

# Field Access

**Birmingham and Solihull (BSOL) Integrated Care Board (ICB) working with Bristol Myers Squibb on behalf of BMS-Pfizer Alliance Collaborative Working Project Summary Report, 2023.**

**Author: Lisa Rosewarne – National Healthcare Partnership Project Manager, BMS  
Colin McIntosh – Senior Healthcare Partnership Manager, Pfizer  
Nish Soni – National Healthcare Partnership Manager, BMS**

Date of preparation: November 2023

Job code: CV-GB-2300288



Bristol Myers Squibb™



Highly Confidential

## Reducing the number of avoidable atrial fibrillation (AF) related strokes across Birmingham and Solihull Integrated Care Board.

Service Improvement Overall Success		Overall Project Status:	G
BMS/Pfizer Sponsor - Owen Smith	Report Prepared by: Lisa Rosewarne, Colin McIntosh and Nish Soni		

**Overview:** This is a high-level summary report of the collaborative working project between Birmingham and Solihull Integrated Care Board (ICB) and Bristol-Myers Squibb (BMS) on behalf of BMS-Pfizer Alliance that is designed to walk the reader through the key findings, learnings and results. The full study reports are available at the end of this document if further detail is required

**Executive Summary:** During the period, the collaborative working project ran (July 21 – December 22) an improvement in atrial fibrillation management and treatment increased by 3.55% across the ICB footprint and 10.7% across the practices with the enhanced support. There was an increase in overall patients being assessed and appropriately treated according to CVD Prevent data results [1]. The project delivered standardised access to services through pathway redesign in areas with the highest potential to benefit from enhanced support for both healthcare professionals and patients. This has left a legacy within the environment predicated on establishing best practice, educating those involved and providing enhanced healthcare professional support for an underserved cohort of patients. There are several key learnings around the practical aspects of the challenges that the NHS face. These insights will inform and strengthen future collaborative working initiatives. The project could be replicated in other appropriate ICB localities.



## Main aims of the project [2]

### Project aims:

The main aims of the project were to:

- Reduce the number of avoidable Atrial Fibrillation (AF) related strokes across Birmingham and Solihull Integrated Care Board
- Identify people with AF at risk of a stroke who are not anticoagulated or not maintained in the therapeutic range
- Improved likelihood that a patient with AF presenting anywhere in the ICB will be initiated on anticoagulant (AC)s, as appropriate
- AF patients on AC medication treated appropriately, helping to avert future strokes, and reduce the risk of bleeding
- Improve care of patients on ACs through standardisation of the AF care pathway
- More rapid implementation of relevant national policy, supporting a population-wide reduction in strokes locally
- Help address the current unmet need, reaching more of the local vulnerable populations and help to address health inequalities [mid-term report]

# Reducing the number of avoidable atrial fibrillation (AF) related strokes across Birmingham and Solihull Integrated Care Board.

## Contents

### Click a topic to go straight to it in presentation mode

- [The unmet patient need and opportunity for the NHS](#)
- [What the project set out to do](#)
- [Overview of what was achieved](#)
  1. [\*Reducing unwarranted clinical variation\*](#)
  2. [\*More patients on anticoagulation treated appropriately\*](#)
  3. [\*Improved care and outcomes for AF patients\*](#)
  4. [\*Increased GP education, clinical confidence and capability\*](#)
- [Qualitative Narrative](#)
- [Legacy effect](#)
- [Key Learnings](#)
- [What Next?](#)
- [Reference Packs](#)

# Birmingham and Solihull Integrated Care Board – The unmet patient need and opportunity for the NHS

## Overview and Context

Atrial fibrillation (AF), the most common sustained heart arrhythmia, is associated with an approximately five-fold increase in stroke and an increase in stroke severity compared to non-AF patients, resulting in higher morbidity and mortality. Prevalence of AF is estimated globally (in 2015) at 33.3 million, with an estimated 195,300 deaths due to atrial fibrillation. However, true prevalence of the condition is likely to be higher, as paroxysmal, minimally symptomatic and asymptomatic AF can be difficult to diagnose and, consequently, AF is often diagnosed incidentally. In England alone, 425,000 people are estimated to be living with undiagnosed AF. Given that these patients are at increased risk of stroke-related death or disability, early detection and effective management of AF have the potential to improve patient outcomes. Direct oral anticoagulants (DOACs) have been licensed and recommended for the prevention of stroke and systemic embolism in people with AF and are suitable alternatives to vitamin K antagonists (VKAs) for stroke prevention in AF. The Academic Health Science Networks collectively identified that the spread and adoption of AF best practice across the AHSN Network could make a stepped improvement in care outcomes increasing the observed prevalence of AF by 134,000 people by the end of 2019/20, and through the Detect, Protect, and Perfect agenda. The Academic Health Science Networks collectively identified that the spread and adoption of AF best practice across the AHSN Network could make a stepped improvement in care outcomes increasing the observed prevalence of AF by 134,000 people by the end of 2019/20, and through the Detect, Protect, Correct, Perfect agenda [3].

*The estimated patient unmet need across the CCG, Table 1, equates to approximately 3 million pounds of potential savings that could be realised through the avoidance of stroke.*

AHSN Agenda	Description	Aligned to JW Objective	Pts No.	Potential Savings year 1	Overall – 3 years
Detect	Detection Gap	Objective 4	8,493	n/a	n/a
Protect 1	Pts not risk Assessed	Objective 2	224	£3,633	£57,601
Protect 2	Pts eligible for AC but not treated	Objective 2 & 3	3,448	£49,705	£788,129
Perfect	Pts inadequately AC'd	Objective 3	3,202	£280,880	£1,868,211
<b>TOTAL =</b>			<b>15,367</b>	<b>£334,218</b>	<b>£2,713,941</b>

**Table 1** – Overall Cost Savings to the BSOL CCG. Calculated using the ICHP AHSN AF Budget Impact Model using all baseline

*assumptions on costs of strokes avoided and additional bleedings [16].*

## **What the Joint Working Project set out to do:**

The project proposed to work with the BSOL Clinical Commissioning Group, now referred to as BSOL Integrated Care Board (ICB) to deliver a joint working project that was aligned to both the regional and national NHS agendas. **Regionally** - to minimise unnecessary variation in the decision to start AC. **Nationally** - to detect patients who have AF, protect those who are known to have AF through ensuring patients are risk assessed and anticoagulated, and perfect patients' anticoagulation care for those who have been diagnosed with AF – by ensuring they are in coagulation range and/or on the correct dose of medication.

**The joint working project between Bristol-Myers Squibb Pharmaceuticals (BMS) and BMS-Pfizer Alliance and Birmingham and Solihull Integrated Care Board (ICB) was set up to focus on 3 key initiatives;**

**The primary aim of the project:** To reduce the number of avoidable AF related strokes across BSOL CCG [now ICB] by standardising access to services through pathway redesign. The project aimed to achieve this through delivering three objectives:

- 1. **Objective 1** - Map and understand the variation in clinical care pathways for patients with AF across the CCG*
- 2. **Objective 2** - Standardise the decision to start anti-coagulation across the CCG – Protect*
- 3. **Objective 3** - Identify & Improve care and outcomes of patients diagnosed with AF – Protect & Perfect*

The project delivered 3 core initiatives.

- 1. **Roll out of the West Midlands AHSN AF pathway and primary care templates for AF care***
- 2. **WM AHSN medical educational workshops for AF treatment and care***
- 3. **The identification of existing patients with AF with sub-optimal anticoagulation care within practices will be done using a case finding tool aligned to CVD Prevent [3].***

**This evaluation seeks to quantify and qualify the methodology employed and document the key insights elicited through the project with a view to sharing any future learnings as an example of best practice to the NHS and industry.**

## Overview of key outcomes:

### **The JW has allowed us to work collaboratively on a ‘service improvement at scale’ project to:**

- **Protect and Perfect patients across BSOL ICB** - The number of patients who were risked-assessed and anti-coagulated was improved by 3.55% across the locality during the time of this project. This means that additional patients have interfaced with the local services to receive appropriate AF treatment, reducing the future risk of stroke and averting the potential negative health outcomes and societal costs that a future AF-related stroke would represent [1].
- **Perfect AF patients across the enhanced support practices** – The number of patients who were reviewed and their treatment optimised was improved through the timeline of this project through the nurse-led enhanced support. This means an additional 250 patients have engaged with local services to optimise their AF treatment, where 42% received no change to their management and ~22% had their anticoagulation medication optimised, thus reducing the future risk of stroke and averting the potential negative health outcomes and societal costs that an AF-related stroke could realise [4].
- **Develop nurse-led enhanced AF care best practice** – The number of patients who were reviewed and their treatment optimised as a direct result of the enhanced nurse led care was 250 [4]. This example of best practice can be used to help the NHS utilise a similar innovative approach to ameliorate pressure in primary care and other healthcare settings, where there is increasing demand caused by long-term conditions [LTCs], an ageing population, an economically constrained environment and known health inequality.
- **Target effort in areas with the greatest potential for support and enhanced services** -In total 12 practices in the top 30% of BSOL practices with the greatest potential to benefit from support through improved services, accepted the offer of enhanced HCP support to project end date of December 2022 [5].
- **Improved confidence in the management and treatment of AF care** - Impulse AF ran a series of 7 CVD workshops. Phase 1 comprised 4 sessions and Phase 2 comprised 3. In total the sessions reached ~250 healthcare professionals with a good proportion of those based in the PCN areas that had the greatest variation of deprivation. Engagement achieved with ~145 individuals who received the enhanced AF training where workshop attendees were upskilled in the management and treatment of AF patients [6].

# Strategic Priorities addressed by the joint working project (1/3) – Reducing unwarranted variation

## **Reducing the number of avoidable AF related strokes across BSOL ICB by standardising access to services through pathway resign.**

### **1 - Objective 1 - Map and understand the variation in clinical care pathways for patients with AF across the CCG [August 2021 – December 2022]**

#### **Achievements:**

- **Improved protect and perfect rates** – An overall improvement of 3.55% across BSOL ICB footprint [1] and 250 patients identified with atrial fibrillation, risk assessed and optimally treated across the 12 practices within the 30% highest potential areas to potentially benefit most from enhanced services [4], [5]. Identifying and managing this cohort of AF patients that might benefit most from enhanced services, will allow patients to be treated appropriately in a timely manner.
- **A map of variation of treatment** – utilised data modelling and extraction from multiple sources to identify eligible ‘protect and perfect’ patients across the locality which includes the exceptions, to facilitate targeted interventions. Produced and delivered an AF dashboard report for all 173 practices. This collection of insights highlighted where to target the interventions in objectives 2 – 3 [7].
- **An understanding of adoption** - Built a robust understanding of the adoption and uptake of the proposed Academic Health Science Network (AHSN) AF pathways across the ICB through education targeted across the locality, enhanced awareness, implementation and utilisation of the primary care template through the enhanced nurse-led service.
- **An understanding of stroke rates** – the BSOL ICB serves 1.3 million people [NHS England]. Assuming an AF population prevalence rate of 2.5% gives approximately 30,000 patients across the locality who have AF [8]. By treating AF through anticoagulation, stroke rates might go from 4% to about 1.5% per annum, if all were of intermediate risk with CHADS2 VASC score of 2 [9]. The nurse project increased the treatment of AF by ~7% over and above the baseline ICB trend of 3.5%. Therefore, if the programme was replicated across the ICB this might reduce strokes by  $0.07 \times 0.025 \times 30\,000$  per year, thus, potentially averting ~50 strokes per year.
- **Established a model of detection** – Curated within general practice comparing diagnosed AF prevalence with expected NHS England prevalence.



# Strategic Priorities addressed by the joint working project (1/2) – Standardising the decision to start anti-coagulation across the ICB

## **Reducing the number of avoidable AF related strokes across BSOL ICB by standardising access to services through pathway redesign:**

### **2 – Standardise the decision to start anti-coagulation across the ICB – Protect**

*Increase the number of patients newly diagnosed with AF who are appropriately referred for AC by 10%. Standardise the AF pathway through delivery of the WMAHSN pathway and template across the 173 GP practices.*

#### **Achievements:**

- **Improvement in AF management and treatment** – Improved numbers across BSOL ICB and the surgeries that received the enhanced nurse support in the numbers of patients with known AF who are risk assessed and treated with anticoagulation therapy, thus potentially reducing the overall net risk of stroke across the locality.
- **Broader health system adoption of a standardised approach to AF management and treatment** – Reduced variation in care across the locality through the construction of an Atrial Fibrillation Management template, supported by nurse-led enhanced implementation across the 30% practices identified as likely to benefit most from enhanced practice support.
- **Improved HCP AF management, treatment, skills and confidence** – 7 workshops interfaced with ~150 healthcare professionals. Dissemination of NICE clinical guidance, AHSN pathway and enhanced nurse support has aided efficient use of limited resources and supported a reduction in future system-wide patient stroke risk for a patient group of high unmet need [BSOL]. AF management and treatment training through 7 workshops HCPs interfacing with AF education and training, improving the overall confidence and competence to manage and treat atrial fibrillation patients across the locality [6].
- **Enhanced sustainability** – the AHSN pathway and template will continue to guide future patient treatment once the project is finished, providing a future legacy of AF optimisation to draw from. Feedback received indicates that the enhanced support helped improve clinical knowledge and familiarity with initiating anticoagulation (AC) and the protocol provided was helpful in transitioning patients to direct oral anticoagulants (DOACs) and guiding suitable choices [4].
- **Implementation of NICE Guidance** – Through the amalgamation of the dataset analysis, identifying high-risk AF patient groups and the forensic assessment and intervention of the nurse-led service drove a greater number of patients having their treatment reviewed and optimised in line with NG196 [10].

# Strategic Priorities addressed by the joint working project (3/5) – Impact on local ‘protect’ and ‘perfect’ gaps

**Reducing the number of avoidable AF related strokes across BSOL ICB by standardising access to services through pathway redesign:**

## **3 - Impacting on local ‘protect’ and ‘perfect’ gaps – improvements in anti-coagulation.**

*The lack of comprehensive data collection during the COVID-19 pandemic has hindered the ability to accurately quantify and measure the impact on local 'protect' and 'perfect' numbers within the BSOL ICB footprint, despite using the agreed CVD prevent - CVDP002AF indicator. Consequently, a full understanding of the true impact remains elusive aligned to the original project metrics listed below.*

### **Achievements:**

- **Protect and Perfect AF patients across BSOL ICB** - the number of patients (male and female) aged 18 and over with known AF and have been risk assessed and treated with an anti-coagulant has improved across the ICB footprint. This means additional patients have interfaced with the local services to receive appropriate AF treatment, reducing the future risk of stroke and averting the potential negative health outcomes and societal costs that a future AF-related stroke would represent [1], [4].
- **Protect aim:** *To achieve a reduction of 30% in the number of patients who need risk-assessing or, appropriate initiation of an anti-coagulant.*
- **Perfect aim:** *- Increase the number of appropriately medicated patients by 10%*  
The project being operational from February 22 – December 22 has successfully identified and reviewed ~250 patients which could prevent these patients from having a future stroke or bleed [4].
- **Educate** – Supporting enhanced clinical training across the practices.
- **Educate aim:** 100% of staff involved in delivering direct clinical care to patients have access to AF training.
- The joint working project achieved good reach across the BSOL ICB locality seamlessly converging with the ambitious aims of the project objectives, epitomizing excellence in execution. Whilst not being able to quantify the absolute reach, the results achieved, stand as a testament to significant achievement [6.]

\*\* Eligible patients are patients that have met NICE NG196 guidelines for AF. 1) AF patients not risk-assessed. 2) AF risk-assessed patients without a contraindication – not anti-coagulated. 3) AF patients, anti-coagulated patients, uncontrolled on Warfarin. (shown by any of the following: two INR values higher than 5 or one INR value higher than 8 within the past 6 months; two INR values less than 1.5 within the past 6 months; [and/or] TTR less than 65% [9], or on an inappropriate dose of a DOAC (as defined by product SMPC).1

## Qualitative Narrative – Primary Care Templates Enhanced Nurse Support - HCPs feedback [4]

*Overall, there are various areas of improvement identified, such as consistent AF reviews, proper documentation, and ensuring patients receive appropriate oral anti-coagulant (OAC) and oral anti-platelet (OAP) prescriptions. The feedback provided includes concerns around potential duplication of warfarin prescriptions and management at AQPs (Any Qualified Provider). Participants emphasized the need for annual reviews for AF patients, ensuring appropriate OAC prescribing, exception reporting for patients not on OAC, and proper coding in medication lists to avoid issues.*

*'...Warfarin Patients not picked up in alerts. AF patients not on OAC treatment. AF patients on OAC + OAP...'*

*'...Some patients are taking Warfarin but not coded on medications list. AF patients not on OAC. AF patients that are also taking OAP...'*

*"...Refer to guidance for stopping OAP. Review AF patients annually documenting why they are not taking OAC. Ensure patients on Warfarin are clearly marked for other clinicians to be aware, even if they have prescribed elsewhere..."*

*"...Ensure pts have AF review at least annually, including those that have reused OAC in the past. Ensure all patients discharged on OAPs have a treatment duration recorded on their prescription. If not refer to hospital consultant. Ensure Warfarin patients have it recorded in their medication screen or alerts so that other clinicians are aware..."*

# Qualitative Narrative – Enhanced Support Practice Feedback [4]

Question	Summary of qualitative feedback
<b>Did the practices find the AF support useful?</b>	The AF support provided proved valuable in enhancing clinical knowledge, facilitating the transition to DOACs, identifying at-risk patients, and raising awareness of anticoagulation benefits in the elderly population, ultimately improving patient care.
<b>Did the support increase the identification and diagnosis of AF?</b>	The AF support did not significantly increase the identification and diagnosis of AF, but it did improve the management and monitoring of the AF patient
<b>Has the practice knowledge and confidence of anticoagulation in AF improved through the project?</b>	The project resulted in a substantial boost in knowledge and confidence among most participants in managing anticoagulation for AF patients, with an overall increase in providing advice on dosing, monitoring, and switching.
<b>Has the project increased confidence to initiate AC therapies?</b>	There is a high level of confidence among participants in initiating anticoagulation (AC) therapies, particularly with direct oral anticoagulants (DOACs). However, some may feel less confident with warfarin initiation.
<b>Has the project increased confidence to safely monitor patients on AC and dose adjust when required?</b>	After the intervention, participants’ confidence in safely monitoring patients on anticoagulation and making dose adjustments when necessary has improved. They now feel more capable of managing AC therapy effectively in practice.
<b>Since the AF project support are practices using the BSOL AF template?</b>	Following the AF project support, some participants have started using the BSOL AF template, while others have not yet implemented this due to difficulties in locating it in EMIS system. However, the intention is there to use in the future.
<b>If so, did participants find it user-friendly?</b>	Those who are using the BSOL AF template generally find it user-friendly, although one respondent mentioned that it is a busy template.
<b>Is more support required and if so, what would be useful?</b>	Most participants do not require further support in AF management currently. Some suggest a revisit audit and reevaluation, while others expressed interest in continuing with AF support for regular reviews. Additionally, reminders about updates in DOAC prescribing and AF management were requested by one respondent.

# Qualitative Narrative – HCP summary of qualitative feedback for IMPULSE-AF sessions [11]



## Additional feedback regarding the sessions?

- Broadened knowledge and increased confidence in dealing with AF patients
- Improved handling of other physical health checks through gained confidence
- Appreciated the presentation by both participants; relevant to general practice
- Valuable update on NICE guidelines, especially for GPs with prior anticoagulation training
- Engaging case studies prompted thoughtful engagement
- Speakers delivered information well, making the session informative and easy to absorb
- Session provided clear guidance on risk assessment and treatment
- Great slides and sufficient time for Q&A enhanced the learning experience
- Increased familiarity with templates and improved workplace confidence
- Learnt a lot, resulting in improved patient care delivery
- Overall, an excellent, useful, and informative session



## Feedback to the experts?

- Clear and concise presentation
- Useful and well-structured session
- Appreciation for the quality of the slides and diverse sources
- Timely update and relevant to primary care
- Presentation was crisp, clear, and informative
- Request for a copy of the presentation slides
- Overall, a great job that was appreciated and well-received



## Three learning points for the local practice?

- Importance of appropriate anticoagulant use in AF treatment
- Focus on early diagnosis and timely treatment for positive outcomes
- Regular monitoring and adjustment of DOAC doses based on patient characteristics
- Utilization of the CHADSVASC and ORBIT scores for risk assessment
- Collaboration and resource-sharing within the PCN team
- Opportunities for opportunistic pulse checks and AF screening
- Emphasis on patient awareness, diagnosis, and treatment options
- Consideration of DOAC use based on CHADSVASC scores and gender
- Identification and classification of AF patients through manual pulse checks and ECG patterns

## **Qualitative Narrative – Working in Partnership one-to-one narratives [12]**

*The project steering group undertook a series of qualitative insight gathering interviews across the NHS project group members. This qualitative inquiry aimed to distill vital insights from key project stakeholders involved in the Birmingham and Solihull (BSOL) Integrated Care Board (ICB) atrial fibrillation (AF) project, shedding light on the project successes, challenges, and the lessons learned. Through this exploration of project effectiveness, decision standardisation, and collaborative working efforts, with the Alliance, the goal was to generate actionable recommendations for future NHS stakeholders engaging in similar initiatives. Fundamentally, the project sought to elicit insights to shape the future direction of AF management across the local landscape, enhancing healthcare delivery and cultivating and sharing valuable wisdom to expedite progress in healthcare projects across the NHS and share these as example of best practice across the NHS.*

*“...Key learnings for BSOL, don’t take data at face value, because the data can look rosy when it isn’t. Watch for pitfalls, e.g., exception reporting, you need to drill down to really understanding the delivery at each practice. Make sure the person looking at the data, understands the data, you need the clinical input to understand what the data is telling you. It reinforces that we have a complex city, with complex needs across the city, anti coagulation is not standardised across the city due to the AQP...”*

*“...I think the project was innovative in relation to what we were trying to achieve. We didn’t realise how big the project was, or how much was involved, it was innovative, not just looking at AF patients, but reviewing, optimizing care, upskilling and updating the staff for helping to manage patient on a longer term...”*

*“...In terms of quantifiable outcomes, we may not have reached number of practices we aimed to reach, including numbers of patients on AC. What has been valuable has been the qualitative outcomes, including how AQP has deskilled practices in terms of AC. The understanding has been really useful in terms of insights to how we could commission services in the future. Maybe at the start we could have set out how to capture more of the qualitative outcomes, including why there is resistance to manage AF patients...”*

*“...GPs need support to build confidence to be able to initiate AC. In the future there needs to be one lead in each practice that manages AF patients and that they are reviewed, every practice she went to she found that patients were not receiving annual reviews. A lead in each practice to lead it...”*

# Qualitative Narrative – Working in Partnership – One-to-One Interviews Themes [12].

These themes highlight challenges, adaptations, achievements, and lessons learned throughout the AF project, providing valuable insights for future initiatives.

Theme	Context	Theme	Context
<b>Initial Challenges and Effort:</b>	<ul style="list-style-type: none"> <li>AF project launch demanded more effort and data considerations.</li> <li>Covid-19 related absence of QOF highlighted need for data triangulation.</li> <li>Practice engagement due to COVID-19 related capacity issues and ways of working</li> </ul>	<b>Communication and Coordination Challenges:</b>	<ul style="list-style-type: none"> <li>Challenges in communication and coordination due to capacity and time constraints.</li> <li>Underestimated setup, integration, and initial reluctance from practices</li> </ul>
<b>Personalized Support and Education:</b>	<ul style="list-style-type: none"> <li>Personalised support to practices emphasized education and lasting impact.</li> <li>Enduring impact held greater value than mere task completion.</li> </ul>	<b>Achievements and Value:</b>	<ul style="list-style-type: none"> <li>Project yielded significant impact despite narrower scope.</li> <li>Initiated anticoagulation, adjusted regimens, and optimised dosing.</li> </ul>
<b>Prolonged Journey and Outcomes:</b>	<ul style="list-style-type: none"> <li>Prolonged initiation journey was worthwhile with on-ground support enhancing outcomes.</li> <li>Collaboration thrived, recognized potential for expansion.</li> </ul>	<b>Key learnings for AF management</b>	<ul style="list-style-type: none"> <li>Importance of cautious data interpretation and standardised care.</li> <li>Non-standardised anticoagulation strategies due to AQP system.</li> </ul>
<b>Adaptability and Progression:</b>	<ul style="list-style-type: none"> <li>BSOL AF project demonstrated adaptability and logical progression.</li> <li>Efficient communication methods and clear guidelines enhanced engagement.</li> </ul>	<b>Recommendations for Future Projects:</b>	<ul style="list-style-type: none"> <li>Involve more healthcare professionals, emphasise "detect" aspect.</li> <li>Streamline administrative processes, establish clear plans for practice access</li> </ul>
<b>Standardised Decision-Making Template:</b>	<ul style="list-style-type: none"> <li>Standardised AC initiation template promoted consistency and education.</li> <li>Template's integration across ICB remained a work in progress.</li> </ul>	<b>Collaborative Ventures and Transformation:</b>	<ul style="list-style-type: none"> <li>Shift from promotion to shared goals with the Alliance.</li> <li>Non-promotional collaboration brought value through open communication and governance.</li> </ul>



# Qualitative Narrative – Partnership Working- One-to-One Interview Summary [12].

Question	Summary of qualitative feedback
<b>Key reflections on the experience of being involved in the AF project?</b>	<p>Engaging in the AF project presented initial challenges, requiring more effort and data considerations than expected. The absence of QOF during the Covid pandemic emphasized the need for data triangulation. Providing personalized support to practices, focusing on education and long-term impact, proved essential. Despite a prolonged initiation process, on-ground support significantly improved outcomes. The project's potential for expansion, with its holistic approach and stakeholder collaboration, became evident. Baseline data's importance for future improvements was underscored. This experience highlighted the complexity of primary care, emphasizing the need for assistance in managing AF patients and the potential to save lives through dedicated efforts.</p>
<b>Key aspects of the AF project that worked particularly well?</b>	<p>The BSOL AF project showcased adaptability and a logical progression, fine-tuning strategies as needed. Engaging with practices evolved with improved communication and clear guidelines, prioritizing comprehensive care. Leveraging a dedicated resource like the CVD commissioner facilitated engagement. Collaboration with a pharmaceutical company yielded positive outcomes, with room for increased focus on detection. Despite data challenges and cautious sharing, the project effectively employed a robust data collection approach. Active involvement in patient reviews with GPs and nurse-led practice visits were crucial for case identification. Utilising publicly available data, the UCL partnership, and business intelligence aided decision-making. Despite adjustments for remote work, the project successfully met its objectives, highlighting flexibility and resource optimisation.</p>



## Qualitative Narrative – Partnership Working - One-to-One Interview Summary [12].

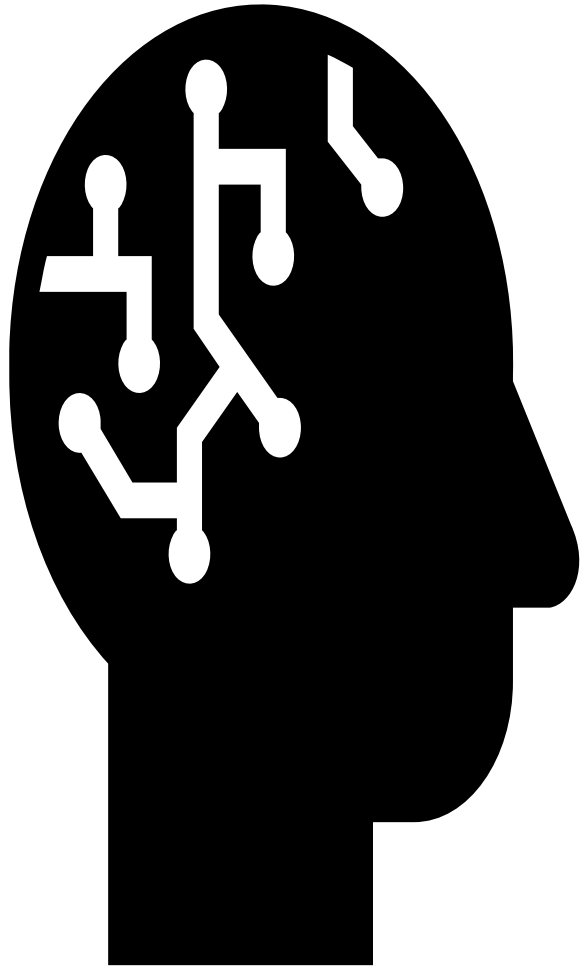
Question	Summary of qualitative feedback
<b>Thoughts on standardising access to initiate anti-coagulation and implementation?</b>	<p>Implementing a standardized decision-making template for initiating anticoagulation (AC) in atrial fibrillation (AF) brought consistency and education benefits to practices. The AF template was a valuable tool for the Nurse Lead and practices, ensuring a uniform approach. While initial engagement was positive, ongoing promotion is needed to sustain template use. Efforts are ongoing to integrate the template across the entire ICB for broader implementation. While GPs maintain autonomy in AC initiation, the template's excellence and utility were recognized in discussions with practices.</p>
<b>Key aspects of the project that did not work so well?</b>	<p>The joint working project faced communication and coordination challenges due to capacity and time constraints. Separate project boards led to limited cross-party awareness, resulting in inefficiencies. Setup, integration with clinical systems, and access hurdles were underestimated, initially causing reluctance from practices. Engagement improved through collaboration with the CVD commissioner, but more feedback was needed. To enhance future projects, improving communication assertiveness, accessibility, and system familiarity were identified areas. Centralising searches and addressing access delays were proposed strategies for streamlined projects and overall ICS improvement, highlighting lessons for better collaboration and delivery.</p>

# Qualitative Narrative – Partnership Working - One-to-One Interview Summary [12].

Question	Summary of qualitative feedback
<b>Thoughts on project achievements versus expected project outcomes?</b>	<p>The project achieved significant impact, albeit in a smaller group of practices than initially hoped. It successfully initiated necessary anticoagulation, adjusted medication regimens to enhance safety, and optimized dosing in the visited practices. While quantifiable targets for practice and patient numbers were not fully met, the project's real value lies in the qualitative insights gained, revealing the impact on practice dynamics and the need for future service commissioning strategies. The discovery of untreated patients underscored the project's significance, even with fewer engaged practices than expected.</p>
<b>Key learnings for BSOL in relation to AF management and how that might shape future direction?</b>	<p>Key learnings from the BSOL project regarding AF management highlight the need for careful data interpretation in the clinical context. The project revealed non-standardized anticoagulation strategies due to the AQP system, emphasizing the importance of standardization and increased education across BSOL to address disparities. Transitioning to DOACs requires substantial support for practices, emphasizing stakeholder buy-in, multidisciplinary teams, and GP involvement. Decentralized DOAC management and collaboration with community pharmacies are suggested to optimise resources and boost GP confidence in initiating anticoagulation. In conclusion, the project underscores the importance of holistic support, standardized approaches, and effective collaboration to enhance AF management in BSOL.</p>

# Qualitative Narrative – Partnership Working - One-to-One Interview Summary [12].

Question	Summary of qualitative feedback
<b>What key insights/recommendations might help other NHS stakeholders accelerate progress for a similar project?</b>	To enhance the success of a similar project within the NHS, several key recommendations can be drawn from the experience. Firstly, increasing the involvement of healthcare professionals, such as having an additional nurse alongside key personnel, would likely bolster project efficiency and effectiveness. It's advisable to emphasize the "detect" aspect alongside "protect and perfect," potentially targeting patients not prescribed an AC initially, before delving into optimisation. Conducting an engagement meeting prior to involving practices can set a clear context for the project's goals and facilitate smoother access to participating practices. While paperwork procedures appeared satisfactory, streamlining administrative processes and establishing well-defined plans for practice access and timelines would be prudent, ensuring a more organized implementation.
<b>Perspectives on key learnings and how that might shape future direction of AF management?</b>	Key lessons from this NHS initiative stress the importance of accurate data analysis, including a thorough review of Quality and Outcomes Framework (QoF) and Commissioning Support Unit (CSU) data in collaboration with clinical experts for effective interpretation. Standardized templates and meticulous data auditing ensure consistency. Engaging with stakeholders, particularly primary care practitioners, before project initiation is crucial for mutual understanding and support. Demonstrating the program's value and involving healthcare professionals in leadership roles, such as adding another nurse to the team, secures early buy-in from primary care. Focusing on both "detect" and "perfect" phases, like targeting patients without appropriate treatments, is essential. Hosting an engagement session before practice involvement and sharing comprehensive information and success factors, including clear points of contact, facilitates efficient execution. This approach, like the BSOL project, has scalability potential and offers insights applicable to similar projects across the NHS, highlighting the significance of robust data, communication, stakeholder engagement, and clinical expertise for positive healthcare change.



## **BSOL Joint Working Project – Legacy Effects:**

### **1. Crafting an Evidenced-Based AF Management Model:**

Development of a robust and evidence-driven model for managing atrial fibrillation (AF) within the local healthcare system.

Implementation of innovative initiatives in the face of uncertainty, providing valuable insights to support a novel care model.

### **2. Evaluating alternative AF models of care:**

Deliberate exploration of the advantages and disadvantages associated with moving away from the traditional model to embrace more contemporary approaches.

### **3. Significance of Health Organization Engagement:**

Recognition of the pivotal role of engagement across the entire health organization, emphasizing the importance of involving all stakeholders.

Acknowledgment of the critical role played by healthcare practices in achieving successful outcomes.

### **4. Unforeseen Time and Labor Investment:**

Acknowledgment of the unexpectedly extensive time and labor required to execute the initiative, surpassing initial expectations

### **5. Cultivating Excellence: The Indelible Impression of Comprehensive Training**

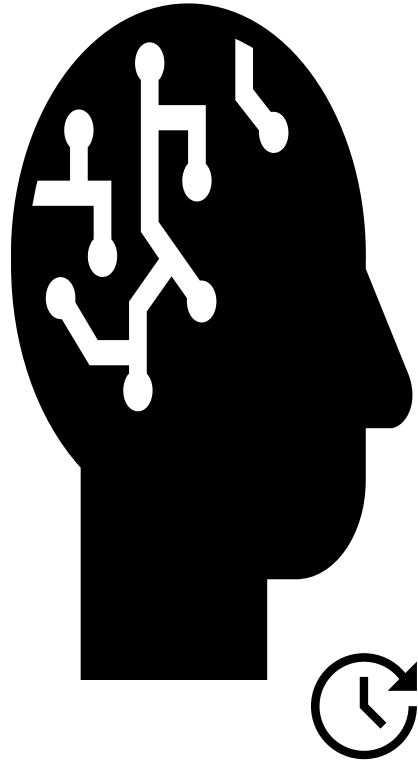
The enduring legacy of this project underscores the pivotal role of comprehensive training in its success

### **6. A Continuum of Progress:**

The project's inception may have signed a sense of completion. However, the project journey has illuminated the continued imperative for further endeavours

# BSOL AF Project key learnings:

Theme	Context	Theme	Context
<b>Operational Issues and Planning:</b>	<ul style="list-style-type: none"> <li>Adequate planning phase needed for internal processes and infrastructure setup.</li> <li>Prior engagement and agreement from practices for timely access to clinical systems</li> <li>Future projects should incorporate scoping exercises to identify support needs and realistic timelines</li> </ul>	<b>Care transition and collaboration:</b>	<ul style="list-style-type: none"> <li>Decentralised DOAC management proposed for better resource utilisation</li> <li>Collaboration with community pharmacies to optimise support and resource utilisation</li> </ul>
<b>Level of support required:</b>	<ul style="list-style-type: none"> <li>Support required at practice level exceeded initial expectations</li> <li>Many healthcare clinicians lack confidence in initiating anticoagulation</li> <li>AF clinical lead nurse provided deeper support impacting project timelines</li> </ul>	<b>Standardized Approach to Care:</b>	<ul style="list-style-type: none"> <li>Call for standardization of anticoagulation care across the city.</li> <li>Disparity in knowledge and care identified, necessitating educational intervention</li> </ul>
<b>Communication and Awareness:</b>	<ul style="list-style-type: none"> <li>Improved communication with Governing Body Members and LMCs enhances project awareness</li> <li>Awareness-raising supports uptake, particularly through covid-19 recovery</li> </ul>	<b>Practices' Support Needs</b>	<ul style="list-style-type: none"> <li>Practices need more support than anticipated to initiate anticoagulation</li> <li>Readiness assessment essential before implementing new care approaches</li> </ul>
<b>Data interpretation and standardisation:</b>	<ul style="list-style-type: none"> <li>Caution required in data interpretations: clinical context understanding is crucial</li> <li>Non-standardized anticoagulation strategies due to Any Qualified Provider (AQP) system</li> <li>Standardisation and increased education proposed to address disparities resulting from AQP.</li> </ul>	<b>Lead Roles and Annual Review:</b>	<ul style="list-style-type: none"> <li>Suggested appointment of a lead in each practice to manage AF patients</li> <li>Regular reviews and follow-up essential; many patients not receiving annual review</li> </ul>



### **BSOL Joint Working Project – What Next?**

- **Resounding Success:**

The project stands as a resounding success story, prompting an independent commitment of further 3-months enhanced support by the healthcare group.

- **Transformative Potential:**

It has unveiled the potential for significant advancements in Atrial Fibrillation care and management within the pilot area, offering the promise of broader scalability.

- **Exemplary Best Practice:**

Consideration has been given to submitting this as an exemplar of best practice for future healthcare service awards.

- **Collaborative Triumph:**

This project serves as a testament to the fruitful partnership between the pharmaceutical industry and the NHS, exemplifying the merits of joint working ventures.

This project was funded through a joint working project with Bristol Myers Squibb (BMS) on behalf of BMS-Pfizer Alliance

# References

1. Colin McIntosh. Copy of JW CVD Prevent numbers. [April 2023]
2. Birmingham and Solihull Integrated Care System, NHS Birmingham and Solihull. Atrial Fibrillation Project mid-term report. [April 2022]
3. BMS on behalf of BMS-Fizer Alliance and Birmingham and Solihull Integrated Care System, NHS Birmingham and Solihull and West Midlands Academic Health Science Network Collaborative Working Project Initiation Document – Joint Working Project. Reducing the number of avoidable Atrial Fibrillation (AF) related strokes across Birmingham and Solihull Integrated Care Board (formerly Clinical Commissioning Group). [June 2021].
4. Lisa Rosewarne. Evaluation Surgery Management Data. [April 2023].
5. Dr Melanie Martins. Birmingham and Solihull Integrated Care System, NHS Birmingham and Solihull. Notes on Data Extraction using GPES Data for Pandemic Planning and Research (GDPPR). [April 2022].
6. West Midlands Academic Health Science Network. Excel Spreadsheet. Evaluation of Phase 1 and Phase 3 Birmingham and Solihull AF Events. [April 2023]
7. Dr Melanie Martins. Birmingham and Solihull Integrated Care System, NHS Birmingham and Solihull. BSOL AF Evaluation. [April 2023]
8. National Institute for Health and Care Excellence. Topics. Atrial Fibrillation Prevalence Background. Available from: <https://cks.nice.org.uk/topics/atrial-fibrillation/background-information/prevalence/>. [Accessed online: September 2023]
9. Stroke Association. Stroke Statistics. Available from: [Stroke statistics | Stroke Association](#). [Accessed online: September 2023].
10. National Institute for Health and Care Excellence. Nice Guideline 196. Atrial Fibrillation: Diagnoses and Management. Available from: [ng196 - Search \(bing.com\)](#). [Accessed online: September 2023].
11. West Midlands Academic Health Science Network. Excel spreadsheet. IMPULSE AF Workshop Feedback Comments. [June 2023].
12. Lisa Rosewarne. Evaluation Copy of BSOL JW Thematic Analysis and Interview Quotes. [March 2023].