

# media release

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## **Blood-thinning medication not prescribed to almost half of atrial fibrillation patients in Scotland at high risk of stroke**

### **Report is “most comprehensive picture yet” of cardiology services in Scotland**

A report published today (Wednesday) by Scotland’s new healthcare improvement and scrutiny organisation, Healthcare Improvement Scotland, presents the “most comprehensive picture yet” of how Scotland’s services for people with cardiovascular disease are meeting the needs of patients, identifying that less than half (47%) of patients with atrial fibrillation who are at high-risk of developing stroke are receiving the appropriate blood-thinning drug, warfarin. Moreover, the report finds that a third (31%) of low-risk patients, who should be treated with aspirin alone, are receiving a blood-thinning drug which exposes them unnecessarily to a higher risk of bleeding complications.

Cardiovascular disease is the leading cause of death in the UK. The largest contribution to these deaths is due to coronary heart disease which results in nearly 10,000 deaths every year in Scotland. Although death rates from coronary heart disease have been falling since the late 1970s, the rate in the UK is still among the highest in Western Europe, and higher still in Scotland compared to other parts of the UK.

The report paints a clear and in-depth picture of the strengths and weaknesses of heart disease services in Scotland, alongside detailed plans for how improvements to services can be made. Entitled *Take Heart*, the report brings together information from networks that effectively link primary and acute care services.

Speaking of the report, Dr Martin Denvir, clinical lead for the Healthcare Improvement Scotland Heart Disease Improvement Programme, said: “Within 3 years of starting this Heart Disease Improvement Programme we are now publishing a groundbreaking report which sets out in detail just what has been achieved in Scotland – and what is still to be done. This is the most comprehensive picture yet of heart disease services in Scotland. The journey towards perfect care for all patients is by no means over but our findings clearly identify what is already being done well, what needs improvement and how we can measure our improvement and progress towards best quality of care. While not every NHS board can provide highly specialised services, we can see from this report that a huge amount has been achieved in developing good access to heart disease

services in the community and in hospitals across all regions of Scotland. Through this programme of work there is now renewed commitment to ongoing improvement of heart disease services in Scotland.”

Here are some of the key findings from the report:

- For people with atrial fibrillation, a common heart rhythm disorder, we identified concerns about the prescribing of blood-thinning drugs, such as warfarin.
- While nearly 80% of people with this diagnosis receive some form of blood-thinning drug, less than half (47%) of higher risk patients are receiving the most appropriate treatment, warfarin.
- A third (31%) of low risk patients, who should be treated with aspirin alone, are receiving more powerful blood-thinning drugs which exposes them, unnecessarily, to a higher risk of bleeding complications.
- From the limited data provided by NHS boards, we found that on average 32% of patients who call for help due to chest pain have an electrocardiogram (ECG) diagnostic test within 30 minutes.
- All NHS boards have cardiovascular risk-assessment programmes in place to identify people at high risk of heart disease and stroke. However, these programmes are not provided comprehensively for all high-risk groups in the general population.
- Few NHS boards meet the currently agreed reperfusion treatment (angioplasty or thrombolysis) time target for patients with heart attacks.
- The Scottish Ambulance Service provides a well-trained and rapid response to emergency calls. It reaches 71% of patients with suspected heart disease within 8 minutes with highly equipped ambulances carrying a full range of equipment and drugs to treat a heart attack.

The report also makes a number of key recommendations that will help to improve patient care:

- NHS boards should review the prescribing of anticoagulants for all patients with atrial fibrillation in primary care, beginning with a documented stroke risk assessment. Patients at low risk of stroke should not routinely be prescribed the more powerful blood-thinning drug, warfarin.
- To provide the best possible care, NHS boards need to use data collected by a range of organisations, including the Scottish Ambulance Service. NHS boards should seek to review these data regularly and provide feedback to all stakeholders on the quality of patient care, particularly when they are referred to specialist (tertiary) centres outwith their local NHS board.
- NHS boards should implement the Scottish Patient Safety Programme heart failure care bundle which will improve a range of aspects of care, including the use of cardiac resynchronisation therapy devices. NHS boards should seek to use the improvement methodologies encapsulated in the care bundle approach to improve other aspects of patient care.
- NHS boards need to develop, review, and record patients’ needs for supportive care regularly so that they can respond to these as they change over time. In particular, NHS boards should develop systems to screen patients with heart disease for end of life needs

using recognised tools. This can be facilitated through GP palliative and support care registers and anticipatory care plans.

- In future, NHS boards should routinely collect data to measure their performance using the heart disease clinical indicators developed as a result of the improvement programme. Review of these data will support continual improvement.

The report is the culmination of three years work (started by our predecessor organisation, NHS Quality Improvement Scotland) measuring the performance of the NHS in Scotland against a comprehensive set of clinical standards, in order to take stock of where we are now and where we should focus efforts towards further improvement.

Speaking of the report, Andy Carver, British Heart Foundation (BHF) Scotland's Prevention and Care Adviser, says: "BHF Scotland welcomes the publication of this National Overview report. It is an important step in improving the accountability of NHS boards for the delivery of vital services for heart patients. We will continue to watch closely and help ensure that these standards are implemented to help people prevent heart disease and make sure services for heart patients are the best possible in all parts of the country."

Chest Heart & Stroke Scotland's Chief Executive David Clark welcomed the report saying: "We recognise that there has been real progress as a result of the Heart Disease Improvement Programme and that Scotland has some world class centres for the treatment of heart disease. However, we also have to recognise that there is some way to go until every patient has the correct treatment every time. For example, the report highlights that we are not doing enough to prevent stroke in people with atrial fibrillation. This accounts for 15 to 20% of stroke in Scotland, so getting this right for every patient is vital if we are to reduce the impact of this devastating condition."

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## Notes for Editors

- Healthcare Improvement Scotland is a health body formed on the 1 April 2011. Our purpose is to support healthcare providers in Scotland to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise those services to provide public assurance about the quality and safety of that care. Our organisation has the focus and key responsibility to help NHSScotland and independent healthcare providers deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise services to provide public assurance about the quality and safety of that care.
- We are building on work previously done by NHS Quality Improvement Scotland and the Care Commission and our organisation includes: Scottish Health Council, Scottish Intercollegiate Guidelines Network (SIGN), Healthcare Environment Inspectorate, Scottish Medicines Consortium, Scottish Health Technologies Group. We also take a lead role in coordinating the work of the Scottish Patient Safety Programme (SPSP).
- To access the full report, visit [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org).