

## Executive Summary Statement

A Joint Working Project between the Academic Health Science Network for the North East and North Cumbria Limited and Bristol-Myers Squibb [BMS] on behalf of BMS-Pfizer Alliance.

Name of Project:	Title: 'Reducing Atrial Fibrillation (AF) related strokes, through the design and implementation of service improvement initiatives across the Southern Collaborative'.
Project Overview	<p>The project has been designed to reduce Atrial Fibrillation (AF) related strokes through the optimisation of anticoagulation medicines. Local services will be enhanced through the implementation of service improvement initiatives designed to deliver sustained improvements in the AF care pathway for patients who are registered in GP practices across the Southern Collaborative.</p> <p>The programme will focus on the delivery of four key project objectives, underpinned by the implementation of six project initiatives which will be designed to optimise the care and outcomes for patients who have been diagnosed with AF.</p> <p>The six initiatives comprise:</p> <p>Initiative One: Stakeholder engagement and communications planning  Initiative Two: Design, development and implementation of an integrated care pathway for the identification and management of patients at risk of, or, diagnosed with AF.  Initiative Three: Design and Implement Clinical Education and Training Sessions across GP Practices within the Southern Collaborative.  Initiative Four: Implementation of Pharmacist Medicines Optimisation Team and/or increased clinical nurse capacity within GP practices with the Southern Collaborative.  Initiative Five: Roll out of the Clinical Digital Resource Collaborative Tool.  Initiative Six: Project Evaluation, Review and Recommendations.</p>
Project Objectives:	<p>Objective 1 – Design, develop and implement a local clinical pathway to reduce unwarranted clinical variation, improve clinical outcomes for patients and reduce AF related stroke for patients with an existing diagnosis of AF.</p> <p>Objective 2 – Improve clinical confidence and knowledge of AF within the general practice clinical team across the Southern Collaborative, including treatment and management of the condition, engaging with GP practices to embed the Clinical Digital Resource Collaborative Tool (CDRC).</p> <p>Objective 3 – Optimise the use of anticoagulation medicines to treat and control patients diagnosed with AF, in accordance with NICE Guidance; delivering targeted pharmacist and/or increased general practice nurse capacity within practices to improve and increase case finding and enhance care for patients.</p> <p>Objective 4 – Evaluate the project outcomes to develop a set of recommendations and key learnings for the future roll out and commissioning of AF services across the locality.</p>
Patient Benefits:	<p><b>For patients:</b></p> <ul style="list-style-type: none"> <li>▪ Patients will benefit from the rapid implementation of the national guidance and best practice across the two clinical commissioning groups.</li> <li>▪ Increased numbers of patients will be identified through case finding, and appropriately anti-coagulated, reducing their risk of stroke.</li> <li>▪ It is anticipated that the patient awareness of Atrial Fibrillation (AF) along with their understanding of why and how to take their medicines will improve.</li> <li>▪ Patients registered at GP practices within the Southern Collaborative will have improved access to, and consistency of service provision for the treatment of Atrial Fibrillation.</li> </ul> <p><b>NHS Benefits:</b></p>

	<ul style="list-style-type: none"> <li>▪ Enhancing the local clinical pathways will increase confidence across the primary and secondary care healthcare professionals (HCPs) to deliver their AF services.</li> <li>▪ Working collaboratively through a focused strategy will optimise the impact on future aversion of strokes and maximise the potential to avoid unnecessary costs to the health and social care system.</li> <li>▪ The development of a robust educational legacy will aid system-wide efficiencies, build corporate (NHS) confidence and competence to diagnose, treat and protect more AF and hypertensive patients from stroke.</li> <li>▪ Use of the Clinical Digital Resource Collaborative Tool (CDRC) will support the educational legacy by integrating evidence-based medicine into routine care ensuring even greater sustainability post-project.</li> <li>▪ Increasing the front-line capabilities will strengthen resources and sustainability of the AF service provision.</li> <li>▪ Implementation of the project across the two CCGs will enable the approach to be tested, validated, and refined, and provide additional insight to both the commissioning and provider teams to better deliver care for their local population.</li> </ul> <p><b>BMS/Pfizer Alliance Benefits:</b></p> <ul style="list-style-type: none"> <li>▪ Implementing the project initiatives will increase the numbers of patients who receive effective anti-coagulation treatment. In turn proactive case finding of patients will result in patients with confirmed AF being treated with appropriate anti-coagulant medications in line with NICE Guidance.</li> <li>▪ As current local prescribing guidelines and treatment options for the management of AF include Direct Oral Anti-coagulants (DOACs), BMS/ Pfizer Alliance may benefit from the increased numbers of patients treated with DOACs, proportional to the patient unmet need and current local prescribing practice.</li> <li>▪ The companies would benefit from the reputational gains associated with working in partnership with The Academic Health Science Network for the North East and North Cumbria Limited. This will help BMS/ Pfizer Alliance to lead the way on partnership working and build a legacy around making a difference to AF patient's management, treatment, and outcomes, aligned to the national policy agenda, where the patient is the central thesis.</li> </ul> <p>BMS/Pfizer Alliance would gain the opportunity to develop an example of innovative best practice and a future model that would be fully evaluated to quantify and qualify the outcomes of such an approach, strengthening our "Access" corporate model. The methodology and outcomes of the project could be shared with other localities across the NHS to aid more rapid adoption and implementation.</p>
Stakeholders:	<p>Parties to the agreement are:</p> <ul style="list-style-type: none"> <li>▪ The Academic Health Science Network for the North East and North Cumbria Limited</li> <li>▪ Bristol-Myers Squibb (BMS) Pharmaceutical Company Limited on behalf of BMS-Pfizer Alliance.</li> </ul> <p>Participating organisations which are collectively referred to as the 'Southern Collaborative' are:</p> <ul style="list-style-type: none"> <li>▪ NHS County Durham Clinical Commissioning Group</li> <li>▪ NHS Tees Valley Clinical Commissioning Group</li> </ul> <p>Participating organisations who are supporting the project are:</p> <p>North or England Commissioning Support Unit</p>
Timelines:	<p>The project originally commenced in November 2019. Due to COVID-19 pandemic the project and subsequent timelines were paused by both parties. The project is due to recommence in June 2022 and last for 18 active months.</p>
Funding / Resources	<p>Bristol-Myers Squibb Pharmaceuticals limited have provided £95,000 of financial investment into the project and will provide a further £5000 of resourcing to support the project management. The Academic Health Science Network for the North East and North Cumbria Limited in collaboration with four local Clinical Commissioning Groups and local NHS network support will provide a total of £100,013 investment into the project.</p>