PULSE Intelligence
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Maximise your QOF payments: Atrial Fibrillation

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- Indicators: 3
- Points: 29
- Prevalence (2016-17): 1.8%
- £/patient on the register (est): £34.72

Atrial fibrillation (AF) is a significant risk factor for stroke and this area is focused on assessing and reducing that risk.

Indicator 1: Maintain patient register (5 points)

Have a system to investigate any newly irregular pulse.

There are five points for maintaining the register, which is fairly generous. In the decade that AF has been included in the QOF, the prevalence has increased by 50%, and that rate seems to be increasing as practices have improved the detection and recording of AF.

Patients are on the register simply if they have a diagnostic code for atrial fibrillation or flutter. It is possible to remove patients from the register, by entering a code of atrial fibrillation resolved. This is likely to be rare, however, and the current guidance is that these patients should continue to be treated as if they had AF anyway, so there should be little reason to remove them.

Getting patients on to the register will require clinicians to be attentive to the diagnosis. Much of the time patients will be identified incidentally during clinical examinations such as blood pressure measurement or checking a pulse rate. The diagnosis should be confirmed with an ECG. All clinicians undertaking these examinations should know what to do when they detect an irregular pulse.

You should also search records for those on anticoagulation who don't have a diagnosis of AF.

Indicator 2: Stroke risk assessment (12 points)

The risk of stroke is calculated using the CHA2DS2-VASc score. Once a patient has a score of two or more they are regarded as being at high risk. Low-risk patients, scoring less than two, should be checked every year, and the results recorded.

If the patient scores two or above, no more recorded scores are required. An old CHADS2 score of two or more can also count.

The score is usually calculated by the computer based on the patient's electronic record. An appropriate calculator can be used by a non-clinical member of staff.

Exception reporting (now known as personalised care adjustment, or PCA) is available, but these are only general exceptions where patients are not suitable or do not agree to the assessment. In practice it will be rare that a patient objects to a simple assessment. As usual, patients who have registered with the practice or have been diagnosed between January and March are eligible for PCA.

There are 12 points available for reaching 90% of patients, although average achievement is much higher.

Indicator 3: Anticoagulation medication (12 points)

The final indicator carries a further 12 points for all patients with a score of two or more who are receiving anticoagulation medication.

A prescription for warfarin, dabigatran or another anticoagulant drug must be issued between October and March. Monitoring of anticoagulation may be part of a separate local enhanced service, but it is vital that a prescription is issued on the practice computer system.

Application of PCA is possible in case of allergy, which only needs to be entered once, or where anticoagulation is not indicated, which needs to be entered every year. A PCA report for any anticoagulant drug will apply to them all.

For reference

AF001 – The contractor establishes and maintains a register of patients with atrial fibrillation. (5 points)

AF006 – The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more). (12 points) Threshold: 40-90%

AF007 – In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (12 points) Threshold: 40-70%
