AF detection and diagnosis pathway

During and post COVID-19 recovery

Click here to start

This resource has been co-developed by Trudie Lobban MBE, Dr Jim Moore, Professor Simon Ray, Helen Williams and the Stroke in Atrial Fibrillation Initiative (SAFI) which comprises the pharmaceutical companies Bayer, Daiichi Sankyo UK, Bristol Myers Squibb Pharmaceuticals Limited and Pfizer operating as the BMS-Pfizer Alliance. No funding has been provided by the SAFI group to individuals or organisations involved in the pathway co-development. SAFI has provided funding to Policy Matters as the SAFI secretariat to provide meeting logistics, practical assistance with materials development and support to co-ordinate pathway development. As SAFI will be disbanding, ownership of and responsibility for the pathway and associated materials will transfer to the Primary Care Cardiovascular Society following the launch on 2nd March 2023.

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Endorsing organisations

Arrhythmia Alliance

www.heartrhythmalliance.org

AFAssociation

Primary Care Cardiovascular Society

Driving primary care to deliver the best in cardiovascular health

British Cardiovascular Society

Stroke Association

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About the AF detection and diagnosis pathway

- The Atrial Fibrillation (AF) detection and diagnosis pathway has been developed in response to the COVID-19 pandemic. It provides guidance set in the context of the current environment in which face-to-face patient appointments have reduced and the use of technology has increased[1,2]
- The pathway highlights where digital options can support the detection and diagnosis of AF in at risk groups, helping to ensure that those identified as having the condition are referred for appropriate management
- The pathway reflects the increased emphasis on finding new ways of engaging with people and the focus on prevention and improving population health. It is aligned with national guidance, NHSE priorities for 2023-24, the Long Term Plan and national digital strategies[3-6]

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The impact of COVID-19 on CVD prevention and services

The COVID-19 pandemic and the response to it has resulted in:

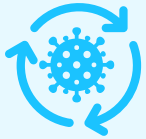
- Decreased hospital presentation for cardiovascular disease (CVD) e.g. stroke, MI[7,8,9]
- Reduced footfall of patients in primary care[1]
- Reduced opportunities for manual pulse checks[1]

- Increased delays in identification of serious or significant disease[1]
- Increased use of remote consultations[1]

26%
drop in newly diagnosed cases of AF, 2020 compared to 2019[2]

43%
drop in new diagnoses of CVD in March - May 2020, compared to previous years[10]

This pathway has been developed to mitigate the impact of COVID-19 on AF detection and diagnosis



Implementation of the pathway can:

- Support the restoration of diagnosis, monitoring and management of high-risk CVD conditions such as AF to pre-pandemic levels
- Help achieve the national CVD prevention ambition to detect 85% of the expected number of people with AF by 2029[11]
- Support the NHS Long Term Plan vision for local delivery of services in primary or community care, with referrals to secondary care only where necessary[4]
- Maximise opportunities to drive health improvement within routine health and care interactions by Making Every Contact Count (MECC)[12]

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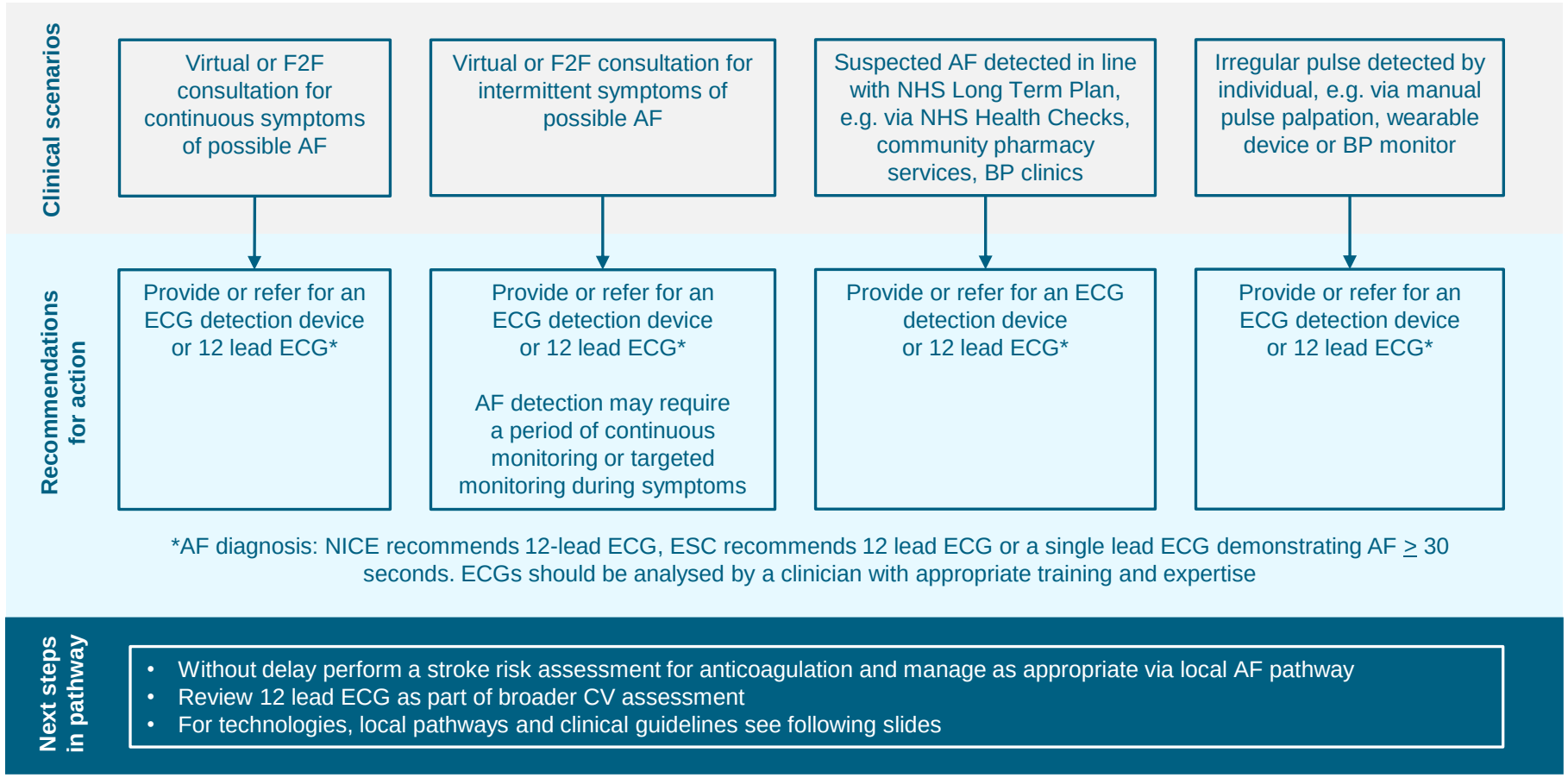
The Pathway - detecting and diagnosing AF in people at risk



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What to consider when developing optimal local pathways

Key considerations:

- The ability to carry out single lead and 12 lead electrocardiogram (ECG) locally (GP practice or community hub) with interpretation by a suitably trained and experienced clinician
- Anticoagulation to be initiated and managed in primary care
- Referrals to secondary care prioritised for those requiring further evaluation or more complex cases
- Avoiding delays to treatment initiation and maximising AF-related stroke protection

Optimising local resource and capability

- Local AF pathways will vary depending on local resource and should be tailored to meet local needs
- Where individual GP practices do not have resources to diagnose and manage people with AF in-house, developments such as primary care networks and the introduction of community diagnostic hubs offer opportunities to build local services with shared resources and expertise to realise efficiencies for patients and the NHS and to avoid unnecessary hospital referrals
- Strengthening and building local capability to detect, diagnose and manage AF is key to reducing reliance on secondary care at a time when capacity is needed to address the COVID-related backlog in non-emergency care
- Commissioning decisions should increase support for GP practices or PCNs to invest in technologies to enable remote delivery of services
- Consider the impact of local health inequalities, and mitigate against further inequity e.g. digital exclusion arising from the increased use of remote consultations and digital technology
- Increase patient awareness, information, education e.g. Arrhythmia Alliance Know Your Pulse

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Mobilising the wider NHS workforce to detect AF in at risk individuals

Setting	Role	Pathway relevance
Secondary care A&E, inpatients, outpatient clinic (e.g. cardiac/ cardiology, diabetes, stroke, falls, frail elderly, audiology, ophthalmology, respiratory, renal, rheumatology)	Clinical teams may encounter at risk individuals in emergency care settings, on wards and at point of referral for other conditions. Opportunities exist to detect AF in line with NHS Long Term Plan. Need to be aware of local pathways so people with suspected AF can be referred on and managed in local settings.	Referring to local primary care pathways for the management of AF will reduce reliance on secondary care, freeing up time and resources to manage those that require further evaluation and more complex cases.
Primary care GP appointment, nurse-led clinic, phlebotomy, NHS Health Check, vaccination clinic, pharmacy contact, screening clinic	Primarily identifying AF in self-reporting individuals or identifying at risk individuals through routine appointments. Need to be aware of local pathways to maximise identification and management of people with AF.	Pathway signposts to digital resources that can maximise remote interactions with at risk individuals, enabling the continuation of AF detection and diagnosis when face-to-face pulse checks are not possible. Pathway users should consider the needs of the individual to avoid digital-exclusion.
Pharmacy Medicines - Medicines Use Review (MUR), New Medicine Services (NMS), Structured Medication Reviews (SMRs), vaccination, blood pressure / cholesterol / blood sugar testing, smoking cessation	The pharmacy team may be the primary point of contact for some people, especially those with long term conditions. Need to be aware of local pathways to maximise identification and management of people with AF.	Pathway signposts to digital resources that can maximise remote interactions with at risk individuals, enabling the continuation of AF detection and diagnosis when face-to-face pulse checks are not possible. Pathway users should consider the needs of the individual to avoid digital-exclusion.
Community services Long-term conditions, following falls or stroke, podiatry, smoking cessation, physiotherapy, occupational therapy	In light of fewer face-to-face primary care appointments and increased role of digital, services may be seeing a broader range of people. They may be the primary point of contact for self-reporting or used to maximise opportunities to provide routine pulse checks, in line with the NHS Long Term Plan. Need to be aware of local pathways to maximise identification and management of people with AF.	Pathway outlines a process to follow if people self-report with irregular pulse or are identified as having symptoms of AF.

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Resources: digital technologies

NICE evaluations of digital technologies		Link
Mobile ECG	KardiaMobile, NICE Medical Technologies Guidance MTG64	Click here
	Zio XT, NICE Medical Technology Guidance MTG52	Click here
	Zenicor & MyDiagnostick, NICE Diagnostics Guidance DG35 Lead-1 ECG devices for detecting symptomatic AF using single time point testing in primary care	Click here
Blood pressure (BP) monitors	Some (not all) automated blood pressure (BP) monitors are able to detect an irregular heart rhythm. Before using an automated BP monitor a manual pulse check for irregular rhythm should be done. NOTE: If an automated BP monitor repeatedly reports an 'error' reading this should be investigated as possible AF	
	NICE Guideline NG196 provides guidance on detection and diagnosis of AF	Click here

Other resources for digital technologies		Link
Arrythmia Alliance	Understanding ECG Monitors. Resource booklet for healthcare professionals and patients, to support decisions about digital technologies	Click here
UCLPartners	Digital tools for Atrial Fibrillation	Click here
British Cardiovascular Society	The Future of Cardiology. See Appendix 1	Click here
Primary Care Cardiovascular Society	CVD prevention during the COVID-19 pandemic. Guidance for primary care teams. See section 'Promote remote technology'	Click here

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Resources: healthcare professional

Clinical Guidelines		Link
NICE	NICE Guideline (NG196) Atrial fibrillation: diagnosis and management. April 2021	Click here
European Society of Cardiology	2020 ESC Guidelines for the diagnosis and management of AF	Click here

CVD resources		Link
AF Association Arrhythmia Alliance	AF Medical reports and Guidelines AF Healthcare Pioneers AF White Paper *Put People First*	Click here Click here Click here
AHSN network	AF toolkit: Working together to prevent AF-related strokes	Click here
British Cardiovascular Society	The Future of Cardiology	Click here
NICE	CVD prevention: detecting AF and anticoagulation	Click here
Primary Care Cardiovascular Society	Resources page	Click here
Stroke Association	Atrial Fibrillation: information and resources	Click here
UCLPartners	Proactive Care Framework CVD resources	Click here

Pathways		Link
NHS England	CVD prevention pathway	Click here
UCLPartners	UCLPartners Proactive Care Framework: Atrial Fibrillation - Stroke Prevention and Managing Cardiovascular Risk	Click here

COVID-19 and CVD		Link
Arrhythmia Alliance	Opportunistic AF detection during COVID-19 vaccination clinics	Click here
Primary Care Cardiovascular Society (PCCS)	COVID-19 resources	Click here
Oxford AHSN, PCCS, Getting it Right First Time	CVD prevention during the COVID-19 pandemic. Guidance for primary care teams	Click here
	CVD Prevention during and after the COVID-19 pandemic. Guidance for integrated care systems	Click here

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Resources: patients

Information on AF		Link
AF Association	AF Association patient resources	Click here
Arrhythmia Alliance	Arrhythmia Alliance patient resources	Click here
British Heart Foundation	Atrial fibrillation (AF) : causes, symptoms and treatments	Click here
NHS	Overview: atrial fibrillation	Click here
Stroke Association	Atrial fibrillation	Click here

Taking your pulse		Link
Arrhythmia Alliance	Know Your Pulse video	Click here
	What is an arrhythmia	Click here
British Heart Foundation	How to check your pulse video	Click here

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