

Appendices

Pulse rhythm checks for atrial fibrillation in flu vaccination clinics

Stroke Prevention in Atrial Fibrillation
Programme

June 2020

Appendix 1 – Method

1.1 – The information sheet

Opportunistic testing for Atrial Fibrillation in Flu Vaccination Clinics
Finding the missing 20,000 people in south London with undiagnosed AF



Did you know? In south London, 547 people had an AF-related stroke in 2018/19 SSNAP

Sign up here bit.ly/FluVacClinics19 to let us know you're including pulse rhythm checks in your flu clinic this year and to receive a free set of resources including staff scripts and patient information leaflets.

Why Atrial Fibrillation (AF)?

- Most common cardiac arrhythmia
- Major risk factor for stroke – 1 in 5 strokes are caused by AF
- AF-related strokes have greater mortality and long-term disability
- Treatment reduces the risk of AF-related strokes by 65%

AND

- 20,000 undiagnosed in south London (see below for your local 'detection gap').

Why Flu Vaccination Clinics?

- High volume of people over 65, who are more likely to have AF
- Making every contact count (MECC)
- Previous success in south London
- 40% of patients are asymptomatic and may not routinely be offered a pulse check.

Primary care payments are increased by:

- Increased numbers on the AF register
- Risk stratifying cases with CHA₂DS₂-VASc
- Increased anticoagulation rates.



South London case study

Through one flu clinic season 6,828 patients received a pulse rhythm check across 23 Wandsworth GP practices:

- 410 irregular pulses were identified
- 27 new cases of AF were detected
- 125 patients with existing AF were coded
- Estimated six strokes prevented per year, saving up to two lives and £135k for the NHS.

FAQs

When is the best time to do the pulse rhythm check?

If you have time in the flu appointment, then the pulse rhythm check is a great addition to any other checks and tests.

What if we only have one or two minutes to do each job?

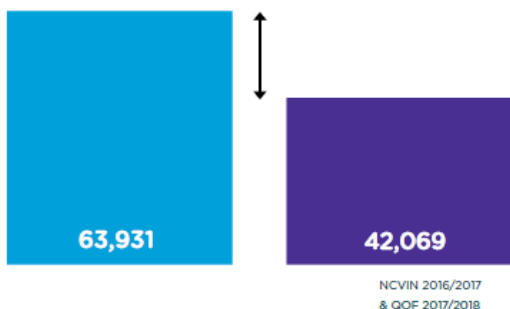
Consider setting up the pulse rhythm check in the waiting room either before or after the flu jab. If you have a mobile ECG device and can't spare the staff time, volunteers could complete the checks. Local patient groups will be keen to support!

Is a manual pulse rhythm check ok if we don't have mobile ECG devices?

Absolutely! A 30 second manual pulse rhythm check is a great way to detect AF and other arrhythmias.

Might we end up testing people who already have AF diagnosed?

Asking the patient or, if possible, checking the patient record before the appointment will help avoid testing patients with an existing diagnosis.



It is expected that **63,931** people will have AF in south London, but only **42,069** are on the register.

Potentially meaning, **21,862** undiagnosed people are not getting appropriate treatment.

1.2 - Primary promotion phase

It was recognised that three roles within GP practices would act as key influencers in the decision to take part in the project and its implementation:

1. Practice nurses and healthcare assistants deliver the majority of the vaccinations and lead on the logistical organisation of the clinics
2. GPs have clinical oversight in the practice
3. Practice managers manage the practice budget and resource allocation alongside the practice partners

Each role operates with different communication lines through CCGs, primary care networks and other mechanisms. The promotional approach therefore aimed to address each of these, to achieve contact with all three groups in each CCG.

- Most CCGs have regular newsletters or direct email updates to all three staff groups and the project was promoted wherever possible through those forums in September.
- Area flu planning meetings took place in some areas, with promotion of this project delivered either through HIN attendance or information shared by the organisers.
- Opinion leaders in GP localities and federations were encouraged to promote the project in their meetings.
- Some CCGs were willing to share the emails of practice managers, facilitating direct contact to promote the project.

1.3 - Secondary promotion phase

Following the primary promotion phase, which broadly built awareness of the project across south London and encouraged practices to sign up, a more targeted second phase was conducted.

QOF (Quality and Outcomes Framework) figures on AF register and NCVIN (National Cardiovascular Intelligence Network) prevalence data were combined to provide an estimate at a practice level for the gap in AF detection. While it is recognised that this cannot be relied on as an accurate methodology, particularly at such a local level, it was helpful in identifying a list of practices to target for further conversation around AF detection.

The 10 practices in each CCG with the estimated highest cases of undiagnosed AF were contacted directly and made aware of the comparatively large impact that could be had if opportunistic pulse rhythm checks were to be introduced.

A small-scale Twitter campaign was also delivered through the HIN communications team. Participating practices were encouraged to share their activity through a Twitter hashtag.

Using pulse rhythm checks in flu vaccination clinics to prevent stroke

Preventing stroke in your borough by detecting atrial fibrillation (AF) – finding the missing 20,000 people in south London with undiagnosed AF

Join the group of GP practices and community pharmacies across south London doing pulse rhythm checks in their 2019 flu vaccination clinics, to identify patients with undiagnosed AF.

Please take 2 minutes to fill this form and provide us with your details so that we can send you resources, to help make the process easy (staff scripts, patient letter, patient information)

For any further information or questions, please contact Dominic Norton (dominic.norton@nhs.net).

OK

* 1. What is your name?

* 2. What is your email?

* 3. What is the name of your practice / organisation?

* 4. What is your CCG area?

- Bexley
- Bromley
- Croydon
- Greenwich
- Kingston
- Lambeth
- Lewisham
- Merton
- Richmond
- Southwark
- Sutton
- Wandsworth

* 5. How many flu vaccinations do you predict you will give in your practice / organisation in 2019?

* 6. How do you conduct pulse rhythm checks in your practice / organisation?

Manual pulse rhythm check

AF detection device (e.g. Kardia / MyDiagnostick / Watch BP) - [click here for more info on AF detection devices](#)

* 7. I agree to be emailed resources to help deliver pulse checks in flu vaccination clinics and contacted in the future for evaluation purposes.

Yes

1.5 – The resource pack

To encourage sign-ups and to make barriers to taking part in the project as low as possible, a resource pack was produced and shared. Most of the content is readily accessible online but would take each practice time to search and distil the range of posters and leaflets available. The pack included:

- Example staff script 1.6.1
- Patient information sheet from the AF Association (AFA) (add link)
- Poster from the AFA (add link)
- Stroke association leaflet (add link)
- 'Know your Pulse' poster (add link)
- Infographic with locally relevant AF data 1.6.2
- Case study from the Wandsworth CCG flu clinic project (add link)

1.5.1 - Example staff script



Speeding up the best in health
and care, together

Example Staff Script

Pulse checks for Atrial Fibrillation in Flu Vaccination Clinics

In addition to giving you your flu vaccination today, we are offering a 30 second test to check for an irregular pulse.

An irregular pulse might indicate a heart rhythm abnormality called Atrial Fibrillation (AF) which is linked with an increased risk of stroke or heart failure.

Only about 1 in 100 people have AF but, if it is found, the good news is that treatment can significantly reduce the risks.

If we find an irregular pulse, you may need additional tests and we'll refer you on for those if necessary.

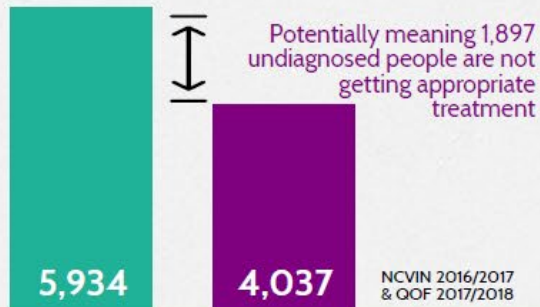
Pan-London programme to prevent AF related stroke

Bexley CCG

2017/2018

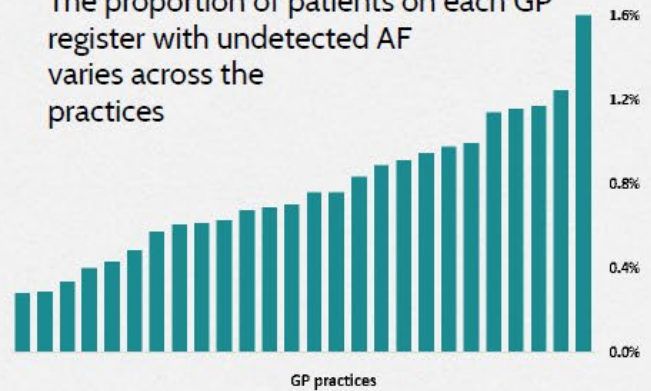


It is expected that 5,934 people will have AF in Bexley, but only 4,037 are on the register.



Detection of AF:

The proportion of patients on each GP register with undetected AF varies across the practices



15/27 practices did not meet the target treatment rate of 84% without exceptions



Initiation of anticoagulants:

53 strokes in people with known AF

25 of these were not being treated with anticoagulants

47.2% untreated

82% of people at risk of stroke ($CHA_2DS_2 - VASc \geq 2$) in Bexley were treated

QOF 2017/2018 AFO07

SSNAP 2017/2018

What can be done to reduce atrial fibrillation related strokes?



DETECT



1,897 people potentially have undiagnosed AF

PROTECT



612 people diagnosed with AF and at risk of stroke are not being treated with anticoagulants

PERFECT



83% of stroke patients with known AF who were prescribed anticoagulants were found to have inadequate anticoagulation control, a recent London study found.

QOF 2017/2018.

Imperial Stroke Database SSNAP July 2014 - January 2016

Developed by the Health Innovation Network

1.6 – The EAST Framework applied to AF detection in flu vaccination clinics

Easy

- The sign-up form was recognised as a possible barrier, so was kept as short as possible.
- FAQs were included.

Attractive

- Both the financial and patient benefits were detailed.
- In conversation, practices were encouraged to see the project as a local quality improvement opportunity to demonstrate impact.

Social

- Practices were encouraged to share their activity on social media, with a Twitter handle.
- Where practices had already signed up in a CCG area, this was used as encouragement for other local practices.
- The approach of making every contact count was used in communications. Supported by Public Health England and NHS England, this is a message recognised across a variety of projects and settings.

Timely

- Communications were at a time when practices were expected to be in the process of planning their flu vaccination clinics.

Appendix 2 – Results, impact and evaluation

2.1 – Evaluation semi-structured interview schedule

Interview schedule – Pulse checks for atrial fibrillation (AF) in flu vaccination clinics in south London: Autumn / Winter 2019

Version 1.0, 04/12/2019

Pre-interview procedures

- Thank you for agreeing to participate in this interview.
- This is part of the Health Innovation Network's work on the opportunistic detection of AF in flu vaccination clinics. The aims are to:
 - 1) Collate learnings from practices who delivered pulse checks in their flu clinics this year
 - 2) Inform the project evaluation around the communication and engagement with practices
- I am completing these interviews with practices who participated in the initiative and I'll also be writing the project evaluation report.
- Before we start, do you have any questions about this interview?
- Can I confirm that you are happy for your responses to be included anonymously in our project write-up and potential future abstracts, publications and submissions?

Interview

Introduction:

- There are no right or wrong answers to questions in this interview.
- Everything you say is completely confidential and will be made anonymous.

- The more frank you can be in your answers, the more it will contribute to the evaluation.

Context:

To begin, please could you summarise your involvement in the 'pulse checks in flu clinics' initiative?

Signing up to take part

Throughout August, September and October, we shared information through a variety of channels, encouraging practices to take part in the 'pulse checks in flu clinics' initiative. Could you tell me how you heard about the initiative?

Could you also tell me about reasons/drivers behind filling in the online form to sign up to take part?

Who were the key individuals responsible for the decision to sign up? Why were they key? For example, were they budget-holders, authority/seniority, influence?

Operationalizing AF checks in flu clinics:

Screening question: In the end, did you include pulse rhythm checks in your flu vaccination clinic appointments? [If no, go to '**The decision not to include pulse checks in flu clinics**']

What did you think of the provided resources and guidance in implementing the flu-AF-check initiative and is there anything else that would have been useful to include? (e.g. was it clear what the objectives were? Were the resources provided what you expected and were they useful? Was there buy-in from practice-management / clinician level?)

Please can you describe how the pulse check was included in the flu clinic appointment? Specifically thinking about:

- Whether the check was done manually or with a mobile ECG device
- How it was staffed
- Whether there was a reminder on the system template
- Where the pulse check took place (e.g. in clinic or waiting room)
- How long was available in the appointment (e.g. 10/5/2 mins)
- Whether any other health checks were also included (e.g. blood pressure)
- How targeted the checks were (e.g. over 65s only? Symptomatic?)

How was the experience of including the pulse check for the clinician? (e.g. was it manageable in the time? Were they happy to be including another check while the patient was there?)

How was the experience for the patient? (e.g. were they happy to have their pulse checked? Were they interested to hear why they were receiving a pulse check?)

Were there any key learnings taken from unforeseen issues, that would be considered if doing the initiative again?

Impact

Do you have a record of the number of pulse checks completed and how many of those had irregular pulses identified?

Can you talk through the referral process for diagnostic 12-lead ECG from your practice? (e.g. is there a 12-lead in the practice?)

And do you know the result of any irregular pulse referrals and their outcomes? (e.g. Is there now an AF diagnosis on the patient record?)

The decision not to include pulse checks in flu clinics

Screening question: In the end, did you include pulse rhythm checks in your flu vaccination clinic appointments? [If yes, go to '**Pulse checks in the future**']

What were the factors that led to the decision not to include pulse checks in flu clinics in your practice?

Is there anything that could have been done differently, that would have resulted in the initiative going ahead in your practice? (e.g. what further information / resources / support could have been provided? Could anything have been implemented differently at a local level?)

Subsequent to your sign-up and in lieu of including pulse checks in flu clinics, have you since made any other local changes around AF detection? (e.g. have you included opportunistic pulse checks in other appointments that would not previously have taken place?)

Pulse checks in the future

On a scale from 1 to 10, how likely would you be to include pulse checks in your flu clinic appointments next year.

Closing the interview

That's all the questions that I had planned to ask.

Is there anything else that you would like to add or any other comments that you would like to make before we finish the interview?

Thank you for your time.