

ATRIAL FIBRILLATION CASE FINDING SERVICE

Your health challenge

- Atrial fibrillation (AF) often goes undiagnosed¹
- AF contributes to one in five strokes in the UK¹
- If AF was adequately treated, around 7,000 strokes would be prevented and over 2,000 lives saved every year in England alone¹

Fact: It is estimated that there could be half a million people in the UK with undiagnosed AF¹



How can community pharmacies help?

Community pharmacy offers a broad network of accessible and conveniently located healthcare settings which can easily reach members of the community to test and detect undiagnosed AF. This will have demonstrable benefits to primary care, secondary care, and the quality of patients' lives if detected.

Care City's innovative One Stop AF service² in North-East London tested nearly 700 patients across 21 pharmacies.

Main findings from the evaluation are:

- 110 patients showed abnormal rhythm and were referred onwards for specialist review;
- at least four patients were found to have undiagnosed AF; and
- if the service was replicated across England, it could prevent 1,600 strokes each year.

A similar service, The Capture AF service³ in West London, tested nearly 600 patients across 10 pharmacies.

The main findings from the evaluation include:

- 29 patients showed abnormal rhythm and were referred to the hospital clinic for further testing;
- 15 of those patients were diagnosed with AF; and
- cost savings from this service from stroke prevented in year 1 was £36,684.

1. Stroke Association website, Atrial fibrillation: Information and Resources (2019)

2. Care City, Evaluation of the NHS England Innovation Test Bed (2019)

CHOOSEPHARMACY

What the experts say

"I was extremely impressed with the hard work, dedication and enthusiasm of the community pharmacists. They were a main contributor to the success of this project."³

Dr Wajid Hussain, Consultant Cardiologist, Royal Brompton and Harefield NHS Trust

What the patients say

"I was surprised at how quick the whole process was! I put my fingers on the little metal plates and before I knew it the result flashed up!"³

Patient

"This service is definitely very reassuring, in the sense that [it] can be done in a matter of minutes. If everything is fine, then I'm immediately satisfied.... if there is any problem, then I know that this will be passed to consultants as quickly as possible."⁴

Patient

3. The Health Foundation, Enhanced atrial fibrillation medicines use reviews (AF MURs) using Kardia monitors to improve the identification and treatment of AF - Capture AF (2017)

4. Care City website, Participant case study (June 2019)

THINKPHARMACY

Potential benefits of a community pharmacy AF case finding service

1. Community pharmacy is highly accessible

The number of patient contacts each day through community pharmacy exceeds those elsewhere in primary care. Often, they are visited by people even when they are in good health – including ‘apparently well’ people. An estimated 95% of people visit a pharmacy at least once a year.⁵ Community pharmacy teams are ideally placed to offer public health advice and support, and to ‘make every contact count’.

2. Conveniently located where people live, work and shop

Community pharmacy has a greater density in the most deprived areas. Community pharmacies are highly accessible locations; research has shown that 89.2% of the overall population and 99.8% of people from the most deprived areas live within just a 20-minute walk of a community pharmacy.⁶ This is consistently higher when compared with the population living within a 20-minute walk of a GP practice.⁷ Many community pharmacies are also open for extended hours in the evenings and weekends, again ensuring accessibility for patients.

3. Opportunistic testing can target hard-to-reach groups at greater risk

Stroke incidence is higher in some ethnic minority groups and in lower socioeconomic groups and is one of the biggest cause of premature death in poorer parts of the country. On average, strokes occur ten years earlier in people from Afro-Caribbean backgrounds than the rest of the population.⁸

4. Save NHS money and resources

Capturing and diagnosing patients with AF can get them initiated on appropriate treatment to prevent strokes. Strokes cost the NHS around £3 billion per year, with additional cost to the economy of a further £4 billion in lost productivity, disability and informal care.⁹

How might your local service work?

A locally commissioned AF case finding service would allow patients to receive an AF check to prevent many life-threatening conditions with a high burden on the NHS and social care.

The people that would be targeted for this service are currently undiagnosed and hence when identified will be referred to their GP for further investigation, as well as provided with lifestyle intervention advice.

This could be opportunistic or as an add-on to an existing service such as the NHS Health Check service or a hypertension case finding service (if commissioned).

The pharmacy would offer eligible patients a quick AF test using a hand-held device (this could be attached to a smartphone), with the results being available within minutes. The service could predominantly target specific demographic groups who may not routinely engage with other healthcare providers.

5. Royal Society of Public Health, *Reducing premature mortality: the role of community pharmacists* (2015)

6. Todd et al. *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England* (2014)

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Where AF is suspected, the pharmacy could make a rapid referral for the patient to a local clinic or hospital, with whom prior agreement is made for such referrals.

Once referred by the pharmacy, patients would receive further, more in-depth testing to confirm AF by a specialist healthcare professional. If AF is diagnosed, the usual care pathway would follow.

All patients who access this service would also be offered healthy living advice, signposting and support with AF prevention.

Pharmacy teams could have access to a secure, web-based recording system to check the patient’s eligibility and use this platform to send the results of the service consultation and AF results to their GP practice and/or local clinic or hospital.

7. Todd A et al, *Access all areas? An area-level analysis of accessibility to general practice and community pharmacy services in England by urbanity and social deprivation* (2015)

8. Stroke Association, *Current, future and avoidable costs of stroke in the UK* (2017)

9. Stroke Association, *State of the Nation* (2018)

For contact details of your LPC please visit lpc-online.org.uk