Case study - 'Shared Decision Making' and atrial fibrillation

The Collaboration for Better Care Partnership ran a well-attended master class on 'Shared decision making' on 21st October 2015. Pledge cards were completed by attendees and followed up to provide evidence of impact of the learning from this event.

Atrial fibrillation (AF) is the most common heart arrhythmia in the UK. It is caused by abnormal electrical activity within the muscle of the heart chamber walls. Stroke and thromboembolism are the main complications of atrial fibrillation. The risk of these problems can be reduced by appropriate anticoagulation.

The concepts of Shared Decision Making could be invaluable in helping reduce the disease burden associated with atrial fibrillation.

Shared decision making - the model

Shared decision making (SDM) is the conversation that happens between a patient and their health professional to reach a healthcare choice together. This conversation needs patients and professionals to understand what is important to the other person when choosing a treatment.

The evidence shows that when patients are involved, decisions are better, health and health outcomes improve.

Patients who understand their condition, the reasons for treatment and the risks and benefits are more likely to adhere to medication regimes, blood monitoring and make the lifestyle changes which are key to optimal AF management.

Despite examples of excellent local practice there is a general continuing lack of progress or improvement in delivering this model of care. This can be particularly problematic in AF where barriers to anticoagulation can result in life-limiting complications such as stroke.

The complexity of combining new treatment choices, risk of bleeding and national guidance are additional responsibilities for clinicians and patients in AF management.

To facilitate changes that ensure greater patient involvement, we need to recognise that there are different perspectives on patient involvement. We also need to provide high quality and appropriate SDM training and support for clinicians.

However, putting patient involvement at the forefront of AF practice provides the opportunity not only to create an effective care process but also reduce the burden of complications of AF.

Atrial fibrillation - The pledge

- Some of The AF team attended the SDM master class and were enthused to apply the principles to their project.
- They decided to create a specific training event for GPs in order to provide them with a practical approach to SDM.
The AF team led by Kate Mackay the AHSN programme lead for AF will deliver a SDM training event for GPs in order to improve the quality of clinical care in AF.

This meeting is scheduled for the summer of 2016 and will be supported by regional SDM experts.

"This training will champion the patient’s cause, increase understanding and ultimately result in more people taking the correct medication."

Impact

The AF Health Improvement Programme is supported by AHSN NENC

This programme started in April 2015 and supports 10 projects across a range of areas of AF care. To find out more visit the AHSN NENC website.

This programme of work has been prioritised in the region because:

- There are an estimated 25,619 patients with undiagnosed AF in the AHSN NENC area and each stroke prevented could save £23,315 (NAO, 2010).
- Without treatment 1 in 20 patients will have a stroke which means we could prevent strokes in 1281 patients and consequently save £29.86M.

Using the Shared Decision Making model could deliver important benefits to patients, enabling them to improve their health and avoid the serious complications of suboptimal care of AF.

Stakeholders

- Kate and her team work closely with the major patient groups in this area including the AF Association, Stroke Association, British Heart Foundation and other third sector providers.
- The AF project links to other AHSN programmes including Telehealth and Medicines Optimisation.
- NEQOS also work with the AF team to support implementation and measurement of their valuable work with clinicians and patients.

Contact

To learn more about AHSN Atrial Fibrillation projects, contact the programme lead Kate McKay
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To learn more about the Collaborating for Better Care Partnership, contact the programme lead Dr Gerry Morrow
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The Collaborating for Better Care Partnership (CfBCP)

The CfBCP is a cross cutting programme of work delivered by the North East Quality Observatory Service (NEQOS) on behalf of the AHSN NENC, and exemplifies the commitment to improve clinical quality and reduce clinical variation.