



# APL AF (Active Patient Link – Atrial Fibrillation)

## Improving AF management Version 3-3 (2020 release)

Clinical Effectiveness Group

Centre for Primary Care and Public Health  
Queen Mary University of London





Stroke is largely preventable. For people with atrial fibrillation, anticoagulation would prevent 12,500 strokes annually.

Strokes are a major public health problem. There are around 110,000 strokes and 20,000 Transient Ischemic Attacks a year in England<sup>1</sup>.

The direct care cost of stroke is at least £3 billion annually with wider economic cost of about £8 billion.

Atrial Fibrillation (AF) is a common condition: one in eight people over 75 years old have AF. Treatment in primary care reduces the chance of stroke.

AF causes 12,500 strokes per year. Treatment with anticoagulants would prevent about 4,500 strokes per year and prevent 3,000 deaths<sup>2</sup> at an annual cost of around £400 per patient.

However fewer than half of all patients with AF are adequately treated with control of blood pressure, statins and most importantly with anticoagulants. Anticoagulants reduce the risk of stroke by 64%.

Aspirin is no longer considered to be an effective treatment to reduce stroke in people with atrial fibrillation. APL AF will help you identify those patients with AF who are being treated with aspirin or clopidogrel so that you can arrange a medication review.

In addition control of hypertension to less than 140/90mmHg and use of statins make a major impact on reducing stroke and heart attack.

<sup>1</sup>National Audit Office (2010) *Progress in improving stroke care*

<sup>2</sup> NHS Improvement (2009) *Atrial fibrillation in primary care: making an impact on stroke prevention*

# Using APL-AF to Identify Patients at Risk

QOF results indicate that in AF with CHA<sub>2</sub>DS<sub>2</sub>-VASC score of 1 or more, 20% of patients are not on an anti-coagulant. Instead, many are only on aspirin.

The latest NICE guidelines show that aspirin is not effective in reducing stroke in AF and recommend anticoagulation with warfarin or a direct non-vitamin K anticoagulant.

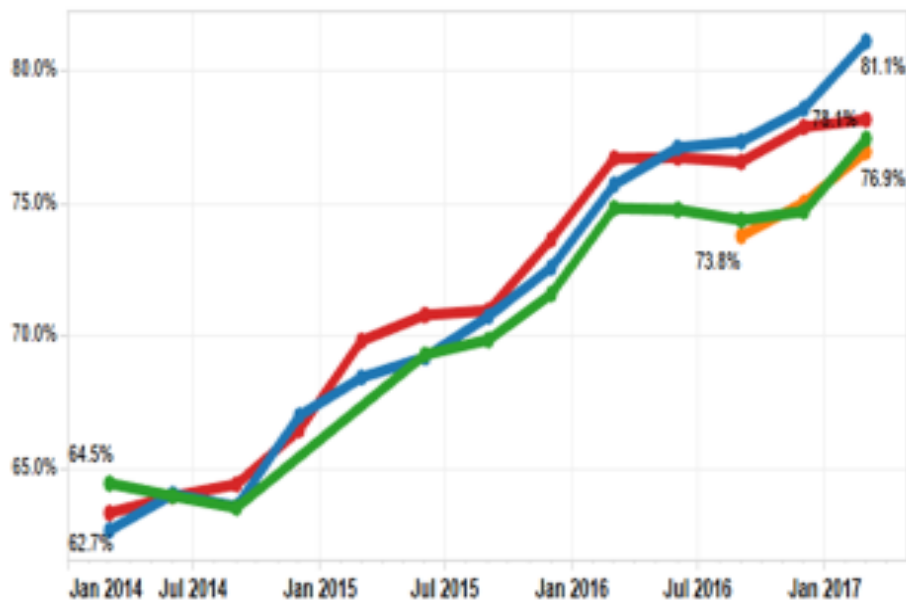
The APL tool allows you to easily identify any patients who are not on anticoagulants in your practice, and to quickly draw up a priority patient list to contact for a medication review.

Simply run the APL AF search and export the results to the APL AF tool to see a list of patients on aspirin or clopidogrel, ordered by their CHA<sub>2</sub>DS<sub>2</sub>-VASC score (and other relevant co-morbidities).

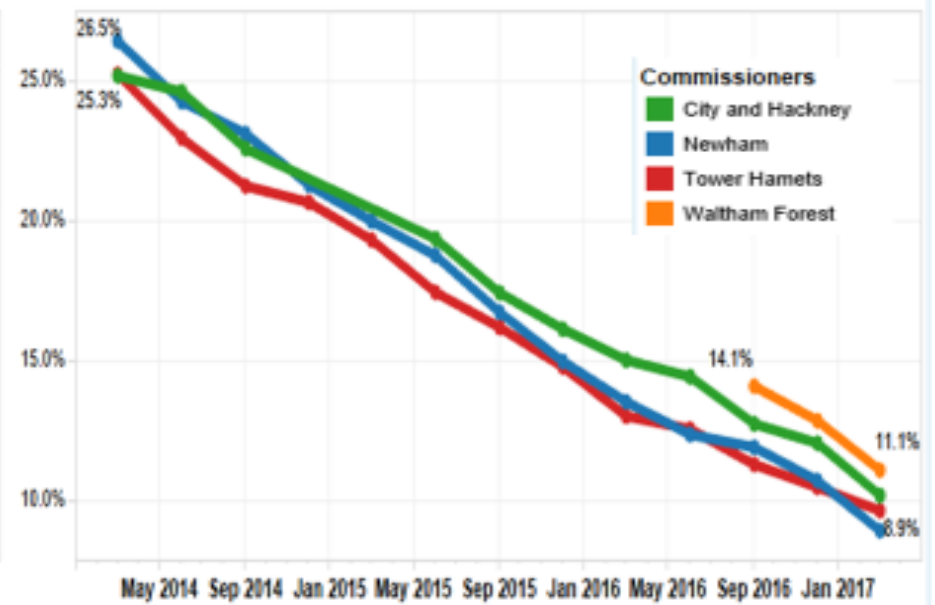
We also list the full QOF exceptions for AF, to use if appropriate to maximise your QOF points.

We also provide a case finder search in case you have forgotten to code some people with AF with the right QOF compliant codes.

% AF, CHADSVASC ≥ 1 (or no CHADSVASC recorded) on anticoagulants



% AF, CHADSVASC ≥ 1 (or no CHADSVASC recorded) on antiplatelets (excl anticoag)



# Using APL-AF: Step by Step

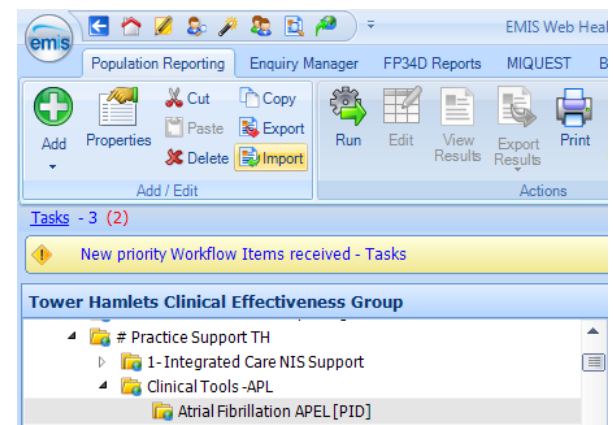
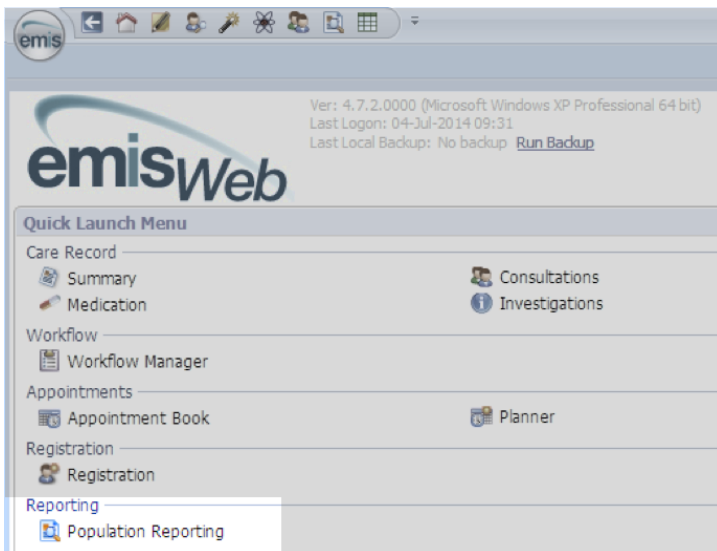
This tool is intended to support to clinical decision making but does not replace the clinician's assessment of each individual case and subsequent management. INR values recorded through INRstar may not be accessible to the Tool, and may be under-reported.

There are two stages to using the tool: extracting patient data and using the APL AF tool to analyse the data and generate a picklist.

## EMIS Web

1. Open the *EMIS Web Quick Launch Menu* and select *Population Reporting*.

2. Then import the file named *APL AF Tool Release v3-3 (2020) Emisweb [PID].xml*



3. Select the folder then click *Run*. Once both the Search and the Report have finished, select the Report and click *View Results*.

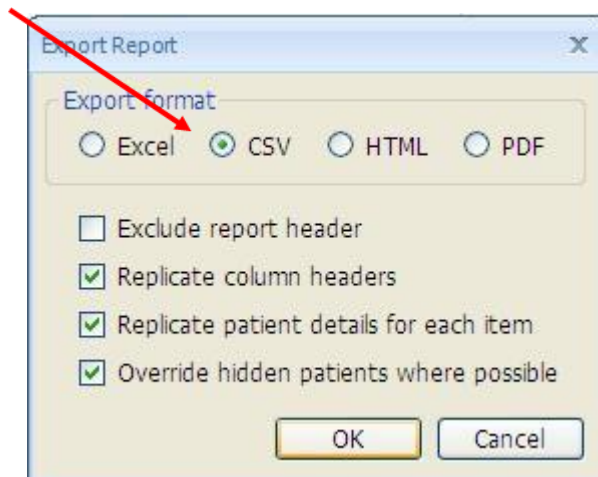


4. Click the *Export* icon



5. Export the results as a CSV file

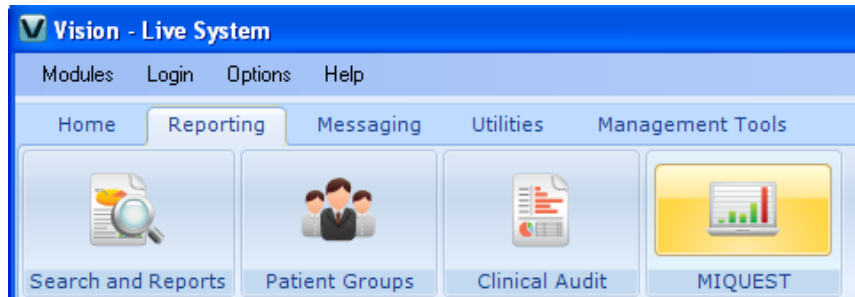
Select **and ensure** the three boxes **'Replicate column headers'**, **'Replicate patient details'** and **'Override hidden patients'** checkboxes are ticked



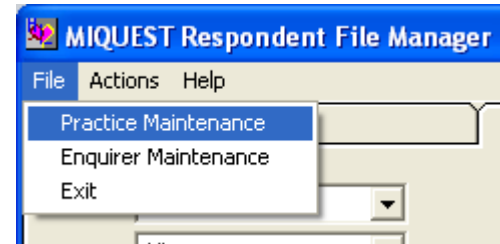
NOTE: this data is patient identifiable, so it needs to be saved into the practice's Shared Drive.

# VISION MiQUEST

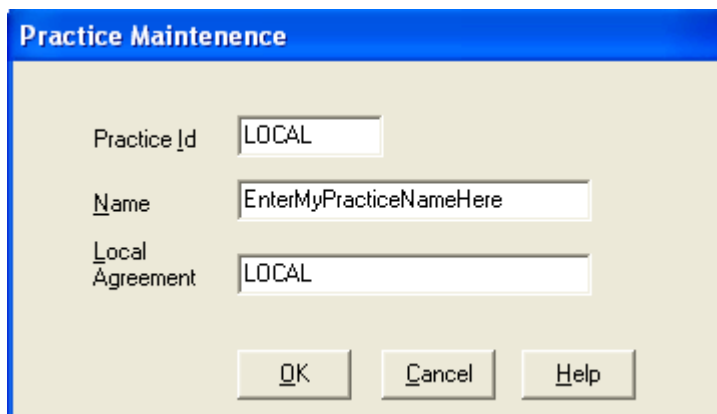
1. Open INPS VISION and go to the 'Reporting' tab, click on MIQUEST



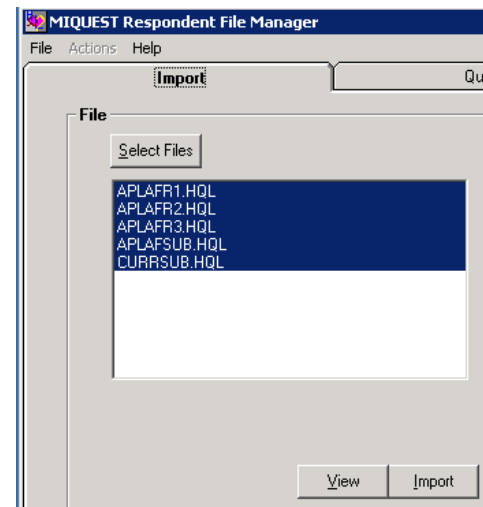
2. In the MIQUEST Respondent File Manager open, click on File/Practice



3. Ensure that the practice settings are set to 'LOCAL' plus enter practice name as follows:

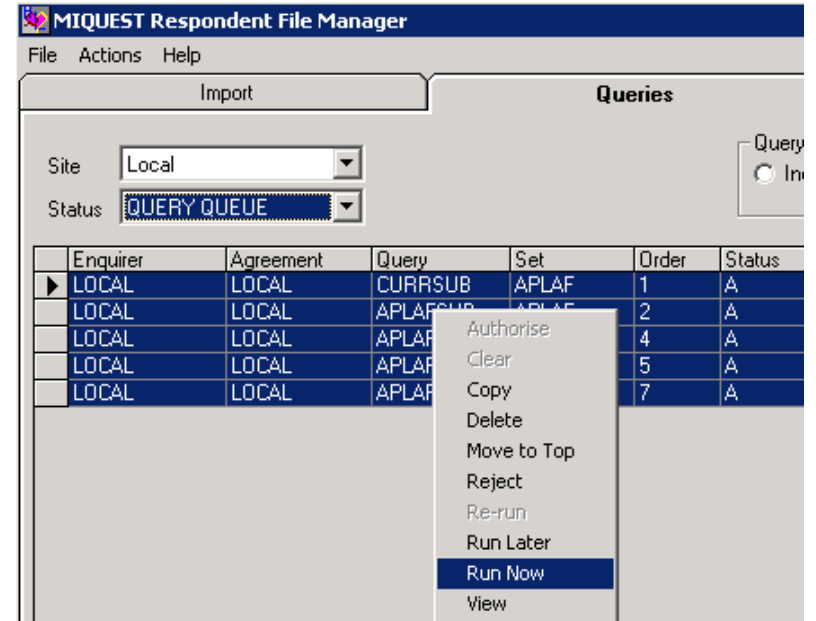
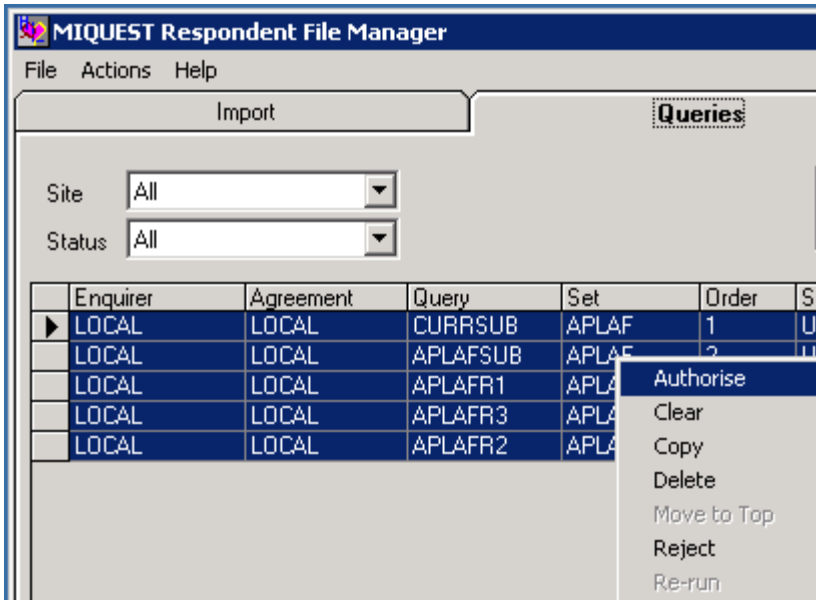


4. Browse to the APL Queries folder, highlight all five and then click 'Open'. Import the search by clicking on the Import button.



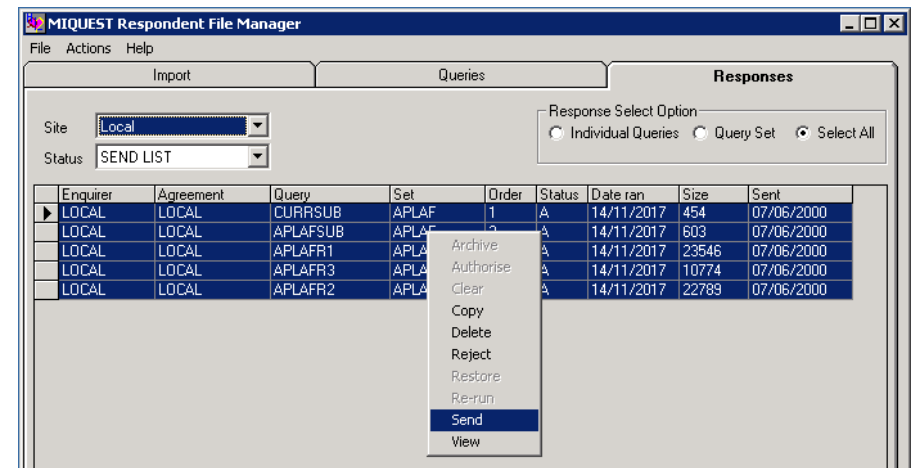
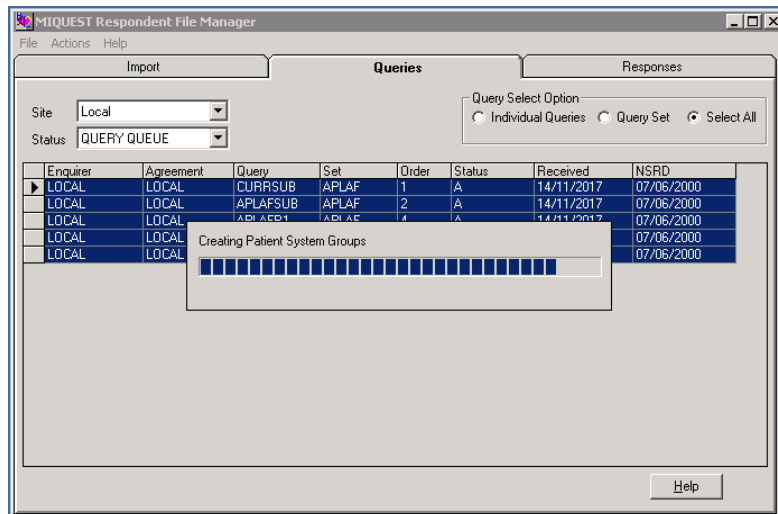
- Once imported click on the Queries tab, select all the queries, then Right click on the highlighted queries and click 'Authorise'.

- Set Site and Status as follows, then Right click on the highlighted queries and click on 'Run Now'.



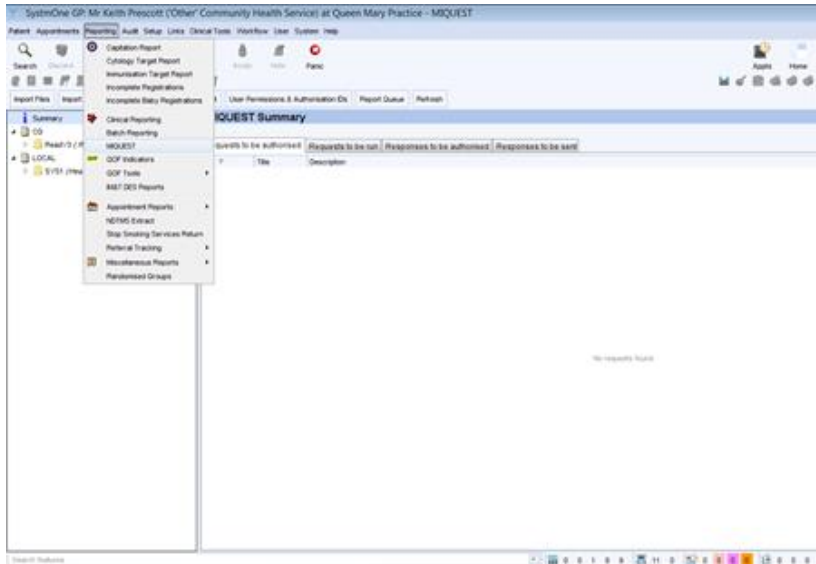
- The queries will now be set up and run.

- To save the outputs, click on the 'Responses' tab and click on 'Select All'. Then set the Site to 'LOCAL' and the Status to 'SEND LIST' as follows:

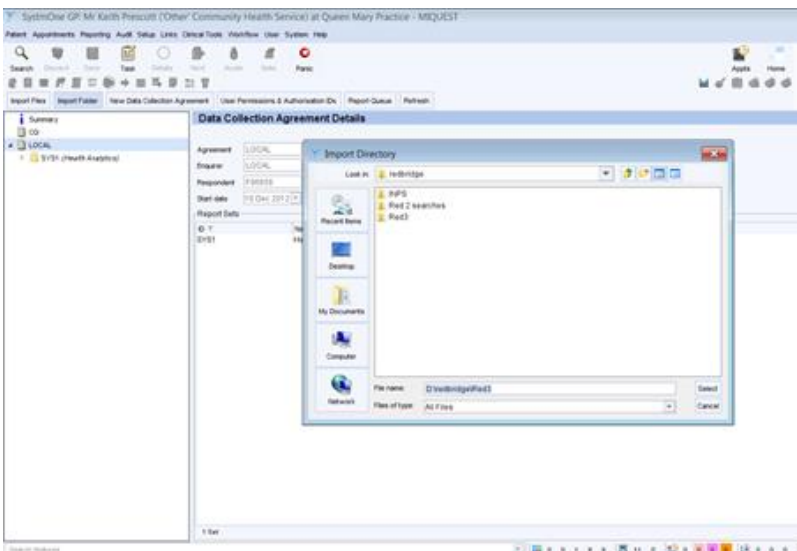


# SystemOne

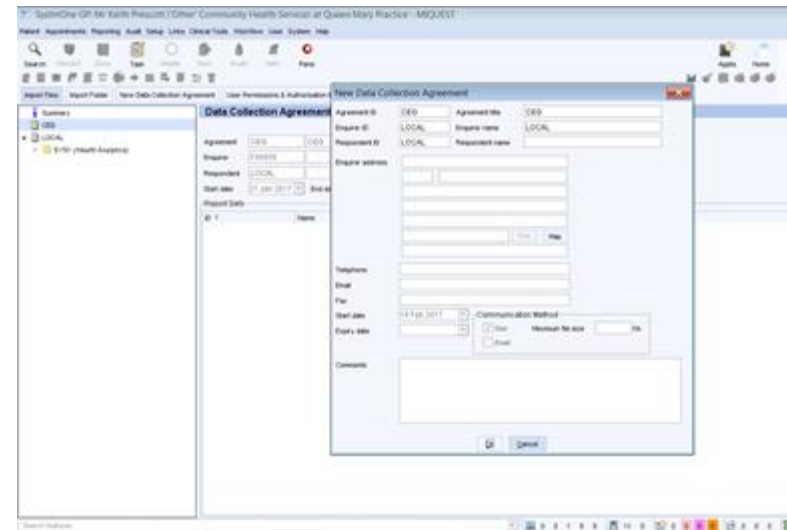
- Open SystemOne, open up the MIQUEST module and select new data collection agreement.



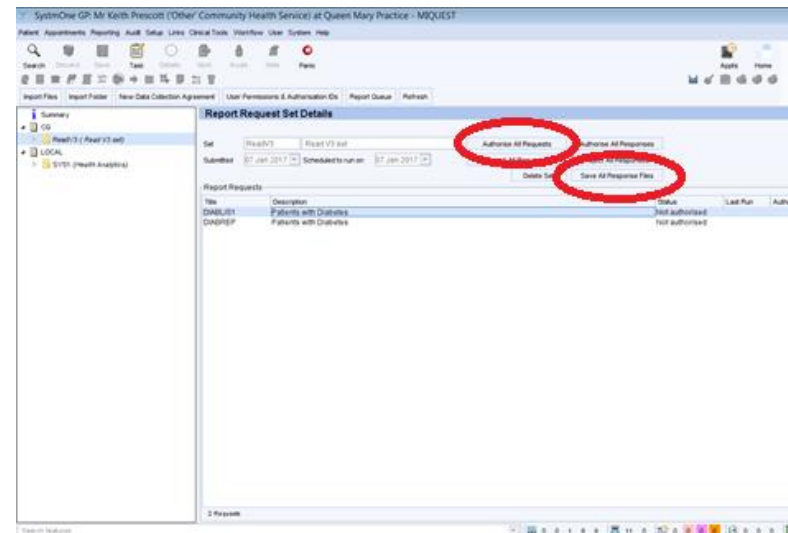
- Click on 'Import Folder'. Identify the location of the folder containing the searches and select and return.



- Name the agreement CEG to differentiate from other reporting but set enquirer ID and respondent ID to "LOCAL".



- Files will be marked as "unauthorised". Click on 'Authorise All Requests'. The queries will start running automatically. Once completed, select 'Save All Responses'.





# Importing Data and Running the Tool

On the front page, select the clinical system that your practice is using.

Click on the Folder icon to open a window that allows you to select the CSV file (if EMIS Web) or the folder containing the multiple CSV files (if VISION, Microtest or SystemOne) from the location they were saved to.

**APL-AF Atrial Fibrillation Tool v3.3**

Select Clinical System:  EMIS  SystemOne  Vision  Microtest

Instructions: Press to locate CSV file(s) Press START when data is cleared Export to xlsx RESET to clear

**Filters**

Prescribing:  All AF  Warfarin/NOAC only  Aspirin/Clop only  Dual therapy  On Neither

CHADSVASC:  ≥ 2  1  0  Not Recorded Age:  < 65  65 - 74  75+

Complex risks:  SMI  Learning Disability  Dementia  On NSAID

BP ≥ 140/90:  Not on Statin  **Reset Filters**

**Summary**

Atrial Fibrillation Register	0
Prescribed Warfarin/NOAC only (6m)	0
On Aspirin/Antiplatelets only (6m)	0
No treatment	0
Both anticoagulants + Antiplatelets (6m)	0
CHADSVASC ≥ 2 Prescribed Anticoagulants	0
CHADSVASC ≥ 2 on Antiplatelets only	0
CHADSVASC ≥ 2 with no treatment	0

**Prescribing AF CHADSVASC ≥ 2**

0%

AF with CHADSVASC ≥ 2

- Prescribed Anticoagulants
- On Antiplatelets only
- No treatment

Full Name	Patient Reference no.	Usual GP	Age	Sex	CHADSVASC ↓	CHADSVASC date	On Aspirin/Antiplatelets	Presc. warfarin/NOAC	Presc. NSAID	Presc. Statin	Controlled BP (BP < 140/90)	Medication Review (Pharmacist or detailed GP review)	Reflection on clinical management
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Click on the green START button once the data has imported.

Select the clinical factors to filter on; the displayed group of patients will update with each filter picked.

### Filters

**Prescribing**  All AF  Warfarin/NOAC only  Aspirin/Clop only  Dual therapy  On Neither

**CHADSVASc**  ≥ 2  1  0  Not Recorded **Age**  < 65  65 - 74  75+

**Complex risks**  SMI  Learning Disability  Dementia **On NSAID**

**BP ≥ 140/90**  **Not on Statin**  **Reset Filters**

### Summary

Atrial Fibrillation Register	101
Prescribed Warfarin/NOAC only (6m)	78
On Aspirin/Antiplatelets only (6m)	6
No treatment	15
Both anticoagulants + Antiplatelets (6m)	2
CHADSVASc ≥ 2 Prescribed Anticoagulants	71
CHADSVASc ≥ 2 on Antiplatelets only	6
CHADSVASc ≥ 2 with no treatment	7

### Prescribing AF CHADSVASc ≥ 2

**AF with CHADSVASc ≥ 2**

- Prescribed Anticoagulants (85%)
- On Antiplatelets only (7%)
- No treatment (8%)

Full Name	Patient Reference no.	Usual GP	Age	Sex	CHADSVASc ↓	CHADSVASc date	On Aspirin/Antiplatelets	Presc. warfarin/NOAC	Presc. NSAID	Presc. Statin	Controlled BP (BP < 140/90)	Medication Review (Pharmacist or detailed GP review)	Reflection on clinical management
<a href="#">69b6a160-15f1-3b62-50d6-4e1984731806</a>	xxxxx	NH	82	Female	8	18-Jan-17	YES	CONTRA - E	NO	YES	YES	GP	02-Aug-19
<a href="#">adfe6704-fd70-a3c3-2e62-9ad8c9f4c4cd</a>	xxxxx	JVR	78	Male	8	19-Jul-19	NO	YES - NOAC	NO	YES	YES	GP	17-Dec-19
<a href="#">4b7072a2-d770-9368-db20-4a1dd29b22a3</a>	xxxxx	NMS1	68	Female	8	07-Feb-20	NO	YES - NOAC	NO	YES	YES		

Click on the name of a patient of interest to be taken to the Patient Info tab.

For a more detailed breakdown of the patient's data, click on *Click to view patient details*.

## APL-AF Atrial Fibrillation Tool v3.3

Patient Information		<a href="#">Click to view patient details</a>
<b>Patient Name:</b> 4b7072a2-d770-9368-db20-4a1dd29b22a3		<b>Patient Ref:</b> xxxxxx
Patient Details		
<b>Age</b>	68	<b>Gender</b>
		Female
Medication		
Warfarin		<b>Date of Issue</b>
NOACs	Apixaban 5mg tablets	17-Jun-2020
Other Anticoagulants/Not specified		
Aspirin*/Antiplatelet		
NSAID		
Statins	Atorvastatin 80mg tablets	17-Jun-2020
<small>* If OTC use of aspirin is recorded by GP, it will be included above.</small>		
Risk Score		Score
CHADSVASc		8
		<b>Date Calculated/Recorded</b>
		07-Feb-2020

**OF Read V2 Exception codes (persistent in bold)**

AF, patient unsuitable 9hF0

AF, informed dissent 9hF1

**Atrial fibrillation resolved 212R**

Warfarin contraindicated 8I25 (this is a capital 'i')

Warfarin declined 8I3E

Warfarin not indicated 8I65

Warfarin not tolerated 8I71

**Adverse reaction to warfarin TJ421**

**Warfarin - adverse reaction U6042**

**Personal history of allergy to warfarin ZV14A**

**Warfarin allergy 14LP**

Dabigatran not indicated 8I611

Dabigatran not tolerated 8I7R

Dabigatran declined 8IES

Dabigatran contraindicated 8I20

Aspirin not tolerated 8I70

Aspirin not indicated 8I66

**Adverse reaction to aspirin TJ53.**

**Adverse reaction to aspirin U6051**

Aspirin contraindicated 8I24

Clopidogrel contraindicated 8I2K

Clopidogrel declined 8I3R

Clopidogrel not indicated 8I6B

Clopidogrel not tolerated 8I72

**Clopidogrel causing adverse effects in therapeutic use U6048**

Anticoagulation not tolerated 8I7A

Anticoagulant prescribed by 3rd party 8B2K

Anticoagulation contraindicated 8I2R

Anticoagulation declined 8I3d

Anticoagulation not indicated 8I6N

**Antithrombotic drugs [platelet-aggregation inhibitors] causing adverse effects U6044**



For further information about using APL tools in your practice,  
please contact CEG:

[ihse-ceg-admin@qmul.ac.uk](mailto:ihse-ceg-admin@qmul.ac.uk)

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