Executive Summary

A Collaborative Working Project partnership between Bristol-Myers Squibb [BMS] Pharmaceuticals Limited on behalf of BMS-Pfizer Alliance and Chelsea and Westminster NHS Foundation Trust

Name of Project:	**Title: Optimising AF care for Hounslow Borough community within North West London Integrated Care System**
Project Overview:	Chelsea and Westminster NHS Foundation Trust seek to work in partnership with BMS on behalf of BMS-Pfizer Alliance to deliver a Collaborative Working Project. The collaborative working contracted agreement is between BMS on behalf of BMS-Pfizer Alliance and Chelsea and Westminster NHS Foundation Trust, to benefit patient care commissioned and implemented across the local health economy footprint. This partnership will be developed under the auspices of the Association of the British Pharmaceutical (ABPI) code of practice [1]. The project will focus on optimising care for atrial fibrillation (AF) patients, identifying patients at risk of AF through the deployment of digital and AI technologies and, elicit insights that understand existing health inequalities that pertain to AF and underserved communities within the local population. Chelsea and Westminster NHS Foundation Trust has two main hospital sites and several community services. The Trust aims to continually deliver high-quality patient care and to achieve this through optimising the use of resources and adopting innovative technologies and models of care. The London Borough of Hounslow is a high performing health economy with stable leadership, a strong culture of integration and well-established services and clinical care networks. NHS Hounslow Borough is made up of 53 GP practices [2]. Over recent years the trust and Hounslow Borough have worked together to continuously innovate their AF services. This programme of work has led to improvements in AF detection and stroke rates [3]. However, there remains a significant treatment and detection gap which has been exacerbated through Covid-19 pandemic which has inadvertently exposed the health inequalities that exist in cardiovascular outcomes [4]. NHS Hounslow Borough have worked as a regional partner with the 'Collaboration for Leadership in Applied Health Research and Care' (CLAHRCs). NHS Hounslow Borough has delivered improvements in AF detection and care through the systematic implementation of a series of initiatives that comprise screening, education and training. In 2017 the successful implementation of a screening and education programme which deployed the app-based device Alivecor demonstrated improved AF detection rates in at-risk populations through technology-based assets.
Project Objectives:	The overarching aim of the project is to optimise care for AF patients for NHS Hounslow Borough community within North West London Integrated Care System, identify patients at risk of AF through the deployment of digital and AI technologies [using the FARSITE* tool] and, understand existing health inequalities that pertain to AF and underserved communities within the population. The project will focus on the delivery of the following five objectives which will underpin the delivery of the primary aim. The project will focus on the delivery of 5 key objectives: **Objective 1.** Determine the impact and effectiveness of implementing an AF and health inequalities focused initiative at scale across NHS Hounslow Borough to optimise care for local AF patients and, understand existing AF-related health inequalities within the local underserved communities. **Objective 2.** Support workforce development by devising and implementing an AF confidence and skills assessment Framework in line with NICE NG 196 [5] for clinical staff to establish educational needs. **Objective 3.** To understand the local experiential learnings of the local healthcare professionals and clinical teams of deploying an AF related optimum care and local health inequalities initiative. **Objective 4**. To understand the experience of the AF patient from detection through to diagnosis at defined points within the patient pathway, cognisant of the local underserved populations. **Objective 5.** Development of future AF and health inequalities related tools which support the future deployment of optimal care. Outcomes must be published by all parties (NHS and BMS on behalf of BMS-Pfizer Alliance) as soon as possible and within 6 months of the project completion date. **The FARSITE tool is available as a service to enable feasibility and recruitment of patients in primary care across North West London.*
Patient/NHS/BMS on behalf of BMS-	The expected patient benefits comprise:

Pfizer Alliance benefits:	▪ Improved likelihood that a patient at high risk of AF will be identified in Hounslow Borough and subsequently diagnosed and appropriately anti-coagulated, thus, reducing the risk of stroke. ▪ More rapid implementation of relevant national policy, supporting a population-wide reduction in strokes. ▪ Helping address the current unmet needs will help reach more of the local vulnerable and underserved local populations helping address health inequalities. ▪ Understanding of patient-based qualitative insights from the AF patient perspective from case finding to diagnosis. These insights will inform a future exemplar of best practice and inform the future development of tools, i.e., decision making tools and algorithms to mitigate against inequalities. Benefits for BMS on behalf of BMS-Pfizer Alliance: This collaboration between BMS on behalf of BMS-Pfizer Alliance and the Trust will endeavour to evaluate the implementation of the project initiatives where the insights, outputs and outcomes will inform development of tools (including algorithms and decision-making support aids) to mitigate against inequality. Benefits for the NHS organisation: ▪ Understanding the impact and effectiveness of implementing the project initiatives across a whole health geography to detect, diagnose, and treat patients at risk of AF-related stroke and address inequalities in health for the local populations. ▪ Understanding of the experiential learnings of NHS clinical teams, of deploying the project initiatives within Trust. ▪ Understanding of the experience of the AF patient from 'detection, diagnosis and treatment' at defined points within the patient pathway. ▪ Provide wider learnings to the local health and social care system in relation to the development and implementation of a digitally enhanced, clinically enhanced and an enhanced focus on addressing health inequalities-based project.
Stakeholders:	Chelsea and Westminster NHS Foundation Trust BMS on behalf of BMS-Pfizer Alliance
Funding/Resources:	Chelsea and Westminster Hospitals NHS Foundation Trust and Imperial College Health Partners will provide £291,962.00 of resourcing to support the project. Bristol Myers Squibb on behalf of the BMS/Pfizer Alliance will provide £80,000.00 of financial investment into the project and a further £10,531.60 of resourcing to support the project.
Timelines:	The project will commence from October 2022 and last for a 12-month period with a further 6 months to undertake an evaluation.

References:

1. ABPI – Code of Practice 2021; published July 2021. [online] Available at: https://www.abpi.org.uk/our-ethics/abpi-2021-code-of-practice/. [Accessed online August 2022].
2. Hounslow CCG – NHS Services London England UK [Accessed online August 2022]
3. Adeleke et al (2019). Improving the quality of care for patients with or at risk of atrial fibrillation: an improvement initiative in UK general practices. DOI: 10.1136/openhrt-2019-001086.
4. Ethnic health inequalities in the UK – NHS – Race and Health Observatory NHS – Race and Health Observatory. Available at: nhsrho.org. [Accessed online August 2022].
5. NICE: Atrial Fibrillation: diagnosis and management NICE guideline (NG196); Published 27 April 2021. Available from: https://www.nice.org.uk/guidance/ng196/chapter /Recommendations#detection-and-diagnosis. [Accessed online August 2022].