



## Joint Working Executive Summary

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<b>Project title</b>	Primary Care Initiation of Anticoagulation Project - North Central & North East London
<b>Project partners</b>	UCLPartners Academic Health Science Network Bayer plc Daiichi Sankyo
<b>Project summary</b>	<p>The project aims to support the development and confidence of GPs to initiate anticoagulation and associated service models to enable CCGs to commission primary-care anticoagulation services using GPs as prescribers.</p> <p>This project has two linked aims; to support the development and confidence of GPs to initiate anticoagulation treatment (as this has traditionally been done by others in the service); and to develop primary care anticoagulation service models involving GPs and using UCLPartners principles of sustainability, developing this further to transfer to other clinicians outside secondary care.</p> <p>Project objectives:</p> <ol style="list-style-type: none"> <li>1) Create an integrated care pathway for anticoagulation that is supported by clinical engagement across primary and secondary care</li> <li>2) Increase the number of patients with newly identified AF who are anticoagulated by GPs thus reducing the waiting times for anticoagulation across the CCG</li> <li>3) Test 2-3 different models of initiating anticoagulation and evaluate their impact both on clinicians and patients</li> <li>4) Develop a support package for roll out as part of the pan-London AF improvement programme</li> </ol>
<b>Expected benefits to patients, the NHS and Bayer</b>	<p><b>Benefits for Patients</b></p> <ul style="list-style-type: none"> <li>• Care closer to home</li> <li>• Reduction in waiting times for anticoagulation initiation</li> <li>• Prevention of serious incidents (which may have been caused by delay in anticoagulation initiation)</li> </ul> <p><b>Benefits for NHS/UCLPartners Stakeholders</b></p> <ul style="list-style-type: none"> <li>• Reduced mortality – this will be implemented as part of the pan-London AF programme which aims to save 350-450 lives over 5 years and prevent over 300 strokes prevented per annum. (calculated using QOF data from 2014-2015)</li> <li>• Promote integrated working across clinical boundaries</li> <li>• More patients receiving NICE recommended treatment for AF in a timely manner</li> <li>• Developing skills of prescribers</li> </ul> <p><b>Benefits for Industry Partners</b></p> <p>Appropriate NICE approved anti-coagulation medicines including the company's medicines, delivered to more patients in line with national guidelines; including but not limited to NICE Clinical Guideline CG180 Atrial Fibrillation: management, NICE TA256 Rivaroxaban, NICE TA355 Edoxaban NICE TA249 Dabigatran, NICE TA341 Apixaban, for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation.</p>
<b>Start date</b>	March 2017

Date of Preparation: March 2017

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