

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Indicator guidance

QOF indicator area: Atrial fibrillation

Output: Indicator guidance for QOF

Date: August 2014

Indicator for NICE menu (indicator ID: NM81)

The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the [CHA₂DS₂-VASc](#) score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS₂ or CHA₂DS₂-VASc score of 2 or more).

Indicator to be replaced

AF002

Rationale

This indicator aims to support the identification of people with atrial fibrillation who are at increased risk of stroke so that they may be offered anticoagulation drug therapy.

The NICE guideline on [atrial fibrillation](#) (NICE clinical guideline 180) recommends that people with symptomatic or asymptomatic paroxysmal, persistent or permanent atrial fibrillation, atrial flutter and/or a continuing risk of arrhythmia recurrence after cardioversion back to sinus rhythm should have an assessment of their stroke risk using the CHA₂DS₂-VASc risk assessment tool.

The CHA₂DS₂-VASc system scores points up to a maximum of 9, for each of the following risk factors:

- Age: <65 (0 points), 65–74 (1 point), ≥75 (2 points)
- Gender: male (0 points), female (1 point)
- Congestive heart failure (1 point)
- Hypertension (1 point)
- Stroke, transient ischaemic attack (TIA) or thromboembolism (2 points)
- Vascular disease (1 point)
- Diabetes mellitus (1 point).

A score of 0 indicates low risk, a score of 1 indicates low-to-medium risk and a score of 2 or more indicates moderate-to-high risk. It also notes that aspirin monotherapy should not be offered solely for stroke prevention in these people.

Reporting and verification

See indicator wording for requirement criteria.

Stroke risk assessment should be repeated on an annual basis unless the patient has previously scored 2 or more using either CHA₂DS₂-VASc at any time or CHADS₂ prior to implementation date [1 April 2015?]

Indicator for NICE menu (indicator ID: NM82)

In those patients with atrial fibrillation with a record of a [CHA₂DS₂-VASc](#) score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy. [Patients with a previous score of 2 or above using CHADS₂, recorded prior to [implementation date] should be included in the denominator.]

Indicator to be replaced

AF004

Rationale

See above.

The NICE guideline on [atrial fibrillation](#) (NICE clinical guideline 180) recommends that when a person's CHA₂DS₂-VASc score is 2 or more, then they are at high risk of having a future stroke and should be offered treatment with anticoagulation drug therapy. The NICE guideline on atrial fibrillation notes that aspirin monotherapy should not be offered solely for stroke prevention in these people.

For people who are taking an anticoagulant, review the need for anticoagulation and the quality of anticoagulation at least annually, or more frequently if clinically relevant events occur affecting anticoagulation or bleeding risk.

Reporting and verification

See indicator wording for requirement criteria.

When patients have a CHADS₂ score of 2 recorded before [implementation date ?April 2015], they will be included in the denominator for this indicator because they should be offered treatment with anticoagulation drug therapy. It is not expected that these patients will be rescored using CHA₂DS₂-VASc.

References

- [Atrial fibrillation: the management of atrial fibrillation](#). NICE clinical guideline 180 (2014).

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at

www.nice.org.uk/standards-and-indicators/#/qof