

## **Leicester City Primary Care Integrated Cardiovascular and Anticoagulation Service to improve AF and HF diagnosis and management and clinical outcomes for reduced stroke incidence**

In 2013/14 Leicester City CCG undertook a number of inter-dependent developments to improve the clinical outcomes for people with Cardiovascular Disease related conditions. These included pathways for warfarin management, heart failure and atrial fibrillation. Anticoagulation is pivotal in improving the outcomes in cardiovascular conditions including stroke. The ethos of the programme was to:

- a) Increase the recorded prevalence in AF and HF
- b) Increase the number of patients diagnosed with AF prescribed anticoagulation therapy in line with NICE and best practice
- c) Increase the number of patients diagnosed with HF being reviewed and therapy optimised in line with best practice

We highlighted challenges which included, reducing clinical variation in general practice, improving knowledge and skills to detect and diagnose, improving care and outcomes for our patients and reducing avoidable hospital admissions. Cardiovascular disease is a major contributor to why people in Leicester City, on average, live shorter lives than those residing in other parts of the East Midlands and the UK. Cardiovascular disease accounts for 33% of all deaths in Leicester.

We achieved the successes listed below through a systematic approach to create a sustainable programme and embedding it within the culture of the local health community to build clinical leadership; capacity; capability which in turn delivered improved quality in primary care and reducing variation. We monitor the programme on a weekly basis through a central business intelligence system to facilitate the prioritising of practices and offer intensive support to achieve the clinical outcomes. We have also created a dedicated intranet resource for the primary care teams to access a suite of resources to support clinicians when they require it. This has transformed the way in which cardiovascular disease is managed through collaboration between providers, clinicians and commissioners.

### **In 2013/14 we achieved:**

#### Up-skilling of Primary Care Workforce

- **285** primary care clinicians have been trained to deliver a primary care anticoagulation service for stable and unstable patients with diagnosis of AF, DVT and PE
- **52** GP practices (83%) have been trained to undertake detection and diagnosis of AF and HF patients
- A schedule of training is planned throughout the year to ensure the workforce maintain capability and new staff receive training as they join the practice
- Working in partnership with specialists and private sector to embed the principles of 3T (Teach, Train and Treat)

#### Clinical Assessments and optimising treatment

- **1862** warfarin patients receiving a service for initiation, monitoring and on-going management in primary care: 1339 of those were transferred as AF patients from the acute service
- Increased the AF register by **525** patients (**17% increase**)
- Optimised anticoagulation treatment for **545** AF patients (**28.7% increase**)
- **573** AF patients have been clinically assessed and treatment optimised
- **2353 (64.3%)** patients receiving anticoagulation treatment;
- **152** HF have been clinically assessed and treatment optimised
- Undertaken **22,055** NHS Health Checks

#### Clinical Outcomes

- Reduced stroke emergency admissions by **5.1%** (*December 2013 data*)
- Reduced Atrial Fibrillation emergency admissions by **16.7%** (*December 2013 data*)
- Reduced Heart failure emergency admissions by **4.1%** (*December 2013 data*)