Health & Sport Committee

Preventative Agenda Inquiry: Neurological Conditions

Submission from Chest Heart & Stroke Scotland

Background

Prevention of stroke is largely impacted through public health measures such as reducing smoking and alcohol consumption, tackling obesity, and increasing physical activity. However there are also medical interventions that are highly effective.

The Cross Party Group on Heart Disease & Stroke recently published its Report on Atrial Fibrillation in Scotland which highlights the scale and impact of this condition. Atrial Fibrillation (AF) effects the heart’s normal pumping action, and increases the risk of stroke by five times.

Whilst there is no cure for most cases of AF, improved detection, diagnosis and treatment of AF would reduce the impact of stroke in Scotland.

Detection and diagnosis of Atrial Fibrillation:

People over the age of 40 years have a lifetime risk of one in four of developing AF, and prevalence increases with age. An estimated 2.6% of the Scottish population (145,000) people have AF, 50,000 of them undiagnosed. International data suggests that at least a third of all ischaemic strokes are caused by AF.

Post-stroke detection of AF is also important for secondary prevention of further strokes. Detecting paroxysmal (intermittent) AF requires at least 24 hour ECG monitoring, and guidelines highlight evidence of the benefits of prolonged monitoring.

The 2017 Stroke Improvement Programme Report introduced national standards for the detection of AF in patients who have had a stroke or TIA. All Boards should have agreed criteria for offering prolonged ECG monitoring to patients, but the Cross Party Group’s inquiry highlighted that adherence to these criteria is variable across health boards, with some not having access to appropriate diagnostic services. Waiting times can be up to 8-9 weeks, meaning patients who are at high risk of stroke are not receiving anticoagulation for that time.
Key recommendations for the Scottish Government from the Cross Party Group’s Report on AF include:

- Encourage targeted Atrial Fibrillation case-finding programmes for those most at risk (age over 65 years, those with previous stroke, and those with existing cardiovascular risk factors).
- Work with the relevant National Advisory Committees to address the shortage of cardiac physiologists working within Scotland.
- Invest in the use of proven technologies within clinical practice to detect AF.

Treatment and management of Atrial Fibrillation:

One large study showed **84% of patients who had AF-related strokes were not receiving adequate guideline-based treatment at the time of the stroke**. Anti-coagulants (such as warfarin) are proven to reduce the risk of AF related strokes by two-thirds. New classes of anticoagulants (DOACs) are also now available and approved for use in NHS Scotland. These are less influenced by diet and other medications than warfarin, and patients do not require regular blood tests to ensure they are working.

The Cross Party Group’s Report concluded that anticoagulation for use in treating AF in Scotland is currently sub-optimal.

It also highlights the benefits of integrated care models that provide patient-centred care using multi-disciplinary health teams. These have been successfully used in NHS Lanarkshire and NHS Tayside.

The Cross Party Group’s recommendations to Scottish Government include:

- Work with stakeholders in primary and secondary care to create a clear and consistent clinical pathway for people diagnosed with AF.
- Actively promote and support Health Boards to implement specialised AF services to facilitate accurate diagnosis; ensure prompt, appropriate anticoagulation and to ensure patient-centred management.

Use of data to improve detection, diagnosis and treatment of Atrial Fibrillation

The Inquiry also highlighted projects which use data in order to improve AF treatment. GRASP-AF is a software tool which runs queries on general practice databases to build a profile of patients with a diagnosis of AF, allowing improved identification and treatment which reduces the risk of stroke. This software is freely available to all practices in NHS England.

The Report’s recommendations to Scottish Government are to:
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- Embed consistent and effective data capture, ensuring integration across clinical boundaries of primary and secondary care and efficient processes for linking and accessing these data.
- Support the development and implementation of IT software solutions to facilitate case-finding, support therapeutic decisions and allow audit within and between practices.

Living with Atrial Fibrillation

The Inquiry actively sought the views of people living with AF, both through a national survey and including their membership on its Advisory Panel.

It found that **non-adherence to medication** is an issue which needs to be addressed, and more work is needed to understand the patient experience and their reasons for non-adherence.

Its key recommendations are:

- Ensure that all health care professionals have the necessary information about AF to support patients to take part in shared decision making, from the point of diagnosis of AF through to long term condition management.
- Work with clinicians, researchers, third sector and people affected by AF to find the most effective methods to raise awareness of AF among the public.
- Ensure that people with AF, and at risk of AF, receive relevant, tailored information and support, utilising robust and trusted providers such as major third sector charities.

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