NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND247

Percentage of patients with atrial fibrillation and a last recorded CHA2DS2-VASc score of 2 or more who are currently prescribed a direct-acting oral anticoagulant (DOAC) if eligible, or a vitamin K antagonist if not eligible for a DOAC or a DOAC is declined or not indicated.

Indicator type

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

Importance

Considerations	Assessment
The NHS Long Term Plan identifies cardiovascular disease as a clinical priority, and the single biggest area where lives can be saved by the NHS over the next 10 years. Identification of atrial fibrillation and provision of anticoagulants are noted as specific examples of supporting preventative treatment. The indicator is based on CVD-05 currently included in the Investment and Impact Fund 2022/23.	The indicator reflects a specific priority area identified by NHS England.
Guidance for the Investment and Impact Fund 2022/23 highlights that anticoagulation therapy can prevent around two thirds of strokes caused by atrial fibrillation. However, 16% of patients with atrial fibrillation are not on any form of anticoagulant. Network Contract Directed Enhanced Service data for September 2022 show that 80% of patients with atrial fibrillation and an anticoagulant are in receipt of a DOAC.	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.
Anticoagulation in patients with atrial fibrillation can help prevent stroke. Evidence from an analysis of several studies shows that DOACs are more effective than vitamin K antagonists for a number of outcomes and should be used as a first line treatment (NICE, NG196). For patients already established and stable on a vitamin K antagonist, the benefits of changing to a DOAC need to be discussed with the patient. Therefore, the risks and benefits of changing medication, the person's time in	The indicator will lead to a meaningful improvement in patient outcomes.

Considerations	Assessment
therapeutic range and the person's preferences should be explored at their next routine appointment. This indicator aims to promote the use of DOACs over vitamin K antagonists unless DOACs are declined by the patient or not indicated.	

Evidence base

Considerations	Assessment
NICE's guideline on atrial fibrillation recommends: • Offering a DOAC to people with AF and a CHA2DS2-VASC score or 2 or more (1.6.3). • Offering a vitamin K antagonist if DOAC contraindicated, not tolerated or not suitable (1.6.5).	The indicator is derived from a high-quality evidence base. The indicator uses personalised care adjustments to create sequential success, promoting DOACs over vitamin K antagonists.

Specification

Considerations	Assessment
This indicator is based on IIF business rules for indicator CVD-05 construction available from NHS Digital. However, people who are not female with a risk score of 1 have not been included (unlike in CVD-05) to reflect the strength of the recommendation in NG196. Numerator: the number in the denominator who are currently prescribed a DOAC) if eligible, or a vitamin K antagonist if not eligible for a DOAC or a DOAC is declined or not indicated. Denominator: the number of patients with atrial fibrillation and a last recorded CHA_2DS_2-VASc score of 2 or more. Definition: Current treatment is defined as a prescription in the last 6 months of the reporting period. Exclusions: People with resolved atrial fibrillation. Using established guidance for existing IIF Indicator CVD-05 this indicator has multiple success criteria that are evaluated sequentially, a PCA for the first success criterion (i.e. DOAC prescribing) moves the patient into the pool for evaluation against the second criterion (i.e. Vitamin K antagonist prescribing), rather than removing them from the denominator altogether. People with valvular atrial fibrillation are not evaluated against the first criterion and do not require a record of a PCA for DOACs	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.

Considerations	Assessment
before evaluation against the second criterion. People with recorded antiphospholipid syndrome do not require a record of a PCA for DOACs before evaluation against the second criterion, if a DOAC is not prescribed PCAs for success criterion 1 (moves the patient to evaluation under success criterion 2): • DOAC contraindicated. • DOAC not indicated. • DOAC declined. PCAs for success criterion 2: • Vitamin K antagonist contraindicated. • Vitamin K antagonist declined. Possible grounds for exception reporting in the traditional sense (i.e. removal from the denominator altogether, unless a success is registered) are: • Atrial fibrillation diagnosed in the last 3 months of the reporting period • Oral anticoagulant clinically unsuitable • Oral anticoagulant declined • A combination of PCAs applying to success criteria 1 and 2 individually.	
The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments. QOF data for 2021-22 shows that 1.7 % of people in England have atrial fibrillation and a last recorded CHA2DS2- VASc score of 2 or more: 173 patients for an average practice with 10,000 patients. (1,066,147 [QOF denominator plus PCAs] / 61,604,213 [total list size] multiplied by 10,000).	The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.

Feasibility

Considerations	Assessment
Data is routinely collected in general practice IT systems.	The indicator is repeatable.

The denominator matches that used for QOF AF007 (NICE menu ID NM82). The business rules search for provision of DOACs or DOAC PCAs are based on those used by CVD-05 in the Investment and Impact Fund 2022/23 as part of the Network Contract DES and data is routinely collected in general practice IT systems. Some concerns were raised during development that the indicator could lead to increased coding of personalised care adjustments rather that provision of DOACs. Interpretation of results may be difficult given the stepped approach to using personalised care adjustments. Unless data is extracted at patient level, it would be unclear whether achievement data reflected true provision of DOACs or simply the coding of personalised adjustments. In theory, a practice using DOACs for all patients would have the same intervention and achievement rates as a practice that only provided vitamin K antagonists and coded all patients as unsuitable for DOACs.	The indicator is measuring what it is designed to measure, however there is some risk of increased PCA coding rather than DOAC provision. The indicator uses existing data fields.

Acceptability

Considerations	**Assessment**
Stakeholders supported the promotion of DOACs as first line treatment in line with NICE guidance. Patients prescribed DOACs would be monitored in general practice, however some concerns were raised around capacity in general practice.	The indicator assesses performance that is attributable to or within the control of the audience
The indicator is intended for use in the Quality and Outcomes Framework. Achievement and intervention data would be available at general practice level with additional data on personalised care adjustment use.	The results of the indicator can be used to improve practice

Risk

Considerations	Assessment
Not all people with non-valvular atrial fibrillation and a CHA_2DS_2-VASc score of 2 or more meet the licensing indications for DOACs. “DOAC not indicated” personalised care adjustments would need to be recorded – potentially creating additional burden on general practice for no clinical benefit. The indicator excludes people with “resolved atrial fibrillation” in line with the existing QOF atrial fibrillation register (AF001). However, these patients do remain at higher risk of stroke and the risks and benefits of anticoagulation should be considered for individual patients.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.