Monitoring adherence against the updated NICE guidance on atrial fibrillation (AF)

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The updated guidance from the National Institute of Health and Care Excellence (NICE) has contributed to simplifying the management of AF; a paradigm shift favouring anticoagulation for all but the lowest risk; removed the confounding effect of aspirin; made the patient central to decision-making and has also established the principle of review of quality of anticoagulation for those on vitamin K antagonists.

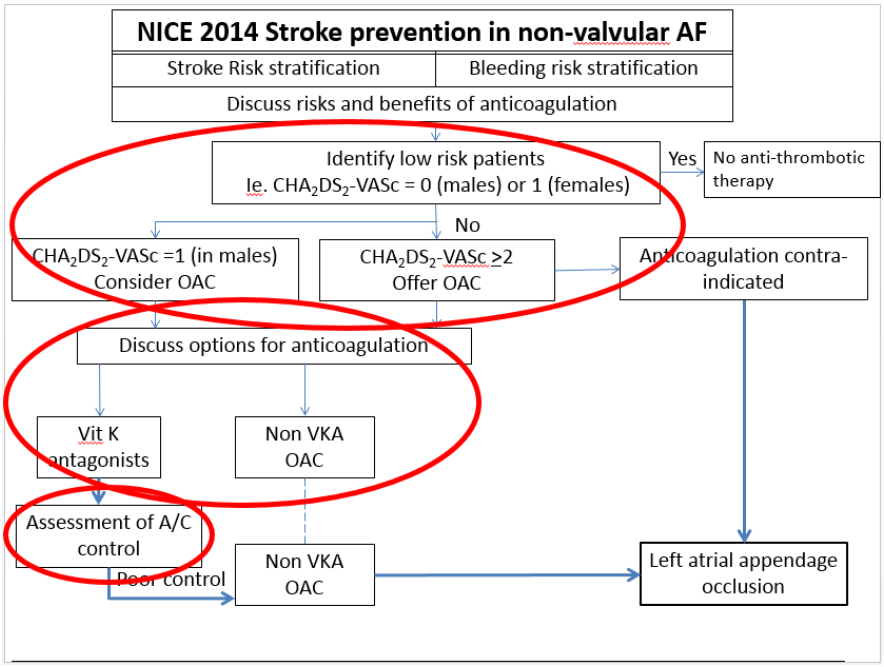
The patient decision aid emphasises the importance of informed decision-making, facilitating the healthcare professional (HCP) and patient working together to make an informed judgement and calculate CHADSVASC and HASBLED scores. It also provides a guidance booklet for the patient to take away in order to educate themselves about the risks and benefits of anticoagulation.

One area that the guidance does not touch on is screening. A report of the National Screening Committee opted against screening due to the quality of anticoagulation control within AF. Therefore it was concluded that the NHS needs to 'greatly improve its performance in providing safe anticoagulation therapy' before it starts increasing patient numbers through a screening programme.

The guidance also leaves out the issue of vitamin K versus NOACs, rather, the focus is on discussion with the patient with regards to the anticoagulation options that are available to them and base the choice of anticoagulant on their clinical features and preferences, whether that be Apixaban, Dabigatran, Rivaroxaban or a vitamin K antagonist.

Monitoring Adherence

There are three key areas highlighted below where adherence is expected. How can this be monitored to ensure that services are indeed adhering to them?



1. *Assessment of anticoagulation control*

- Identify patients with poor control
- Determine whether there are correctable reasons for poor control
- If poor control cannot be corrected, consider alternatives

2. *Patient choice in warfarin versus NOAC*

- Data is needed by CCG on:
    - TTR
    - % NOAC/Vitamin K antagonist for patients commencing anticoagulation for AF
    - % of patients on long term vitamin K therapy converting to NOAC

3. *Anticoagulation uptake*

- There are a number of tools available that can provide this data:
    - **GRASP** – since the GRASP-AF tool was introduced there has been an increase in high risk patients being anticoagulated.
    - **QOF** – recommendations gave GPs the same rate whether the patient is on anticoagulation or antiplatelet.
    - **NICE Quality Standards** – updates include:
        - Statement 1. Adults with non-valvular atrial fibrillation and a CHA_2DS_2-VASc stroke risk score of 2 or above are offered anticoagulation.
        - Statement 2. Adults with atrial fibrillation are not prescribed aspirin as monotherapy for stroke prevention.
        - Statement 3. Adults with atrial fibrillation who are prescribed anticoagulation discuss the options with their healthcare professional at least once a year.
- **Sentinel Stroke Audit** – auditing all strokes in the UK and Ireland and aimed at improving stroke care.

In conclusion, there needs to be discussion about setting standards in anticoagulation and influencing at top level such as all parliamentary groups to get the right people on board. Whilst some data is available, more is required and needs to be made publicly available to provide evidence that standardisation needs to be brought in across the NHS.