

Tool version: 4.0 Guide updated: January 2025

# APL-AF Medicines optimisation tool for atrial fibrillation

User guide for SystmOne

ceg

Clinical Effectiveness Group Queen Mary University of London

# Helping practices to manage patients with atrial fibrillation and prevent heart attacks and strokes

APL-AF lists all registered patients with key indicators of atrial fibrillation and allows you to filter the list into cohorts to take action. The tool will support you to:



#### **Optimise medications, including:**

- Increase anticoagulation, to prevent heart attacks and strokes;
- Reduce patients on dual therapy for longer than necessary, to prevent major bleeds;
- List warfarin users who may benefit from a discussion about switching to DOAC.



#### Tailor your approach

• See other relevant medications, co-morbidities, vulnerabilities, and latest blood pressure recording for each patient.

### **Supporting elements**

The APL-AF software tool is part of a wider programme of support that CEG provides to GP practices in the North East London NHS region. This includes data entry templates and training and guidance from our team of facilitators. The tool is intended for use with these supporting elements in place.



### **Quick reference cohorts**

With no filters selected, APL-AF will list **all patients currently registered with the practice who are aged 18+ and have a diagnosis of atrial fibrillation** (excluding atrial fibrillation resolved). Use the following filters to create these suggested cohorts:

#### Patients at high risk of stroke who are not on anticoagulation

Anticoagulant medications reduce the risk of stroke in people with AF by more than half.

- Prescribing: No anticoagulant
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score:  $\geq 2$

#### Patients on dual antithrombotic therapy

Ensure they are not taking it for longer than necessary.

- Prescribing: Dual therapy
- + Review Patient Information page

# Warfarin users who may benefit from a discussion about switching to DOAC

• Prescribing: Warfarin

Medication review in 12m: No

# Patients who require reassessment of stroke and bleeding risk scores to determine the need for anticoagulation

As risk factors change over time.

- Prescribing: No anticoagulant
- CHA, DS, -VASc score: Recorded >12m and Not recorded

#### Assist in performing personalised anticoagulation medication reviews

- Medication review in 12m: No
- + Review Patient Information page

# Patients taking NSAIDs and anticoagulation, to assess and advise regarding risk of GI bleeding

- Prescribing: DOAC and Warfarin separately
- NSAID issued: Yes

Clinicians' decisions must be based on review of the full EMIS or SystmOne record.

### Limitations

#### APL-AF is not a diagnostic tool or intended to replace clinical judgement

The tool lists people for whom there may be issues of clinical concern and displays their data. It does not make management recommendations – these are entirely a matter for the clinician.

#### Prescribing status may not be current or complete

- The tool only displays medications that were selected as relevant for the tool, so the list of prescribed medications is **not exhaustive**. Patient records must be checked to obtain a full list of prescribed medications.
- The tool shows all selected prescriptions within the last six months. If a patient's medications have changed within those six months for example aspirin was stopped, or warfarin was changed to DOAC then the tool will display all of these and may not show the current situation. The patient record must be checked for current prescribing status.

#### **Relevant information could be missing**

- **Third party prescribing data could be missing**. There are several third parties other than the GP who may prescribe, including hospitals and community pharmacies. Where these have been coded into the patient record by the practice, they will display in the tool. But if this hasn't been done, the medications will be missing from both the patient record and the tool. There is separate CEG advice on how to record third party prescribing at your practice.
- The tool only presents information that is coded in the patient health record **using standard codes described by NHS Digital**. If clinicians use free text or non-standard codes, these will not display in the tool. Clinicians' decisions must be based on review of the full EMIS or SystmOne record.

APL-AF should be used in conjunction with CEG templates. Our templates will support you to code activity correctly and ensure the tool has high quality data to draw from.

### Definitions

#### **Filters**

**Prescribing** Prescriptions recorded **within the preceding six months**. Use the checkboxes to list patients with:

- prescription for a direct oral anticoagulant (DOAC)
- prescription for warfarin includes anticoagulants known as vitamin K antagonists, such as warfarin sodium, acenocoumarol, phenindione
- no anticoagulant prescribed
- prescription for aspirin/antiplatelets only
- prescription for dual therapy (anticoagulant and antiplatelet)
- Selecting 'All AF' will clear the prescribing filters

#### **Patient list**

CHA <sub>2</sub> DS <sub>2</sub> -VASc, ORBIT	Most recent value recorded within the preceding 12 months, with date.
Anticoagulants	Shows whether the patient was prescribed anticoagulant medication within the preceding six months or not. The field will also display whether the prescription is for a DOAC or warfarin, eg: 'YES - DOAC'.
Aspirin/antiplatelet, NSAID (excluding aspirin), statin	Shows whether or not the patient was prescribed these medications within the preceding six months.
CVD, HTN	Shows whether the patient has ever been coded with cardiovascular disease (CVD), or hypertension (HTN).
BP	Shows most recent blood pressure value recorded (no maximum timeframe).

#### **Patient Information view**

Medications	Displays medication name and date of issue for other relevant prescriptions within the preceding six months. Refer to the clinical system to check current dosage and frequency. Any relevant third party prescribing coded in the patient record is shown for the preceding 12 months.
Comorbidities	Shows 'yes' for presence of the listed comorbidities. Includes heart failure (HF), chronic kidney disease stage 3-5 (CKD), ischemic heart disease (IHD), stroke/transient ischaemic attack (TIA), peripheral arterial disease (PAD), hypertension (HTN), type 1/type 2 diabetes (Diab), liver failure, bleeding history, palliative care.
Process Measures	Shows latest ever, except for international normalised ratio (INR) which is latest in the preceding 24 months.

The tool uses QOF indicator codes for all variables unless indicated otherwise. Codesets are available on request - please speak to your <u>CEG facilitator</u>.

### Step-by-step: Downloading the tool

#### You only need to do this once

### Step 1: Download

**1.1** Download the SystmOne zip file.

**1.2** Double click the zipped file, then double click again.

### **Step 2: Extract**

Click 'Extract all' to extract the files.



# Step 3: Save

Save the files in a secure device or network that is accessible to other practice staff, including any clinicians reviewing your work. **Choose a secure device or network if you intend to save exports of patient identifiable data in the same place**.

# Step 4: Unblock macros

Microsoft has introduced a security feature that blocks Excel macros by default. Macros are automated actions that the tool uses to run - without them, it will not work.

**4.1** Right click on the '**APL-AF TOOL**' XLSM file and select '**Properties**'.

4.2 In the 'General' tab, tick the box to 'Unblock'

**4.3** Click '**Apply**'. You must click 'Apply' before 'OK', otherwise the change won't take affect.

If you accidentally click 'OK' without clicking 'Apply', the option will no longer be visible and you will need to download the file again.



#### Troubleshooting

If you unblocked macros but still find some of the tool functions do not work, add the folder you saved it into as a 'trusted location'. In Excel, click 'File', 'Options', then 'Trust Center', then follow <u>Microsoft's instructions</u>. **If you have any problems installing or using the tool, contact your local CEG facilitator for help.** 

### Step 1: Run the search in SystmOne

1.1 Open SystmOne. Locate the APL-AF reports (saved in the 'CEG APL Clinical Tools' folder).

Highlight the search file and click '**run**' (green play button).

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**1.2** Once the search has run (showing a tick), click 'Show patients' (magnifying glass).

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## **Step 2: Export the report results**

2.1 Click 'Select Output', on top of the ribbon.



2.5 Save the file in its own folder - you can use the empty folder 'csv search outputs' included in the tool download if you choose to, as long as this has been placed in a secure location.

#### Due to their size, the reports may take a little longer to export than other reports

If you want to continue working while you wait, you can open a second instance of SystmOne.

output'.

### **Step 3: Import data into the tool**

3.1 Open APL-AF TOOL.xlsm (Excel file).

3.2 Select 'SystmOne' as your clinical system:



3.3 Click 'Import CSV file' and find and select the file you just exported from SystmOne:

ceed	APL-AF Atrial Fibrilliation Tool     © Clinical Effectiveness Group (CEG), Queen May, University of London. All rights reserved.	Queen Mary
Select Clinical System 🔿 EMIS Web	SystmOne     SystmOne	
Import CSV file	Export patient list 🔛 Export for Accurx 🚺 QCCUITX Export NHS number 🔛 Clear all data 🤕	
Practice Code:		

The tool will list the patients from your search and display relevant information from their record.

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The screenshots in this guide show a dummy dataset, not real patients.

#### Summary

The tool also shows a summary for the whole patient list (irrespective of filters), so you can see an overview of your practice's performance.

### **Step 4: Filter the patient list**

With no filters selected, APL-AF will list **all patients currently registered with the practice who are aged 18+ and have a diagnosis of atrial fibrillation** (excluding atrial fibrillation resolved).

Use the **checkboxes** to filter your list and create a cohort of patients to focus on. You can use multiple filters at once. Click the same checkbox again to deselect it.

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#### **Quick reference cohorts**

See <u>page 3</u> of this guide for example cohorts, and which filters you can use to create them.

# Step 5: View more information about an individual patient

**Click on a name** in your list to view the Patient Information page for that individual.

Click 'back' to return to the patient list.

#### Links to external resources

Including NICE anticoagulation guidance and creatinine clearance.

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wer Falure       Image: Clinical Character state       Sex         iteeding history       Image: Clinical Character state       Sex         allative Care       Image: Clinical Character state       Sex         international normalised ratio (NR) (latest in 24m)       Value       Date Recorded       Sec Figs 600 mr/min/1.73 m <sup>3</sup> * Mix dues may not be recorded in the CP system and were reported in the Sec Sec Sec Sec Sec Sec Sec Sec Sec Se	oke/TIA, PAD, HTN, Diab (11/12)	Yes	Heart Failure, CKD 3-5, IHD, Stro	oke/IIA, Hypertension		ORBIT Bleeding	Risk Score for AF	
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MI/Learning Disability/Housebound       Image of the construction						- Females with haem	oglobin <120 g/L or hemato	xrit<36%
penetia       index of	y/Housebound					Haemoglobin <120/13	0 g/L or hematocrit <36%/4	0% 2
alliative Care       Value       Date Recorded       Bleeding history Arr Mistory of Dibeding intra Arr Mistory						Age >74 years		1
recess Measures     Value     Date Recorded     hemorrhagic stroke       International normalised ratio (NR) (latest in 24m)     Import and the Corded in the CP system and we under reported in this CP system and the cord of a dup system and the cord of a dup system and we under reported in this CP system and the cord of a dup sy						Bleeding history Any history of GI bleedir	ng, intracranial bleeding, o	r 2
International normalised ratio (NRR) (latest in 12 m)*       eGRR <60 mL/min/LT3 m²			Value		Date Recorded	hemorrhagic stroke		
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### Step 6: Print or export your list



Ways to use your filtered list outside of the tool:

#### **Option 1: Print**

Click '**File**' then '**Print**'. Set the orientation to 'landscape' and scale to fit.

**Option 2: Export as an Excel file** 

Click 'Export patients list'.

To make your list available to other practice staff

Option 3: Export list for Accurx Click 'Export Accurx'.

To contact patients or arrange appointments

The APL-AF download includes a set of empty folders that you can use to save and organise your exports. Ensure the folders are placed in a secure location, as the exports will contain patient identifiable information.

### Troubleshooting

### **Frequently asked questions**

#### Can I select multiple filters at once?

Yes – See <u>page 3</u> of this guide for examples of how you can combine the filters to create useful cohorts.

#### How do I deselect a filter?

Click the checkbox again to deselect an individual filter. Or click 'Reset Filters' to deselect all.

#### What does the 'Clear all data' button do?

This will remove all patient data from the tool – you will then need to reimport your search results to use it again.

#### Can I save the tool with a patient list within it?

If you want to save a particular cohort, export it using the instructions on page 12. Save the export in a suitably secure location as it will contain patient identifiable data.

#### Who do I contact for help?

Practices in North East London should contact their <u>local CEG facilitator</u>. They can help you to install the tool and use it effectively.

### **Contact us**

If you have any questions or feedback about our APL-AF tool or this user guide, please get in touch:

CEG-Feedback@qmul.ac.uk qmul.ac.uk/ceg/about-us/contact-us

#### By post:

Clinical Effectiveness Group (CEG) Queen Mary University of London c/o Yvonne Carter Building Post Room 58 Turner Street London E1 2AB



APL-AF was developed as part of REAL-Health Cardiovascular, a major research programme funded by Barts Charity.



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