NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator guidance

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# Indicator NM164

The contractor establishes and maintains a register of patients with atrial fibrillation, including patients with ‘AF resolved’.

# Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

# Rationale

There is evidence that people with resolved atrial fibrillation (AF) remain at higher risk of stroke or transient ischaemic attack (TIA) than people without AF and continue to benefit from anticoagulation therapy (see [Risk of stroke and transient ischaemic attack in patients with a diagnosis of resolved atrial fibrillation: retrospective cohort studies](https://www.bmj.com/content/361/bmj.k1717). Adderley et al. 2018).

Under the current business rules for the QOF, people coded as having resolved AF are removed from the AF register. They are therefore also excluded from the associated indicators intended to help prevent people with AF having a stroke or TIA. [Adderley et al. (2018)](https://www.bmj.com/content/361/bmj.k1717) found the proportion of patients with AF with any recorded AF resolved clinical code was 7.8%. The 2016/17 QOF data report approximately 965,000 people on the AF register, this suggests that around 75,000 have an AF resolved code – about 10 people per GP practice in England (75,000/7,500). This indicator aims to extend the register to include those with resolved AF.

# Source guidance

[Atrial fibrillation: diagnosis and management. NICE guideline 196](https://www.nice.org.uk/guidance/NG196) (2021).

# Specification

A register of patients with a diagnosis of atrial fibrillation, including patients with ‘AF resolved’.

Exclusions: None

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

# Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.