

## EXECUTIVE SUMMARY

### A Collaborative Working Project between Bristol-Myers Squibb Pharmaceutical Limited ("*BMS*") and Tower Family Healthcare

|                                |   |
|--------------------------------|---|
| Name of project                | Optimising the management of Atrial Fibrillation (AF) through a pharmacist-led approach, aligned to national policy which supports restoration and recovery of services through COVID-19 (C19)  |
| Project Overview               | <p>Tower Family Healthcare 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 Tower Family Healthcare to benefit patient care commissioned by the local CCG. This partnership is developed under the auspices of the joint working framework defined by the Department of Health (DoH) and Association of the British Pharmaceutical Industry [1].</p> <p>The aim of this project is to focus on maximising the atrial fibrillation (AF) management opportunity through a pharmacist-led approach, aligned to national policy which supports restoration and recovery of services through COVID-19. In line with Collaborative Working Guidance, the primary focus of the project will be on improving care and outcomes for patients; core to this will be the implementation of relevant national policy on stroke prevention NICE NG 196 [2] and the adoption of the national Detect, Protect, and Perfect Strategy [3] This project will focus on Protect and Perfect.</p> <p>Tower Family Healthcare is a General Practice Surgery in Bury, made up of 6 high-quality GP surgeries that merged to create one of the largest GP surgeries in the UK. At 50,000 patients, serving 25% of Burys's population under one clinical system database, they can provide primary care at scale, offering new services, new innovative ways of providing primary care and improving access for patients.[4]</p> |
| Project Purpose/<br>Objectives | <p>The overarching aim of the project is to implement a pharmacist-led Quality Improvement Plan that optimises the atrial fibrillation management opportunity through a pharmacist-led approach, aligned to national policy which supports restoration and recovery of services through COVID-19.</p> <p>The collaborative working project [1] has 4 objectives.</p> <p>Objective 1. Determine the impact and effectiveness of implementing a QIP designed to improve the management of AF patients aligned to NICE NG 196 [2] in a clinical pharmacist-led review service</p> <p>Objective 2. To understand the experiential learnings of the pharmacist team deploying a QIP for Protect and Perfect AF patients [3]</p> <p>Objective 3. To understand the experience of the AF patient interaction with the QIP at defined points within the patient pathway.</p> <p>Objective 4. Development of a 'best practice' example which supports future QIP and AF service provision across the NHS.</p> <p>This project aligns with the National AF programme of 'Detect, Protect, Perfect' [3] and is underpinned by the changes to the NICE NG196 [2] guidance.</p>  |
| Patient, BMS, NHS benefits     | <p>The expected patient benefits comprise:</p> <ul style="list-style-type: none"><li>• More AF patients treated appropriately, helping to avert future strokes</li><li>• Improved care of patients on anticoagulation through standardisation of the AF care pathway</li><li>• More rapid implementation of relevant national policy, supporting a population-wide reduction in strokes locally</li></ul>   |

|                                      | <ul style="list-style-type: none"><li>• Support to address the current unmet need will help reach those patients who are due a review as well as P1 P2 and Perfect patients.</li><li>• Understanding of patient-based qualitative insights from an AF patient perspective from entry into the QIP AF pathway. These insights will inform a future exemplar of best practice.</li></ul> <p>Benefits for BMS on behalf of BMS-Pfizer Alliance:</p> <p>This collaboration between BMS on behalf of BMS-Pfizer Alliance and the practice will endeavour to evaluate and determine the impact of implementing a QIP for local AF patients and develop an understanding of future use of this within other NHS services</p> <ul style="list-style-type: none"><li>• Benefits for the NHS organisation:</li><li>• Reduced healthcare burden for CVD across Tower Family Healthcare through increased clinical capacity and capability to better Protect and Perfect [3] patients with AF via the delivery of optimised anticoagulation.</li><li>• Improvements in QOF indicators against a key clinical domain</li><li>• Due to upskilling and experience gleaned through this initiative will leave an enhanced legacy of improved patient management for AF within the supporting pharmacist team for future adoption across the NHS.</li><li>• Provide wider learnings to the local health and social care system in relation to the development and implementation of an QIP AF pathway.</li></ul> |                     |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
|--------------------------------------|---|---------------------|------------|-----------------|--------------------------------------|--------------|----------|-------------|----------|----------|-------------|----------|----------|-------------|----------|----------|-------------|---------|------------|
| Stakeholders                         | Tower Family Healthcare<br>BMS on behalf of BMS-Pfizer Alliance   |                     |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Timelines                            | <table><tr><th>Description [owner]</th><th>Start date</th><th>Completion date</th></tr><tr><td>Project sign off/contracting (joint)</td><td>October – 21</td><td>May - 22</td></tr><tr><td>Objective 1</td><td>May – 22</td><td>May - 23</td></tr><tr><td>Objective 2</td><td>May – 22</td><td>May - 23</td></tr><tr><td>Objective 3</td><td>May – 22</td><td>May - 23</td></tr><tr><td>Objective 4</td><td>Dec -22</td><td>March – 23</td></tr></table>  | Description [owner] | Start date | Completion date | Project sign off/contracting (joint) | October – 21 | May - 22 | Objective 1 | May – 22 | May - 23 | Objective 2 | May – 22 | May - 23 | Objective 3 | May – 22 | May - 23 | Objective 4 | Dec -22 | March – 23 |
| Description [owner]                  | Start date  | Completion date     |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Project sign off/contracting (joint) | October – 21  | May - 22            |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Objective 1                          | May – 22  | May - 23            |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Objective 2                          | May – 22  | May - 23            |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Objective 3                          | May – 22  | May - 23            |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Objective 4                          | Dec -22   | March – 23          |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |
| Funding/Resources                    | Bristol Myers Squibb on behalf of the BMS/Pfizer Alliance will provide £22339.76 of financial investment into the project and a further £3383.94 of resourcing to support the project management, the financial investment will be paid £25723.70. Tower Family Healthcare will provide £22171.20 of resourcing to support the project.   |                     |            |                 |                                      |              |          |             |          |          |             |          |          |             |          |          |             |         |            |

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 4<sup>th</sup> March 2022].
2. Nice.org.uk. 2021. | *Atrial fibrillation: diagnosis and management* | Guidance | NICE. [online] Available at: <<https://www.nice.org.uk/guidance/ng196>> [Accessed 4<sup>th</sup> March 2022].

3. AHSN Network. 2022. *Atrial fibrillation Detect, Protect, Perfect*. - *AHSN Network*. [online] Available at: <<https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/atrial-fibrillation>> [Accessed 4<sup>th</sup> March 2022].
4. Towerfamilyhealthcare.co.uk. 2022. *About Tower Family Healthcare – Tower Family Healthcare*. [online] Available at: <<https://towerfamilyhealthcare.co.uk/about/about-tower-family-healthcare/>> [Accessed 29 March 2022].