Disclosure Statement

A Joint Working Project between Bristol-Myers Squibb Pharmaceuticals Limited (BMS) and Poole Hospital NHS Foundation Trust (PHFT)

Name of Project:

Title: Implementation of a service improvement pilot with Poole Hospital NHS Foundation Trust to increase the clinical capacity and capability of Dorset Integrated Care System (ICS) to optimise anticoagulation treatment for patients with, or at risk of Atrial Fibrillation (AF) and/or Venous Thromboembolism (VTE)

Project Overview:

The joint working project will focus on increasing the clinical capacity and capability of Poole Hospital NHS Foundation Trust (PHFT) to optimise anticoagulation treatment for patients who have been diagnosed with or at risk of Atrial Fibrillation (AF) and Venous Thromboembolism (VTE) within Dorset Integrated Care System (ICS) through two key service initiatives:

- Development of expanded Acute Medical Unit (AMU) Ambulatory AF/VTE Service model as proof-of-concept/service improvement pilot 'best practice' example pathway across PHFT and Dorset ICS.
- Delivery of business case to ensure pilot project incorporated into PHFT/Dorset ICS as exemplar anticoagulation; pathway including the development of a 'blueprint' for patient-focussed [1] service in line with prevention focus of NHSE (2019) Long-term Plan [2] and regional Dorset ICS healthcare delivery priorities [3].

The project will support the implementation of three discreet, but interrelated service improvement initiatives which comprise:

- (1) Rapid Access integrated [1] pathway framework to expedite anticoagulation clinical expertise and enhance patient safety and outcomes to include the introduction of robust follow-up at 1 week (all), in line with the British thoracic Society (BTS) (2018) Guidelines [4], and at 3 months (un/provoked VTE) in line with the European Society of Cardiology (ESC) (2019) Guidelines [5].
- (2) Education/Advice and Guidance Programme for Primary Care GPs to support *Protect (1+2) and Perfect* in Dorset [6].
- (3) Creation and targeted implementation of Dorset ICS Anticoagulation Decision-Aid/Clinical Template [7] to enhance Primary Care expertise and clinical management of AF/VTE/PE patients.

The project will be delivered as a Joint-Working Initiative between PHFT and BMS/Pfizer Alliance and co-ordinated through the AMU team based at PHFT in order to optimise anticoagulation clinical care and the service-user experience for patients diagnosed with or at risk of AF and VTE. The AMU team resource will introduce additional clinical sessions to further optimise and integrate AF/VTE pathway development – clearly aligning to current Dorset Sustainability and Transformation Partnership (STP) plans to deliver (i) Prevention at scale, (ii) Integrated Community Services, (iii) One Acute Network and enabling work-streams of digital enablement and leading and working differently. Furthermore, the project also aligns to the National Health Service England (NHSE)/Public Health England (PHE) 'Size of the Prize' in Cardiovascular Disease (CVD) Prevention [8].

Project Objectives:

The key objectives comprise;

- Increased capacity to treat more AF/VTE/PE patients more efficiently and expeditiously across PHFT/Dorset ICS.
- More AF patients and hypertensive patients detected and treated appropriately through improved AMU team and 'patient-clinician' time helping to deliver enhanced intervention and onward patient management thus averting future strokes.
- Embedded patient-centred integrated [1] AF care approach to further enhance contact with dedicated AMU team, education and counselling of condition (i.e. AF/VTE) at the clinical pathway interface with Primary Care.
- Introduction of dedicated patient follow-up for all AF patients and both Provoked and Unprovoked VTE patients improving medicines adherence, patient safety whilst optimising outcomes, cost-effectiveness and quality of life.
- Continuous 3/12 audit/review and development of 'exemplar' [i.e. scalable] MDT integrated [1] service pathway.
- +Enhanced AMU deployment across PHFT inpatient environment to further optimise anticoagulation.

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Patient Benefits:	 Addition of an ANP and Consultant PA into AMU team will enable increased access and clinical capacity to treat patients diagnosed with or at risk of AF, VTE and hypertensive patients across PHFT/Dorset ICS to be seen more quickly, appropriately risk-assessed and adequately anti-coagulated. Targeted integration of the latest <i>evidence-based</i> national guidance for AF/VTE (i.e. NICE Clinical Guideline 180 [9] and BTS (2018) Guidelines [4]) delivers a rapid access patient-focussed pathway that interfaces both acute [treat] Secondary Care and community Primary Care [prevent] to further optimise patient outcomes. Dedicated ANP 'Education Resource' to upskill Primary Care to enable GPs to further embed awareness, detection and escalation protocols using CHA2DS2VASc, HAS-BLED >1, and TTR; helping to reduce the risk of future stoke and unnecessary EAs, LOS and DToC across Dorset. Development of integrated anticoagulation expertise across Dorset ICS and delivered through PHFT AMU as a regional centre of excellence; and creation of <i>hub-and-spoke</i> approach towards AF/VTE care to further increase access. Introduction of enhanced patient-clinician time as part of AF/VTE referral pathway through AMU, i.e. follow up at 1 week (all); at 3 months for both un/provoked VTE.
Stakeholders:	 Poole Hospital NHS Foundation Trust (PHFT). Bristol-Myers Squibb Pharmaceuticals Limited (BMS), who is entering into the agreement on its own behalf and for the benefit of Pfizer Limited (the Alliance Partner).
Timelines:	The project will begin from October 2019 and last for a 20 month period to the end of May 2021.

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