framework 2015/16). However, 2.4% of the population is expected to have Atrial Fibrillation (National Cardiovascular Intelligence Network, 2015). This would mean that an extra 1,860 people in Tameside and Glossop may need to be identified.

1.6 Using data collected by Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT) 29 people were admitted to Tameside Hospital with a diagnosis of stroke, but they had not been prescribed anticoagulation for their Atrial Fibrillation prior to admission (Sentinel Stroke National Audit Programme, July 2015 and June 2016).

1.7 Training was offered to GP practices and was taken up by 28 practices during Quarter 3/Quarter 4 of 2015/16 and Quarter 1 of 2016/17. An additional 165 people have been identified in 2015/16 and there was a reduction in the exception rate by 4%. This number is expected to rise further following the training. However, there are still a large number of people who are estimated to have Atrial Fibrillation but have not been diagnosed.

1.8 The Heart Disease Programme Board (an executive group that includes representation from Cardiologists, Senior Management at the Integrated Care Organisation, Primary Care, Commissioning, and the Academic Health Science Network) identified the need for further work around Atrial Fibrillation and developed the Atrial Fibrillation Task and Finish Group that is chaired by Dr Tom Jones (Clinical Lead for Long Term Conditions).

1.9 The Atrial Fibrillation Task and Finish Group identified the need for a clear pathway and a way to communicate the importance of Atrial Fibrillation to Primary Care, the people working in the Neighbourhoods and also people living in Tameside and Glossop.

2. PATHWAY

2.1 A pathway (see **Appendix 1**) was developed using national guidelines (e.g. NICE 2014), other North West pathways (e.g. Cheshire and Merseyside Strategic Clinical Network, 2015) and input from GPs and Cardiologists.

2.2 The pathway focuses on Primary Care and how GP practices can:

- Identify Atrial Fibrillation, including regular pulse checks in flu clinics, and reviewing practice data (such as by using GRASP-Atrial Fibrillation audit tool);
- Treat Atrial Fibrillation by changing the heart rate and prescribing anticoagulation if required;
- Manage people with Atrial Fibrillation in Primary Care by booking in annual reviews and reviewing medication;
- Providing clear details of when to refer to Secondary Care, when to use Cardiology Advice and Guidance and a reminder that ECGs are offered in the community.

3. COMMUNICATIONS PLAN

3.1 A draft communications plan has been developed (see **Appendix 2**). The plan includes communicating key messages with the over 65's and families and further work with nursing/residential homes and medical professionals.

3.2 There have been initial discussions with the lead and programme managers for the Healthy Neighbourhoods workstream at Tameside and Glossop Integrated Care Foundation Trust around the communications plan being fully developed and rolled out by the neighbourhood teams. The Atrial Fibrillation pathway and communications could then be used as a pilot for future neighbourhood wide initiatives.

4. PROPOSED PATHWAY

4.1 If the pathway and communications plan is implemented, it is anticipated that there will be:

- An **increase** in identification of 550 patients (30% of estimated missing patients) by the end of 2017/18;
- 50% **reduction** in the number of people admitted for a stroke without being anticoagulated (approximately 15 people);
- A **reduction** in cardiology referrals and an **increase** in the use of Advice and guidance and diagnostics in the community;
- An **increase** in the number of people who receive appropriate anticoagulation.

5. FINANCIAL ENVELOPE FOR THE Atrial Fibrillation PATHWAY

5.1 It is anticipated that there would be some cost saving to the economy

Table 1: Potential savings and costs related to the implementation of the Atrial Fibrillation pathway

Target	Detail	Cost per person	Total (Per Annum)
50% Reduction in known Atrial Fibrillation/non-coagulated strokes (*National Audit Office, 2010, av. Cost for acute + rehab)	Approximately 15 people	£23,315*	£349,725
Reduction in referrals to cardiology	Approximately 100 appointments	£150	£15,000
Increase in appropriate prescribing of anti-coagulants	Approximately 550 Warfarin = 330 NOAC = 220	 £241* £803*	 (-£79,530) (-£176,660)

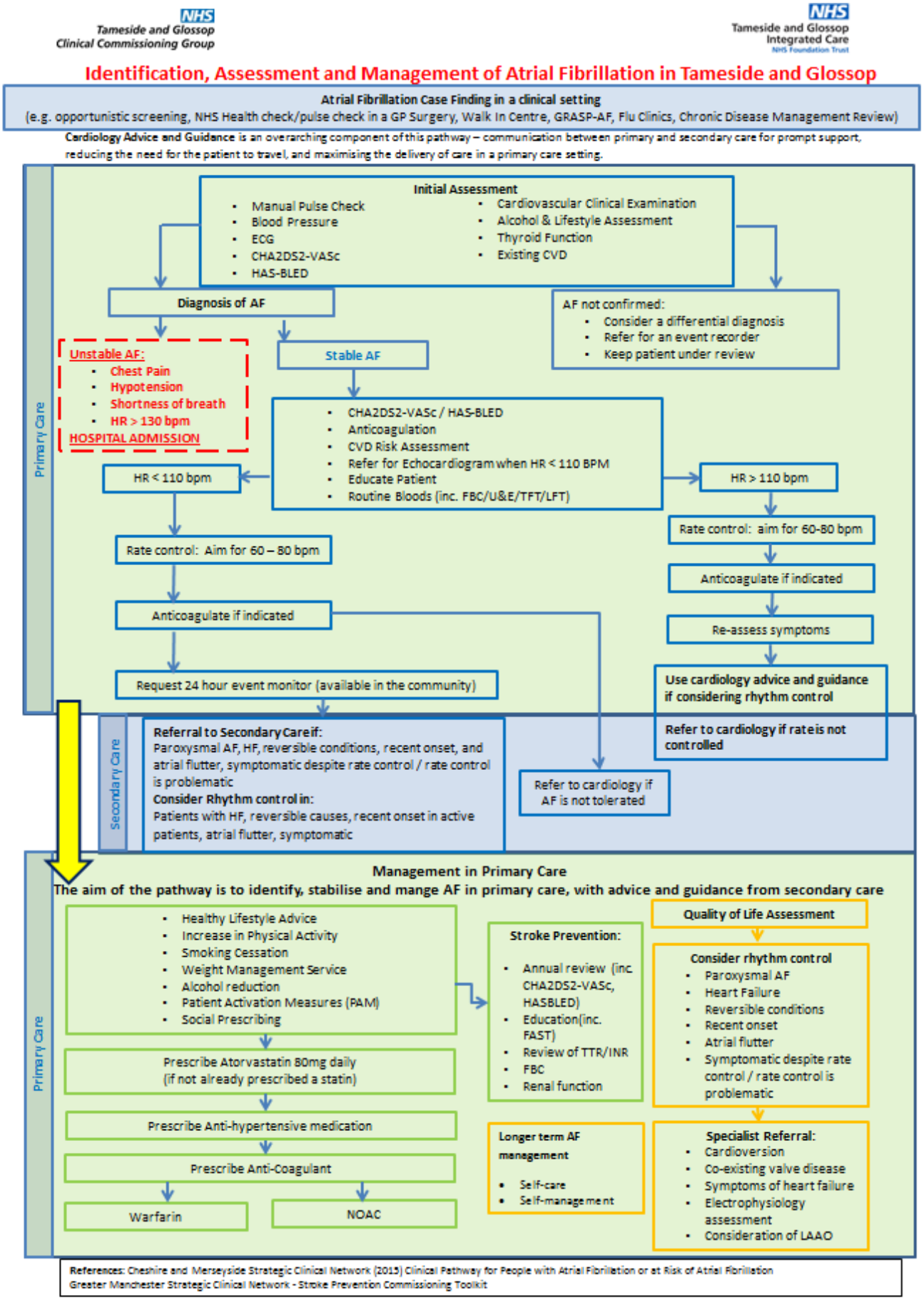
(*NICE Technology Appraisal 2012)			
Increase in diagnostics	12-lead = 550 Echo = 550 24 hr ECG = 200	£26.32 £69.54 £74.00	(-£14,476) (-£38,247) (-£14,800)
Communications plan	Neighbourhood budget		tbc
Total			£41,012 saving

5.2 As the Atrial Fibrillation work will support self-care, the potential for the communications to be funded from the Neighbourhood budget has been discussed. There are further conversations underway to confirm where the funding would come from but it is anticipated that the cost would be less than £5,000.

6. RECOMMENDATIONS

6.1 As detailed on the front on the report.

APPENDIX 1: Proposed Pathway



Appendix 2: Draft Communications Plan

Aim:						
To identify the people who require a diagnosis of Atrial Fibrillation and ensure they are managed appropriately in Primary Care (where possible).						
Audience	**Key Messages**	**Media**	**Channels**	**Call to Action**	**Outcome/Target**	**Tracking / controls**
- 65+ at risk	- Check their own pulse - anyone could be at risk - increased risk of stroke therefore disability/death - reduce risk with PA, diet, smoking, weight etc.	- Phone - Letter - Outreach - Radio - Social media - Third Sector	- Local report - Local radio - Age UK	- Go to GP practice if aware of symptoms	- More awareness of Atrial Fibrillation	- Identification of 550 patients (30% of estimated missing patients) but the end of 2017/18 - 50% reduction in the number of people admitted for a stroke without being anticoagulated
- Families with over 65's	- remind each other to check pulses - spot signs / symptoms - tiredness / dizziness is not a "normal" part of ageing	- Signpost - e-bulletins - events - social media	- Carers week - Facebook / twitter	- Encourage family member to go to the GP practice if they are aware of symptoms		
- GPs	- identify patients - follow pathway - know how many short - identify optimal management	- Events - Desktop / screensaver - E signatures	- Events (Target?) - Newsletter - Hospital Open Day - CCG Intranet - Neighbourhood meetings	- Share pathway in the practice -review GRASP-Atrial Fibrillation figures -check pulses in clinic -anti coag prescribed	- Fewer Atrial Fibrillation related strokes due to incorrect/no medication	

				- encourage patients to be aware of symptoms		
- Secondary care health professionals	- pulse check part of triage as standard (A&E, outpatients) - share the pathway - train the trainer?	- 10 x 6 sheets - Bulletin Screens - Team meetings - Notice boards	- Events - Newsletter - Hospital Open Day - Workforce development	- Check pulses - inform GP of positive cases	- Fewer Atrial Fibrillation related strokes - Increased prevalence	
- Community teams (DN, Physio, OT)	- Pulse checks in those who are high risk - train the trainer?	- Cascade via email - Team meeting Intranet	- Events - Newsletter - Hospital Open Day - Workforce development	- inform GP of positive cases		
- Nursing Homes / Care Homes	- Pulse checks in those who are high risk - train the trainer?	- Link with Tim Wilde (commissioner)	- Newsletter - Training	- Inform GP of positive cases		

Appendix 3: Equality Impact Assessment

Subject / Title	Atrial Fibrillation

Team	**Department**	**Directorate**
Atrial Fibrillation Task and Finish Group	Heart Disease Programme Board	ICO/SCF

Start Date	**Completion Date**
15.11.16	*28.11.16*

Project Lead Officer	Samantha Hogg
Contract / Commissioning Manager	Alison Lewin
Assistant Director/ Director	Clare Watson (HDPB = Trish Cavanagh)

EIA Group (lead contact first)	**Job title**	**Service**
Samantha Hogg	Commissioning Development Manager	SCF
Emily Parry-Harries	Speciality Registrar	SCF

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.
The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	**What is the project, proposal or service / contract change?**	Atrial Fibrillation (Atrial Fibrillation) is a common heart arrhythmia and increases the risk of stroke. In order to improve health outcomes for people with Atrial Fibrillation, and to also achieve significant financial savings for the NHS and social care, more patients (in particular those who are asymptomatic) need to be identified, treated and managed appropriately. The Heart Disease Programme Board (an executive group that includes representation from Cardiologists, Senior Management at the ICO, Primary Care, Commissioning, and the Academic Health Science Network) identified the need for further work around Atrial Fibrillation and developed the Atrial Fibrillation Task and Finish Group that is chaired by Dr Tom Jones (Clinical Lead for Cardiology). The Heart Disease Programme Board identified the need for: • a clear pathway to identify, treat and manage Atrial Fibrillation • key messages about Atrial Fibrillation to be communicated to the Neighbourhoods (inc. Primary Care) and also people living in Tameside and Glossop

1b.	**What are the main aims of the project, proposal or service / contract change?**	**Pathway:** A pathway (see appendix 1) was developed using national guidelines (e.g. NICE 2014), other North West pathways (e.g. Cheshire and Merseyside SCN, 2015) and input from GPs and Cardiologists. The pathway focuses on Primary Care and how GP practices can: • Identify Atrial Fibrillation, including regular pulse checks in flu clinics, and reviewing practice data (such as by using GRASP-Atrial Fibrillation) • Treat Atrial Fibrillation by changing the heart rate and prescribing anticoagulation if required • Manage people with Atrial Fibrillation in Primary Care by booking in annual reviews and reviewing medication • Providing clear details of when to refer to Secondary Care, when to use Cardiology Advice and Guidance and a reminder that ECGs are offered in the community **Communications:** A draft communications plan has been developed. The plan includes communicating key messages with the over 65's and families and further work with nursing/residential homes and medical professionals. There have been initial discussions with the Neighbourhood team at TGICFT around the communications plan being fully developed and rolled out by the neighbourhood teams. The Atrial Fibrillation pathway and communications could then be used as a pilot for future neighbourhood wide initiatives. **Aims:** If the pathway/comms is implemented it is anticipated that there will be: • An **increase** in identification of 550 patients (30% of estimated missing patients) by the end of 2017/18 • 50% **reduction** in the number of people admitted for a stroke without being anticoagulated (approximately 15 people) • A **reduction** in cardiology referrals and an **increase** in the use of Advice and guidance and diagnostics in the community • An **increase** in the number of people who receive appropriate anticoagulation

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics?
Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation

Age	**X (positive)**			**The likelihood of Atrial Fibrillation increases with age. The comms will target those over 65 but will provide key messages for all ages.**
Disability			**x**	**It is not anticipated that there would be any impact to people with a disability.**
Ethnicity			**x**	**It is not anticipated there would be any impact. There is little evidence to suggest that different ethnicities will be more likely to develop Atrial Fibrillation.**
Sex / Gender	**X (positive)**			**Males are more likely to develop Atrial Fibrillation but females with Atrial Fibrillation are more likely to go on to have a stroke, therefore, there will also be a focus on identifying females and ensuring both are manages appropriately.**
Religion or Belief			**x**	**It is not anticipated that there would be any impact to people of different religions/beliefs.**
Sexual Orientation			**x**	**It is not anticipated that there would be any impact related to sexual orientation.**
Gender Reassignment	**X (positive)**			**As above, there may be some effect of Atrial Fibrillation related to sex; therefore, comms will provide details of the effect based on gender.**
Pregnancy & Maternity			**x**	**It is not anticipated that there would be any impact related to pregnancy/maternity**
Marriage & Civil Partnership			**x**	**It is not anticipated that there would be any impact related to marriage/civil partnership.**
NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health			**x**	**It is not anticipated that there would be any impact related to mental health**
Carers	**X (positive)**			**Atrial Fibrillation is often a pre-cursor to stroke, and stroke will often require the person to need a carer. By reducing the likelihood of stroke, would reduce the need for someone to be cared for.**
Military Veterans			**x**	**It is not anticipated that there would be any impact related to military veterans**
Breast Feeding			**x**	**It is not anticipated that there would be any impact related to breastfeeding**
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (*e.g. vulnerable residents, isolated residents, low income households)*				

Group (*please state)*	Direct Impact	Indirect Impact	Little / No Impact	Explanation

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
			x
1e.	**What are your reasons for the decision made at 1d?**	The changes made to the Atrial Fibrillation pathway and the comms to be sent out would support the identification and management of Atrial Fibrillation, therefore it is not anticipated that there would be any detrimental affect due to the pathway and therefore no mitigating factors.	

If a full EIA is required please progress to Part 2.

Appendix 4: Quality Impact Assessment

Title of scheme: Atrial Fibrillation (Atrial Fibrillation)
Project Lead for scheme: Atrial Fibrillation Task and Finish Group (Chair: Dr Tom Jones, QIA completed by: Samantha Hogg, Commissioning Development Manager)
Brief description of scheme:

- Atrial Fibrillation Pathway for Primary Care (identification, treatment, management, referral)
- Communication of the key Atrial Fibrillation messages to neighbourhoods and the people who live within Tameside and Glossop.

What is the anticipated impact on the following areas of quality? NB please see appendix 1 for examples of impact on quality.						**What is the likelihood of risk occurring?**	**What is the overall risk score (impact x likelihood)**			
	Negligible **1**	**Minor** **2**	**Moderate** **3**	**Major** **4**	**Catastrophic** **5**	**1-5**	**Low** **1-5**	**Moderate** **6-12**	**High** **15-25**	**Comments**
Patient Safety	x					1	x			The new pathway would encourage GP Practices to identify, treat and manage patients within the community. The comms would also encourage other practitioners to regularly check pulses

Clinical effectiveness	x					1	x			Following the pathway would help to identify and manage people with Atrial Fibrillation and reduce their risk of stroke
Patient experience	x					1	x			The pathway follows national guidance and therefore would provide patients with support close to home
Safeguarding children or adults	x					1	x			Local safeguarding policies would be followed

Please consider any anticipated impact on the following additional areas only as appropriate to the case being presented. NB please see appendix 1 for examples of impact on additional areas.						**What is the likelihood of risk occurring ?**	**What is the overall risk score (impact x likelihood)**			**Comments**
	Negligible **1**	**Minor** **2**	**Moderate** **3**	**Major** **4**	**Catastrophic** **5**	**1-5**	**Low** **1-5**	**Moderate** **6-12**	**High** **15-25**	
Human resources/ organisationa	x					1	x			As part of the comms plan there would be additional training developed to

I development/ staffing/ competence										support the members of staff
Statutory duty/ inspections	x					1	x			The pathway follows NICE guidelines and uses pathways from neighbouring areas
Adverse publicity/ reputation	x					1	x			The pathway will help to support GPs to identify and manage people with ADF therefore reducing the risk of stroke
Finance	x					1	x			Overall, there should be a reduction in spend if strokes are prevented
Service/business interruption	x					1	x			There may be a small increase in waiting times for diagnostics if more people are identified
Environmental impact	x					1	x			It is not anticipated that there would be an impact on the environment
Compliance with NHS Constitution	x					1	x			The pathway will incorporate national guidelines and follow the NHS constitution.

Partnerships		x				1	x			The pathway/comms will be implemented as part of the neighbourhood work and will require positive partnerships working
Public Choice	x					1	x			Where possible the patient will be supported within their local area, but will e referred to secondary care if there are any concerns from the patient/GP
Public Access		x				1	x			There may be an increase in waiting times if a large number of people are identified, but work is underway to put in place community diagnostics

Has an equality analysis assessment been completed?	YES	Please submit to PRG alongside this assessment
Is there evidence of appropriate public engagement / consultation?	NO	The pathway is clinical. However, the comms plan is only draft and further work will be required.