

Summary

Atrial fibrillation (AF) affects a million people in the UK and is associated with 1 in 8 strokes (1 in 3 over 80 years). More than half these strokes could be averted by oral anticoagulants (OAC), but the proportion of patients receiving oral anticoagulants has improved by only 1.5% per year over the last 25 years and was only 50% in 2012.

The Quality and Outcomes Framework (QOF) support improvement and Clinical Commissioning Groups (CCGs) have adopted a number of interventions targeting professional behaviour and organisational improvement. Across the CLAHRC region there is marked variation in the type and number of interventions used to support the implementation of oral anticoagulants prescribing guidelines.

This study will apply a mixed methods approach to evaluate the implementation of packages of varying complexity to (i) compare appropriate oral anticoagulants prescribing in Clinical Commissioning Groups providing different packages of interventions; (ii) establish which behavioural improvement interventions are most feasible to implement, and likely to be most effective and cost effective; (iii) establish linkage of primary and secondary care data to include hospital admissions for stroke, myocardial infarction and bleeding (in collaboration with the NIHR CLAHRC North Thames 'Methodological Innovation' Theme).

The results of this project will benefit patients in the long-term by enabling the NHS to provide more effective treatment for AF. This will reduce the frequency of stroke and other complications of AF that often reduce the quality and duration of life.

Principal investigator: Dr John Robson, Queen Mary University of London

Start date and duration: April 2014, three years

Partners and collaborators involved: Barts Health NHS Trust; Queen Mary University of London; London School of Hygiene & Tropical Medicine; University College London; UCLPartners; Clinical Commissioning Groups in north central, inner and outer north east London