



Atrial fibrillation: review of anticoagulation

NICE indicator

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Indicator

The percentage of patients with atrial fibrillation, currently treated with an anticoagulant, who have had a review in the preceding 12 months which included:

- assessment of stroke/VTE risk
- assessment of bleeding risk
- assessment of renal function, creatinine clearance, FBC and LFTs as appropriate for their anticoagulation therapy
- any adverse effects related to anticoagulation
- assessment of compliance
- choice of anticoagulant.

Indicator type

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

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#)

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#)

Rationale

Reviewing the quality of and need for anticoagulation at least annually can ensure that a person's risks of stroke and of having a major bleed are as low as possible.

Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline NG196 (2021), recommendations 1.2.1, 1.2.2, 1.2.3 and 1.6.17

Specification

Numerator: The number of patients in the denominator who have had a review in the preceding 12 months which included:

- assessment of stroke/VTE risk
- assessment of bleeding risk
- assessment of renal function, creatinine clearance, FBC and LFTs as appropriate for their anticoagulation therapy
- any adverse effects related to anticoagulation
- assessment of compliance
- choice of anticoagulant.

Denominator: The number of patients with atrial fibrillation, currently treated with an anticoagulant.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions:

- patients aged 18 years and under
- patients not prescribed an anticoagulant in the preceding 6 months.

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

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