Academic Health Science Network
North East and North Cumbria

NHS
North East Quality Observatory Service

Atrial Fibrillation Metrics Report

Intelligence for the North East & North Cumbria AHSN

FINAL
November 2022

QOF year 2021/22

Report Content

This report contains the latest information available with regard to atrial fibrillation (AF) and stroke activity across the North East and North Cumbria (NENC) and sub-ICB location level.

The report was originally developed by NEQOS to evaluate progress against the AHSN Atrial Fibrillation national programme, the main objective of which was to reduce atrial fibrillation-related stroke and associated mortality and morbidity. The national programme has now ended and the OHID Cardiovascular Disease prevention packs[1] report the findings relating to key measures within this programme.

This NEQOS Atrial Fibrillation metrics report continues to measure the sustainability of the project overall and identify gaps and variation across the NENC area, including activity specifically relating to 'deep end' practices, therefore providing the ability to specifically target geographical areas for further intervention.

Impact of COVID-19

The approach to QOF for 2020/21 was revised by NHS England to reflect the impact of COVID-19 on general practice, with the aim of releasing capacity within general practice to focus on support to vulnerable patients. In 2020/21 some QOF indicators continued to be paid on the basis of practice performance but a large proportion of QOF indicators (and the related QOF points) were subject to income protection based on historical practice performance.

For 2020/21 the AF register and AF007 indicator (% of patients with AF and a CHA2DS2-VASc score of 2+ who are treated with anticoagulation therapy) were deemed by NHS England to be performance-related, but AF006 (% of patients with AF with stroke risk assessed using CHA2DS2-VASc score risk stratification scoring system) was not, and was subject to income protection.

The QOF requirements were modified for 2020/21[2] only and QOF was reintroduced fully from April 2021[3].

Organisational changes

On 1 April 2020 there were a number of changes (mergers) relating to CCGs within the NENC, resulting in the creation of County Durham CCG and Tees Valley CCG. At this time Hambleton, Richmondshire and Whitby CCG became part of North Yorkshire CCG and also ceased to be part of the AHSN NENC. As a result, the QOF data relating to 2019/20 and 2020/21 in this report now includes only the 8 CCGs currently within the NENC region.

Integrated Care Boards (ICBs) were established as statutory bodies from 1 July 2022, with 2021/22 QOF data now reported at GP practice, sub-ICB location (previously CCG) and ICB level and these terms have been incorporated into the narrative of the report where appropriate, however it is still possible to make direct comparisons with the historic data at organisation level.

1. https://fingertips.phe.org.uk/profile/cardiovascular-disease-prevention
2. https://www.england.nhs.uk/publication/changes-to-the-general-medical-services-contract-for-2020-21/
3. https://www.england.nhs.uk/publication/update-on-quality-outcomes-framework-changes-for-2021-22/

Summary

Significantly Better	Similar	Significantly Worse
Significantly Higher	Similar	Significantly Lower

Indicator	Time Period	Update Frequency	NENC Value	National Average	NENC Deep end
Quality and Outcomes Framework (QOF) register and achievement metrics					
1. Atrial Fibrillation recorded prevalence	2021/22	Annual	2.41%	2.09%	1.89%
2. AF006 - 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)	2021/22	Annual	87.70%	86.15%	81.61%
Personalised Care Adjustments / Exception reporting - AF006	2021/22	Annual	5.01%	5.03%	7.07%
3. AF007 - 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	2021/22	Annual	89.80%	89.01%	89.82%
Personalised Care Adjustments / Exception reporting - AF007	2021/22	Annual	3.82%	3.64%	3.34%
Hospital activity relating to strokes					
4. Hospital admissions for stroke - trend (DSR per 100,000 population)	2020/21	Annual	184.2	161.8	-
Management of patients in primary care with regard to stroke-related factors					
5. Summary of achievement for indicators linked to stroke prevention and mortality	2021/22	Annual	various	various	
Focus on Deep End practices					
6. Summary of achievement in Deep End GP practices for atrial fibrillation QOF indicators	2021/22	Annual	various	various	

Analysis notes: what does the rating colour scheme mean?
Values highlighted in GREEN and RED indicate when an area is statistically significantly better or worse than the England value for that particular indicator. AMBER indicates where an area's value is not significantly different to the England value.

For some indicators, PALE BLUE and DARK BLUE are used to indicate values that are statistically significantly higher or lower than the England value. They are presented in this way as it is not straightforward to determine whether a high value is good or bad, or due to concerns with data quality.

Commissioning group name changes

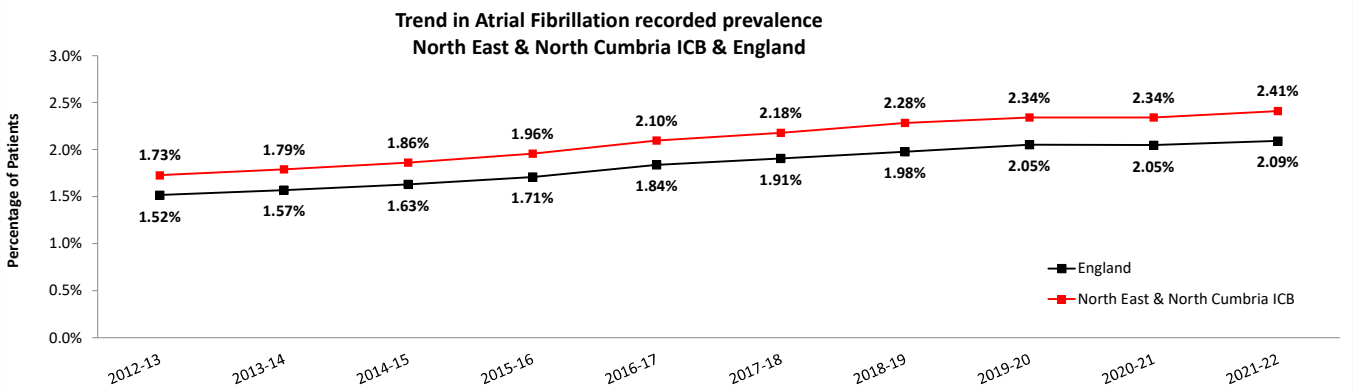
Old CCG name	New sub-ICB name	Name presented in the report
County Durham CCG	NHS North East and North Cumbria ICB - 84H	84H - County Durham
Newcastle Gateshead CCG	NHS North East and North Cumbria ICB - 13T	13T - Newcastle Gateshead
North Cumbria CCG	NHS North East and North Cumbria ICB - 01H	01H - North Cumbria
Northumberland CCG	NHS North East and North Cumbria ICB - 00L	00L - Northumberland
North Tyneside CCG	NHS North East and North Cumbria ICB - 99C	99C - North Tyneside
South Tyneside CCG	NHS North East and North Cumbria ICB - 00N	00N - South Tyneside
Sunderland CCG	NHS North East and North Cumbria ICB - 00P	00P - Sunderland
Tees Valley CCG	NHS North East and North Cumbria ICB - 16C	16C - Tees Valley

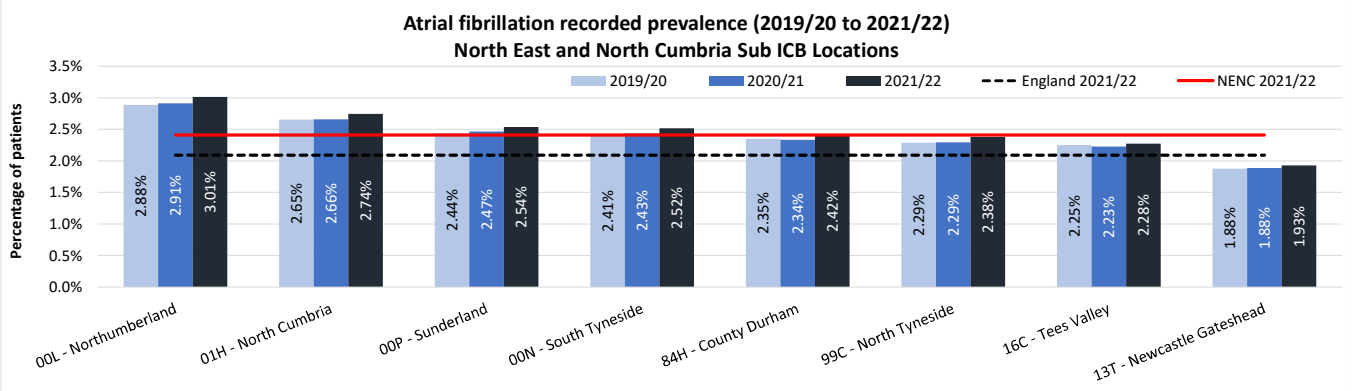
Quality and Outcomes Framework (QOF) register and achievement metrics

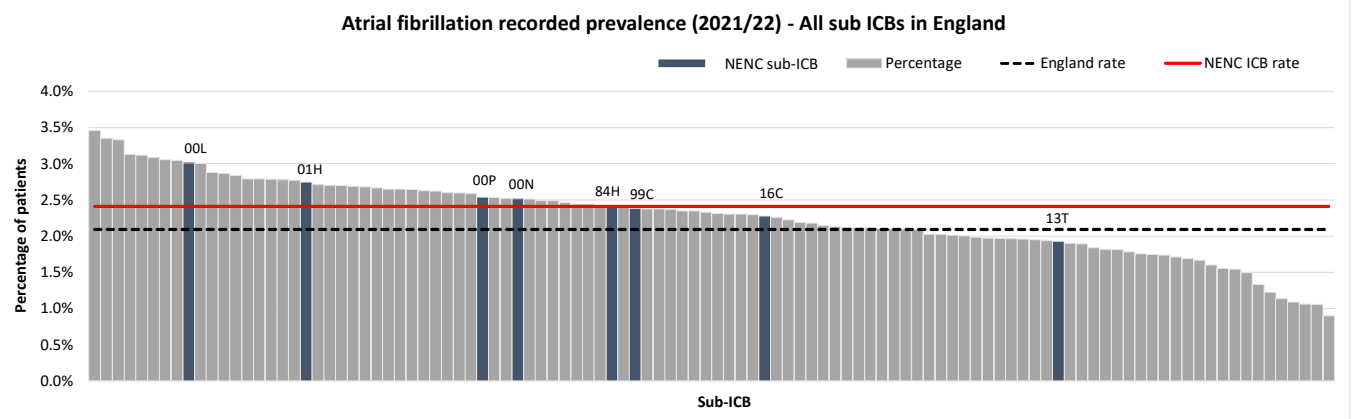
1a. Atrial fibrillation recorded prevalence (2021/22) - Sub ICB Locations

The percentage of patients on the GP register who have atrial fibrillation

	North East & North Cumbria	England
	2.41%	**2.09%**
Compared with England:	Significantly Higher	







Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk/) © NHS Digital. Data released under the current Open Government Licence.

Definitions / Notes

Atrial fibrillation (AF) is the most common heart rhythm disorder. If left untreated it is a significant risk factor for stroke and other morbidities. The aim of treatment is to prevent complications, particularly stroke, and alleviate symptoms[4].

Expected outcome

Atrial fibrillation registers in primary care to improve through ongoing validation work and review of patient records. This improvement is difficult to measure as the actual disease prevalence figure for each practice may not vary significantly over time, however the specific patients on the register may become more appropriate.

What is the data telling us?

Recorded prevalence for atrial fibrillation has increased steadily over time for the North East & North Cumbria and for England overall until a plateau in 2019/20 and 2020/21, however prevalence has increased again in 2021/22 and this is observed across all NENC sub-ICBs.

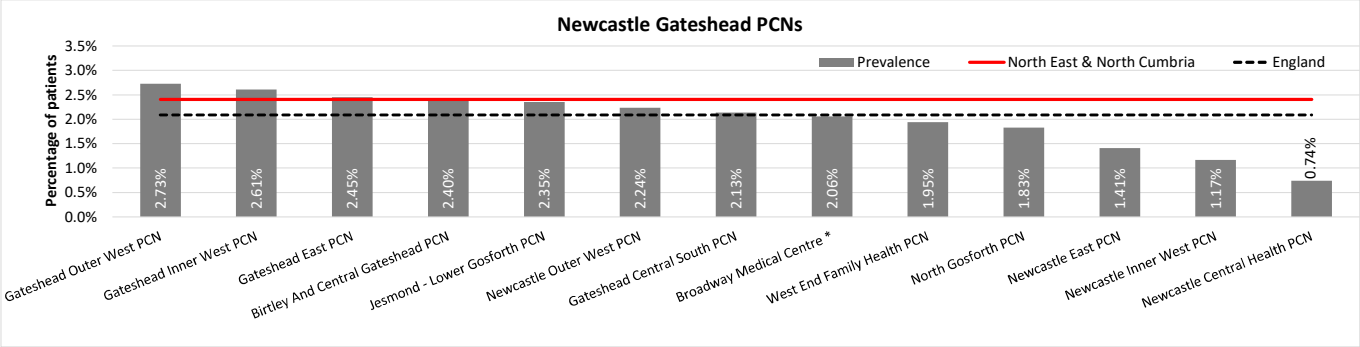
Prevalence of atrial fibrillation across the North East and North Cumbria sub-ICBs in 2021/22 ranges from 1.93% in Newcastle Gateshead to 3.01% in Northumberland compared to the national prevalence of 2.09%. Variation in prevalence can be due to a number of reasons, such as sub-ICB demographics, approaches to case finding and because some geographical areas have higher levels of disease.

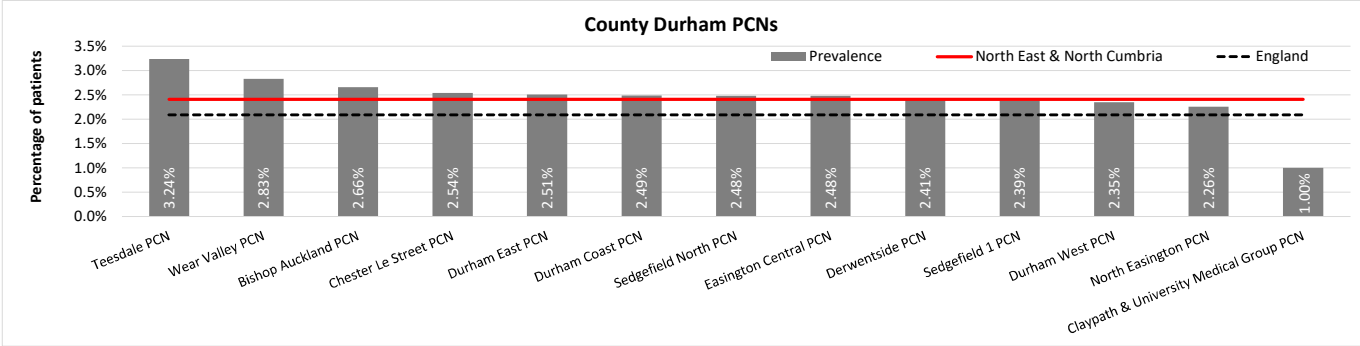
The final chart shows the national sub-ICB level picture for AF prevalence and the position of the NENC sub-ICBs within this, labelled with the sub-ICB code (see list on the Summary page of this report).

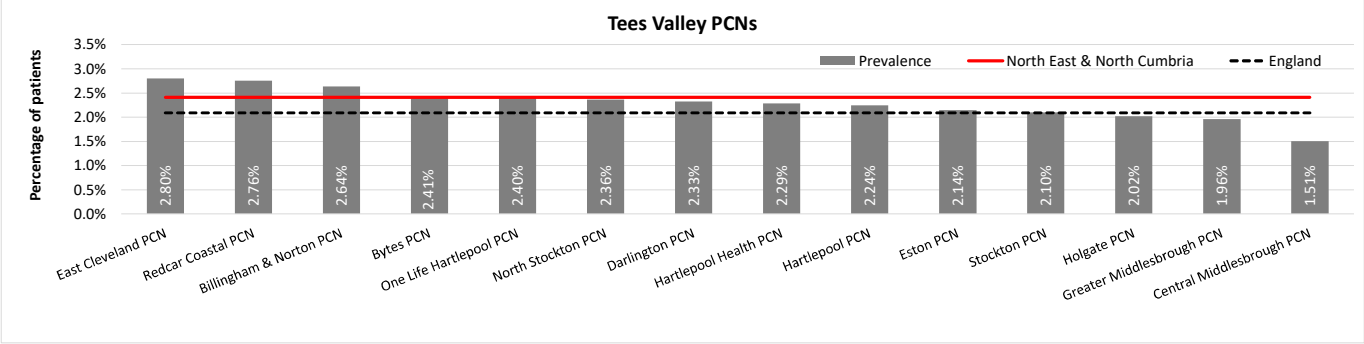
4. NICE Guideline on Atrial Fibrillation *https://www.nice.org.uk/guidance/ng196*

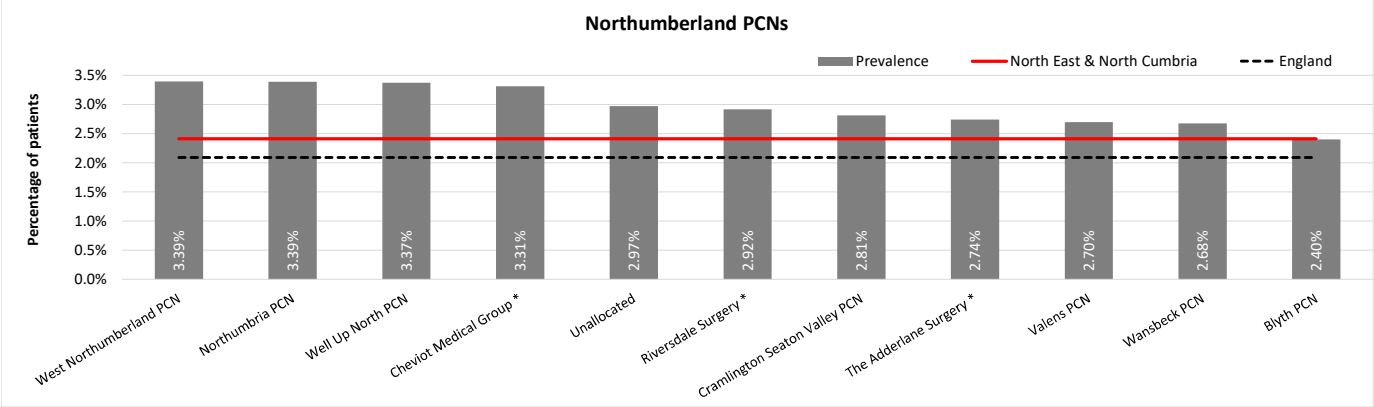
Quality and Outcomes Framework (QOF) register and achievement metrics

1b. Atrial fibrillation recorded prevalence at Primary Care Network level (2021/22)









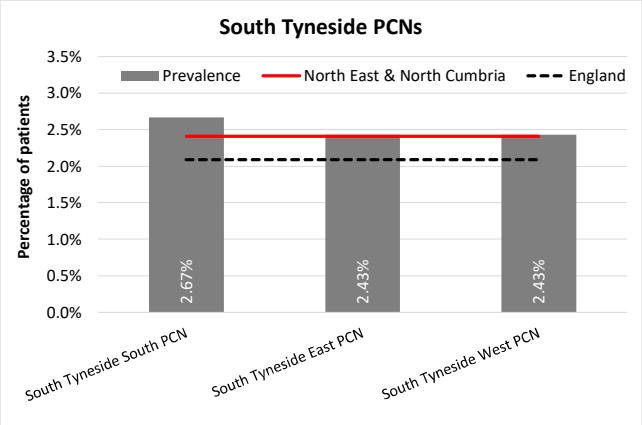
Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk). © NHS Digital. Data released under the current Open Government Licence.

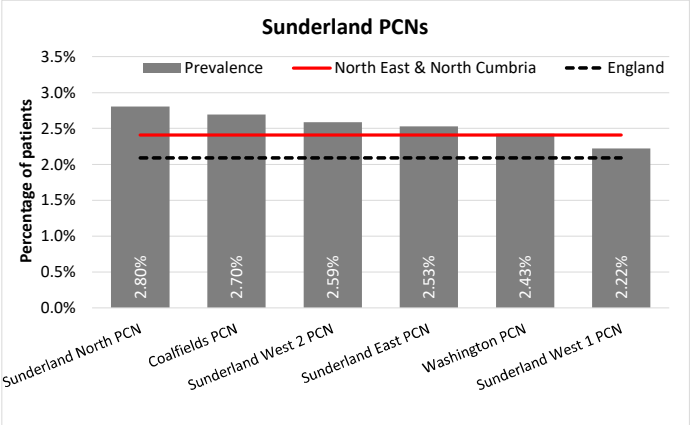
Definitions

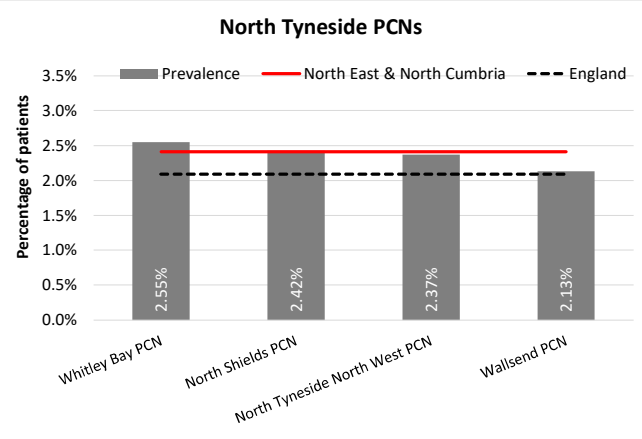
Atrial fibrillation prevalence has been presented at Primary Care Network level for each sub-ICB to demonstrate the variations that exist across the NENC.
The asterisk denotes where practices are not currently part of a PCN (at the time of reporting).
Charts relating to 4 further sub-ICBs are presented on the next page of this report.

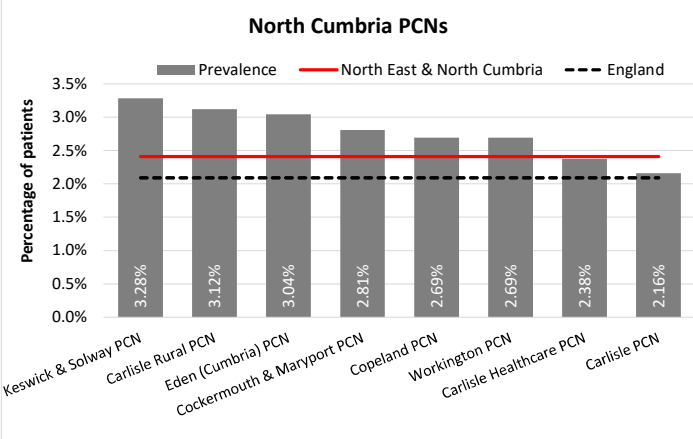
Quality and Outcomes Framework (QOF) register and achievement metrics

1c. Atrial fibrillation recorded prevalence at Primary Care Network level (2021/22) - continued









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Definitions

Atrial fibrillation prevalence has been presented at Primary Care Network level for each sub-ICB to demonstrate the variations that exist across the NENC.
The asterisk denotes where practices are not currently part of a PCN (at the time of reporting).
Charts relating to 4 further sub-ICBs are presented on the preceding page of this report.

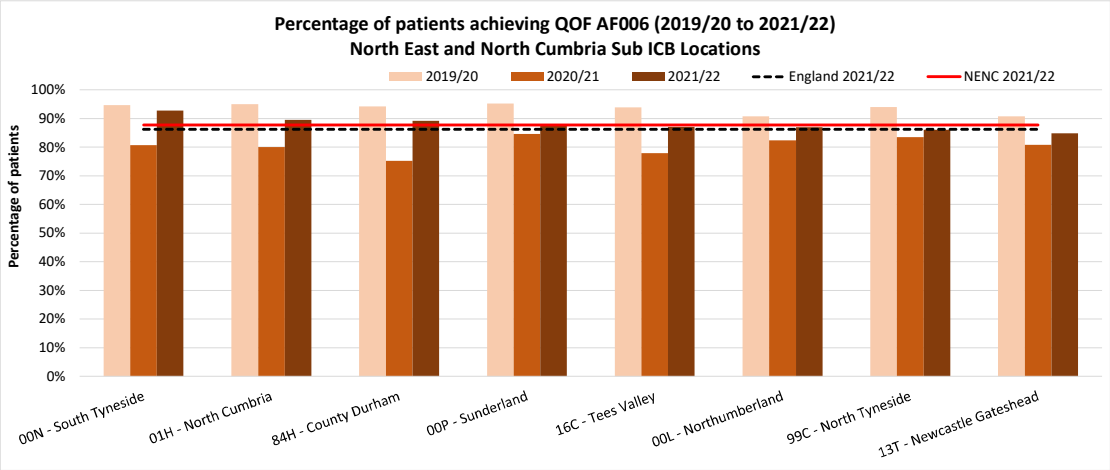
Quality and Outcomes Framework (QOF) register and achievement metrics

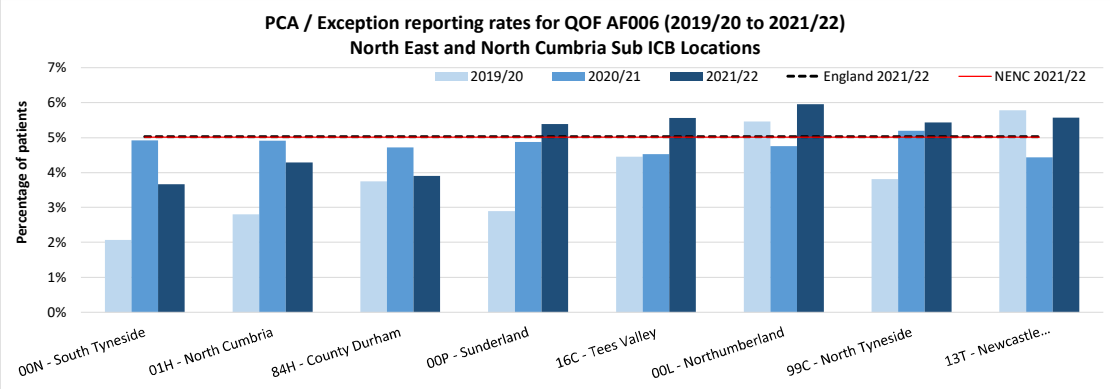
2a. Percentage of patients achieving QOF AF006 (2021/22) - Sub ICB Locations

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)

	North East & North Cumbria	England
	87.70%	**86.15%**
Compared with England:	Significantly Higher	

Note: Excepted patients / Personalised Care Adjustments are **included** in the denominator





Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk © NHS Digital. Data released under the current Open Government Licence.

Definitions / Notes

This indicator looks at those patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the previous 12 months (excluding patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more).

The NICE guideline on atrial fibrillation (NICE NG196)[4] 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 or catheter ablation should have an assessment of their stroke risk using the CHA2DS2-VASc risk assessment tool.

In the AF006 QOF indicator reported above (first chart), the data **includes** excepted cases (now replaced with Personalised Care Adjustments, PCAs[5]) in the denominator as this is a better indication of the real clinical picture and will therefore not be the same as the published QOF achievement for each sub-ICB. The PCA rate for each sub-ICB is shown in the second chart (sub-ICBs in same order for reference), which is the percentage of patients not included when determining QOF achievement. To note that the QOF points for the AF006 indicator were subject to income protection in 2020/21 and awarded based on historical practice performance.

Expected outcome

Improvement in the achievement of the AF006 indicator at sub-ICB / practice level and for the PCA rates to remain low.

What is the data telling us?

The QOF achievement thresholds for payment for this indicator are 40-90%. At sub-ICB level the achievement for 2021/22 (including excepted cases in the denominator) varies from 92.7% in South Tyneside sub-ICB to 84.8% in Newcastle Gateshead sub-ICB (as seen in the first chart).
Achievement for all of the sub-ICBs has increased from 2020/21 to 2021/22 with the greatest increase seen in County Durham (75.2% to 89.1%). As a region the NENC has a slightly higher achievement rate than England for this indicator.
The second chart shows the range and variation in exception reporting (PCA) at sub-ICB level for the latest three financial years, with five sub-ICBs showing an increase between 2020/21 to 2021/22. The exception reporting rate for NENC (5.01%) is similar to that for England (5.03%) in 2021/22.

The COVID-19 pandemic negatively affected CVD prevention as shown by the decline in AF006 achievement between 2019/20 and 2020/21. With risk factors often picked up opportunistically during face-to-face contacts with healthcare professionals (and these interactions significantly reduced) detection rates were impacted. In addition, patient reviews were delayed, potentially reducing the proportion of people receiving optimal therapy[6]. The increase in achievement between 2020/21 and 2021/22 suggests a gradual recovery from the impact of the COVID-19 pandemic, although achievement in all sub-ICB locations remain lower than 2019/20.

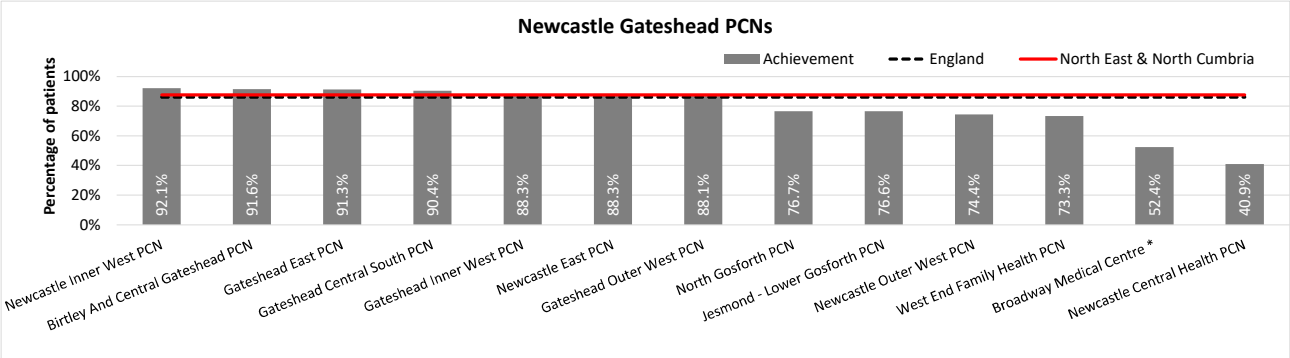
5. *https://www.england.nhs.uk/wp-content/uploads/2019/05/gms-contract-qof-guidance-april-2019.pdf*

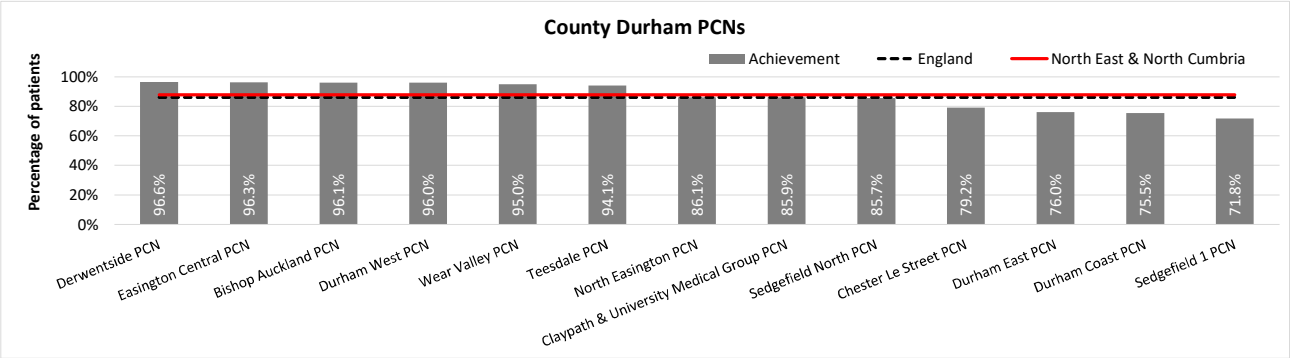
6. CVD prevention during and after the COVID-19 pandemic: Guidance for integrated care systems. GIRFT & Oxford AHSN. December 2020.

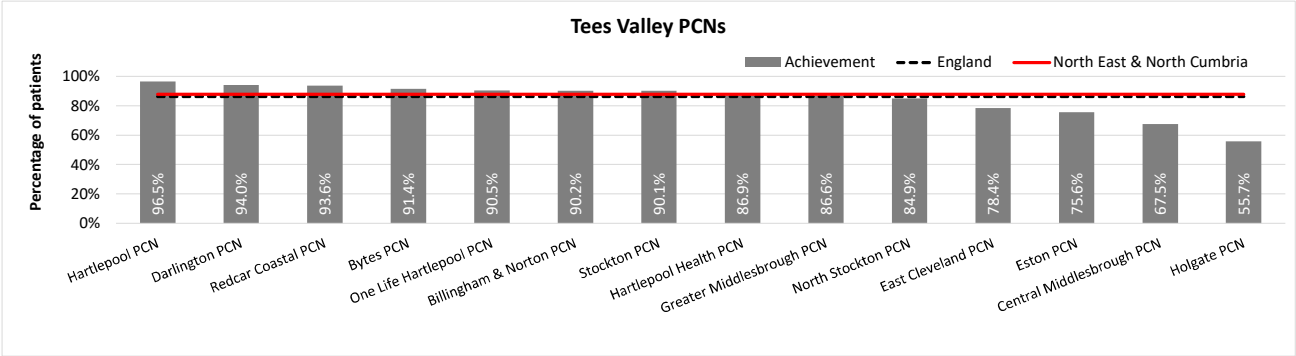
Quality and Outcomes Framework (QOF) register and achievement metrics

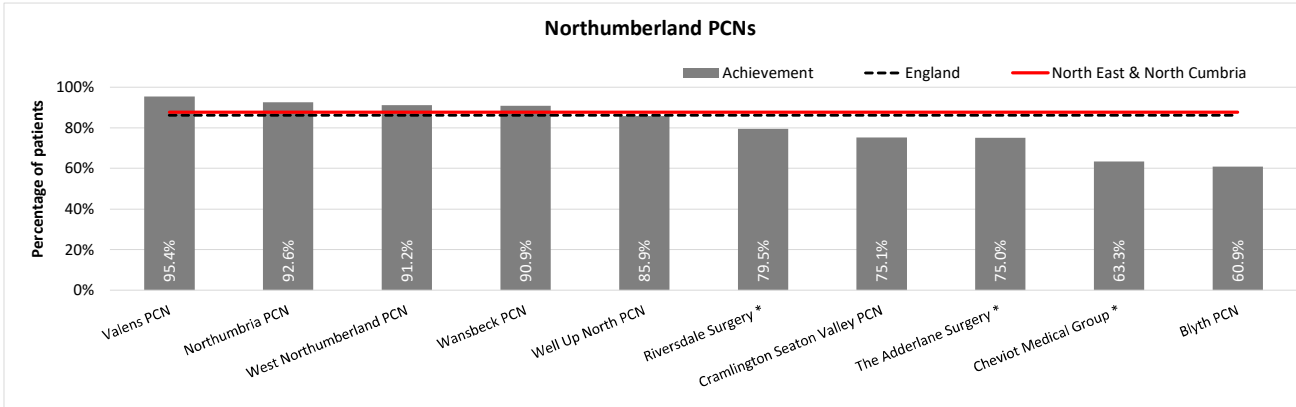
2b. Percentage of patients achieving QOF AF006 at Primary Care Network level (2021/22)

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)









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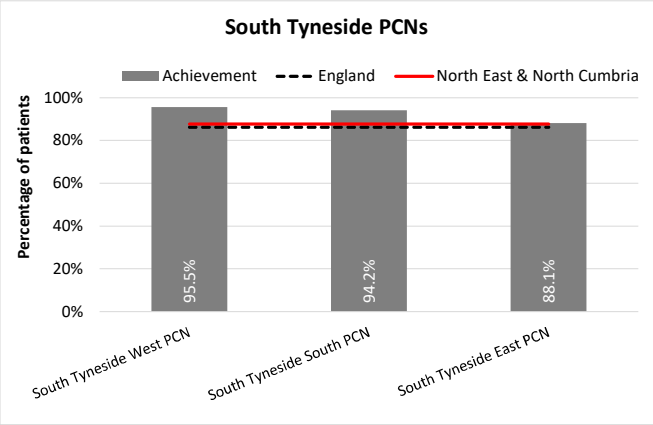
Definitions

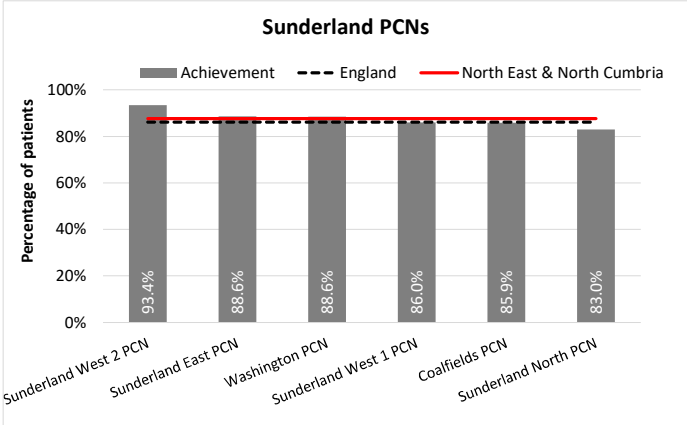
Achievement against AF006 has been presented at Primary Care Network level for each sub-ICB to demonstrate the variations that exist across the NENC.
Excepted patients / Personalised Care Adjustments are included in the denominator.
The asterisk denotes where practices are not currently part of a PCN (at the time of reporting).
Charts relating to 4 further sub-ICBs are presented on the next page of this report.

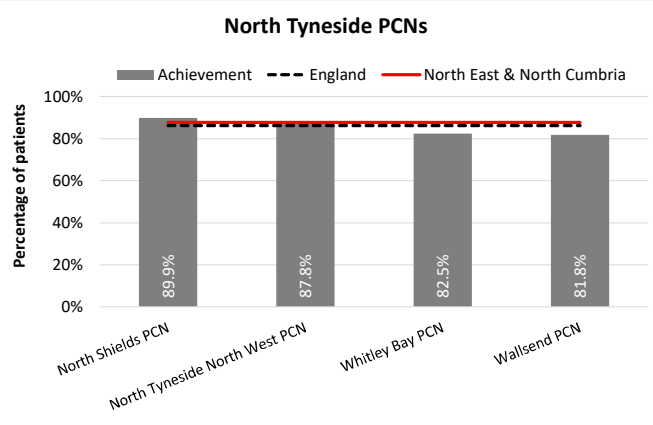
Quality and Outcomes Framework (QOF) register and achievement metrics

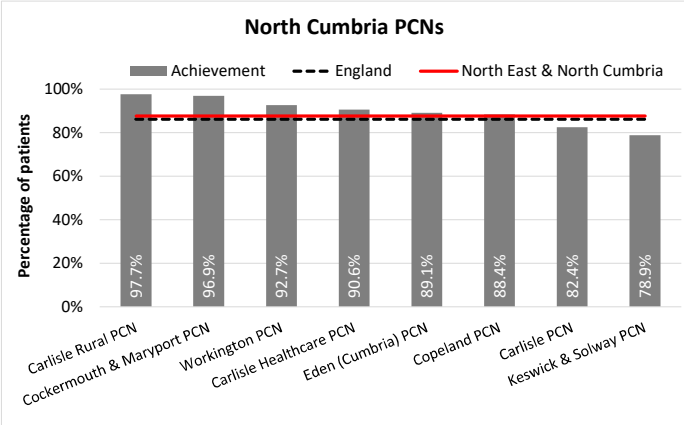
2c. Percentage of patients achieving QOF AF006 at Primary Care Network level (2021/22)

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)









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Definitions

Achievement against AF006 has been presented at Primary Care Network level for each sub-ICB to demonstrate the variations that exist across the NENC.
Excepted patients / Personalised Care Adjustments are included in the denominator.
Charts relating to 4 further sub-ICBs are presented on the preceding page of this report.

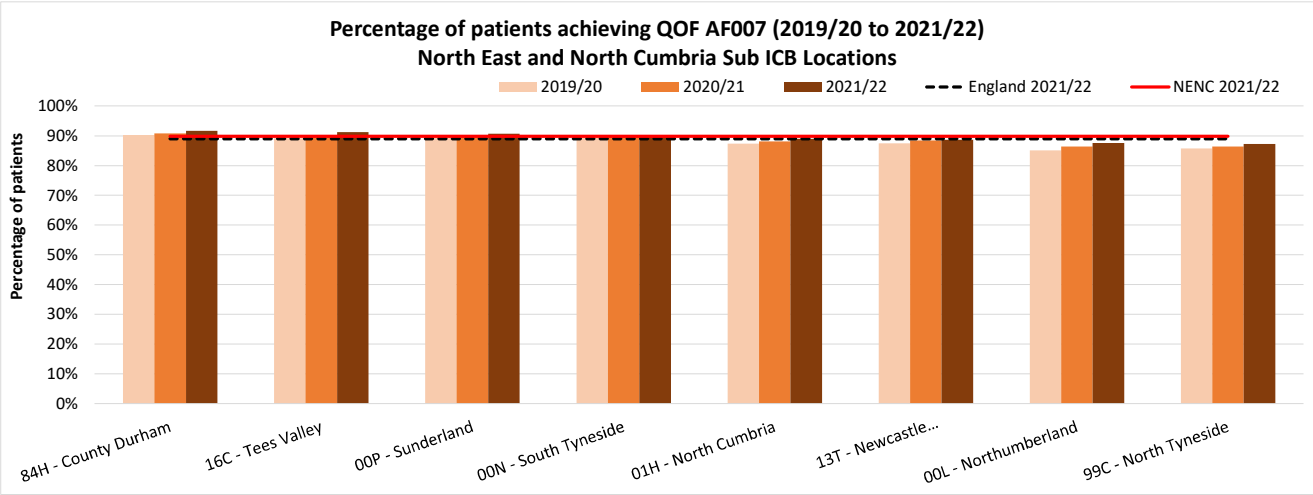
Quality and Outcomes Framework (QOF) register and achievement metrics

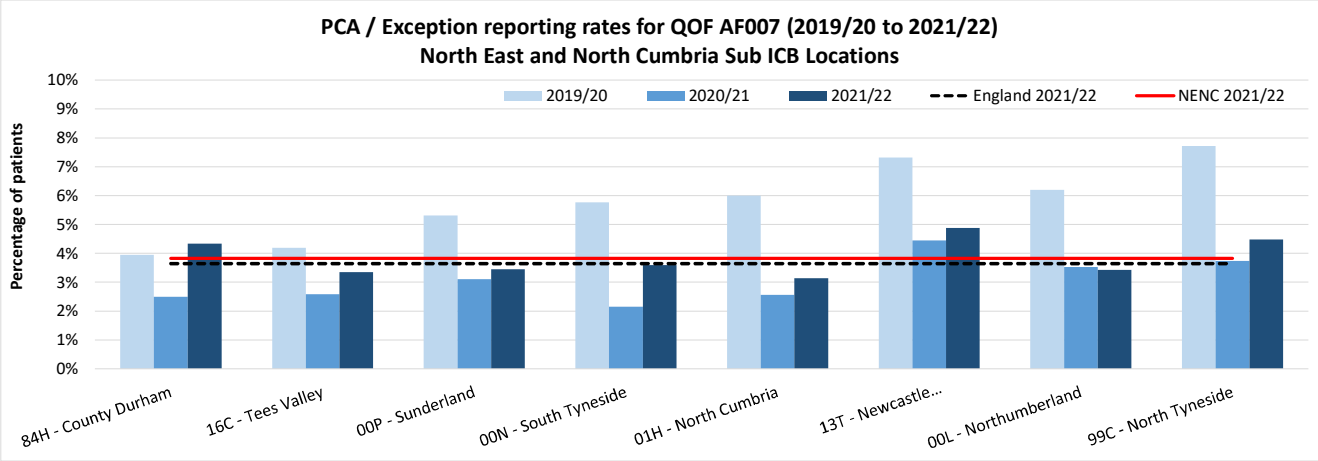
3a. Percentage of patients achieving QOF AF007 (2021/22) - Sub ICB Locations

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

	North East & North Cumbria	England
	89.80%	**89.01%**
Compared with England:	Significantly Higher	

Note: Excepted patients / Personalised Care Adjustments are **included** in the denominator





Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk). © NHS Digital. Data released under the current Open Government Licence.

Definitions / Notes

This indicator aims to support the identification of people with AF who are at increased risk of stroke so that they may be offered anticoagulation drug therapy. Anticoagulation should be offered to those patients with one or more stroke risk factors. All patients with AF and a CHA2DS2-VASc score of two or above should be offered anticoagulation therapy, taking their bleeding risk into account.

In the QOF indicator reported above the data **includes** excepted cases (now replaced with Personalised Care Adjustments, PCAs[5]) in the denominator (as explained in the AF006 achievement page of this report). This indicator continued to be paid on the basis of practice performance in QOF 2020/21 since it relates to the optimal prescribing of medication to manage a long-term condition.

Expected outcome

Improvement in the achievement of the AF007 indicator at sub-ICB / practice level and for the PCA rates to remain low.

What is the data telling us?

The QOF achievement thresholds for payment for this indicator are 40-70%. At sub-ICB level there continues to be an improvement in the achievement of this indicator over time across the North East and North Cumbria (excepted patients are included in the denominator). Note that having a medication prescribed is not the same as taking a medication.

In 2021/22, all sub-ICBs in NENC achieved at least 85% for this indicator (i.e. greater than the previous national AF metric target) and achievement varies from 91.6% in County Durham sub-ICB to 87.2% in North Tyneside sub-ICB (as seen in the first chart). The NENC average of 89.8% is significantly higher than the national achievement rate of 89.0%.

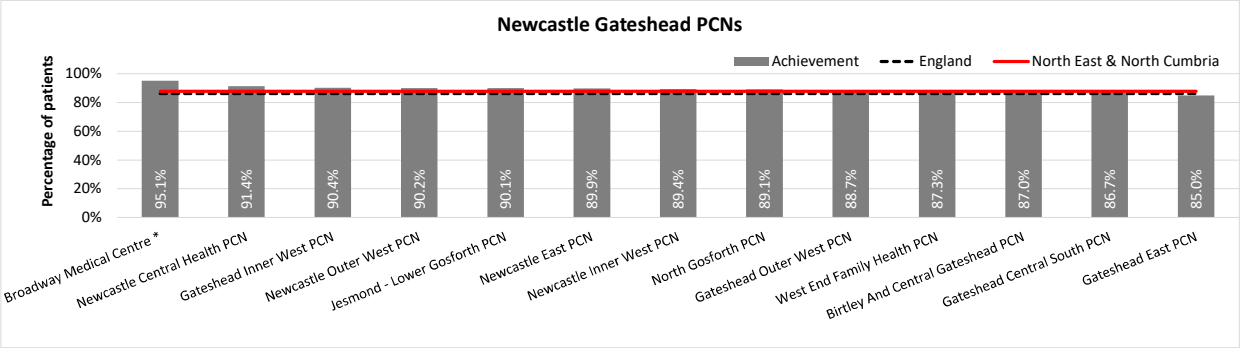
The second chart shows the range and variation in exception reporting (PCA) at sub-ICB level for the latest three financial years, with all NENC sub-ICBs showing an increase in 2021/22 except for Northumberland sub-ICB. The exception reporting rate for NENC (3.82%) is significantly higher than that for England (3.64%) in 2021/22.

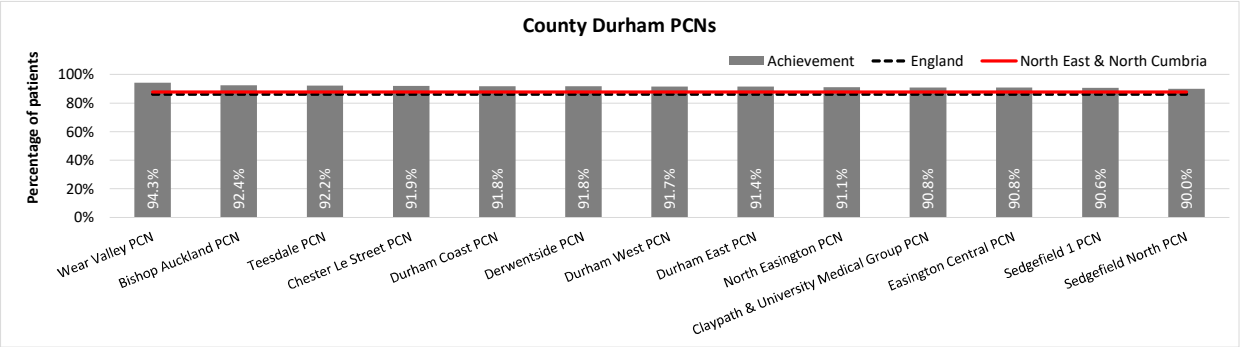
5. *https://www.england.nhs.uk/wp-content/uploads/2019/05/gms-contract-qof-guidance-april-2019.pdf*

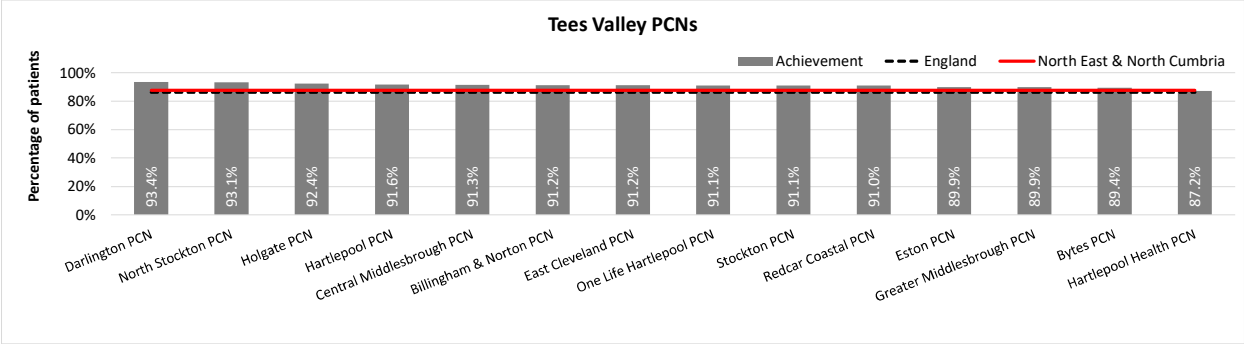
Quality and Outcomes Framework (QOF) register and achievement metrics

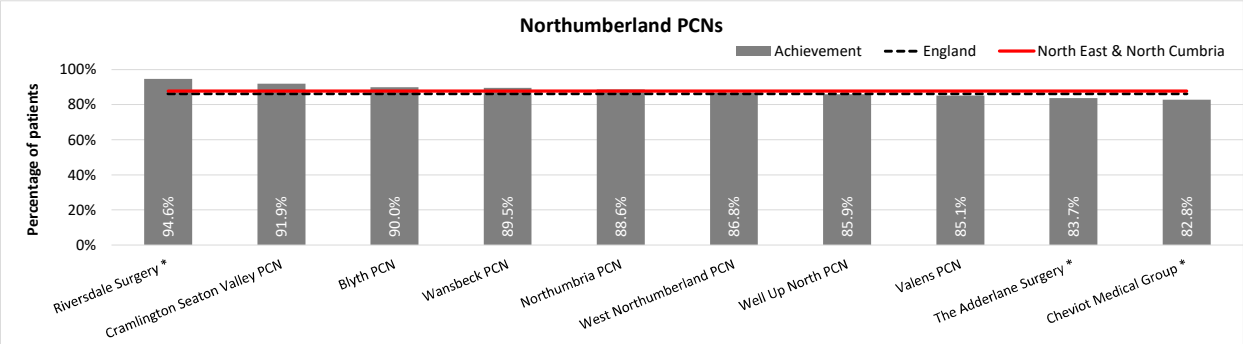
3b. Percentage of patients achieving QOF AF007 at Primary Care Network level (2021/22)

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









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Definitions

Achievement against AF007 in 2021/22 has been presented at Primary Care Network level for each sub-ICB to demonstrate the variations that exist across the NENC region. Excepted patients / Personalised Care Adjustments are included in the denominator.

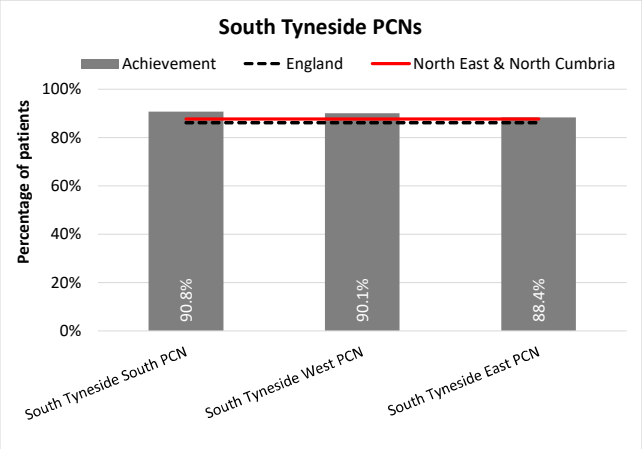
The asterisk denotes where practices are not currently part of a PCN (at the time of reporting).

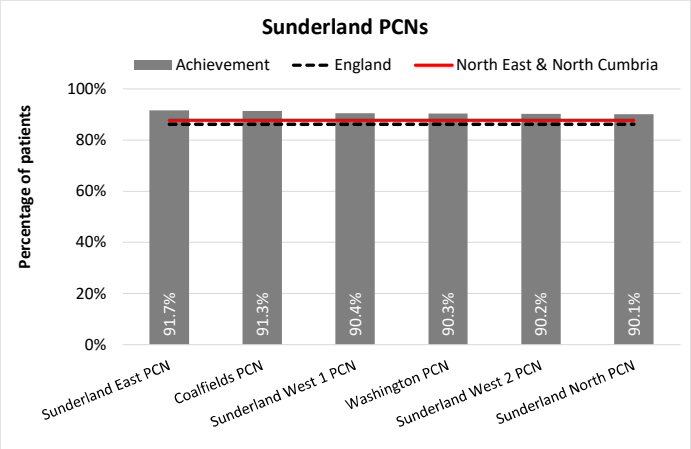
Charts relating to 4 further sub-ICBs are presented on the next page of this report.

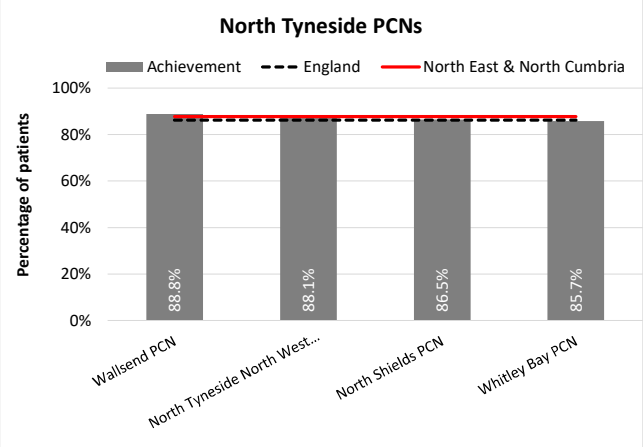
Quality and Outcomes Framework (QOF) register and achievement metrics

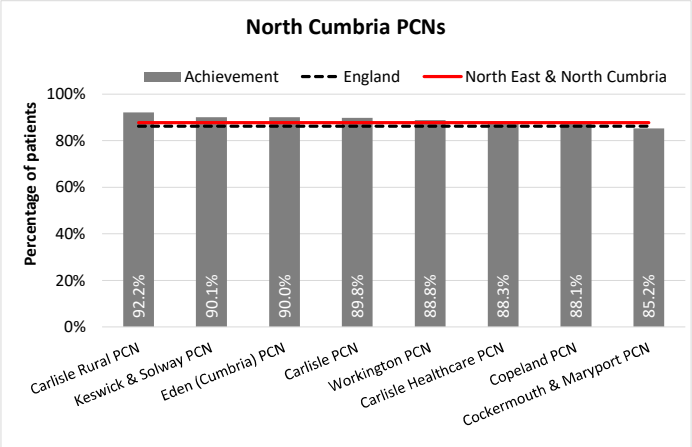
3c. Percentage of patients achieving QOF AF007 at Primary Care Network level (2021/22)

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









Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk). © NHS Digital. Data released under the current Open Government Licence.

Definitions

Achievement against AF007 in 2021/22 has been presented at Primary Care Network level for each sub-ICBs to demonstrate the variations that exist across the NENC region. Excepted patients / Personalised Care Adjustments are included in the denominator.

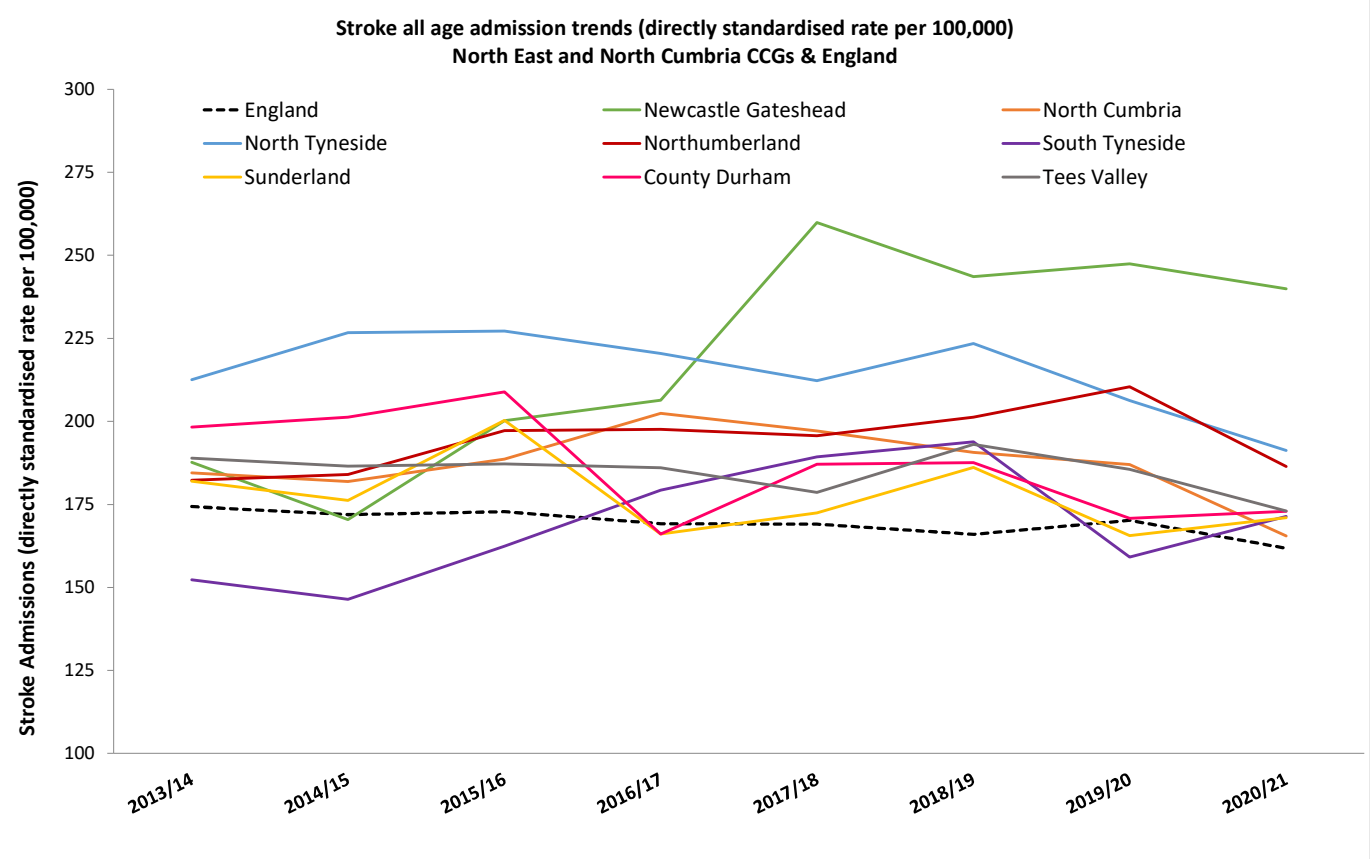
Charts relating to 4 further sub-ICBs are presented on the preceding page of this report.

Hospital activity relating to strokes

4. Hospital admissions for stroke per 100,000 population (directly standardised rate)

The stroke admissions are shown as a directly standardised rate.

	North East & North Cumbria	England
	184.2	**161.8**
Compared with England:	Significantly Higher	



Source: Calculated by Public Health England from data using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates. Data from Public Health England Fingertips tool, ID 90986 (http://fingertips.phe.org.uk).

Definitions / Notes

Admissions for stroke were identified by the presence of ICD-10 (International Classification of Diseases version 10) codes I61 (intracerebral haemorrhage), I63 (cerebral infarction) and I64 (stroke, not specified as haemorrhage or infarction) in the primary diagnosis position only. The admissions are emergency and elective, calculated as a directly standardised rate per 100,000 population in order to improve the comparability of rates over time or by area.

Studies have shown that between 2006 and 2016, AF prevalence and anticoagulant use in England increased. From 2011, hospitalised AF-related stroke rates declined and were significantly associated with anticoagulant uptake[7]. The reduction in the number of stroke-related hospital admissions was also observed during the first lock-down period (April - June 2020) compared to the three previous years, mainly relating to older patients and for those with less severe strokes[8]. There are a number of possible reasons for this, including a reluctance of primary care or the emergency services to refer patients to hospital, the decision of the patient not to be referred through fear of infection, and the reluctance of patients to alert services directly. No similar reduction in stroke admissions was seen in the autumn-winter 2020-21 wave of COVID[9].

It is estimated that atrial fibrillation is generally responsible for approximately 20% of all strokes[4]. Findings relating to this hospital admissions metric may be difficult to interpret in coming years due to various factors that impact upon it such as the evidence to suggest that patients with severe COVID-19 infection may be at greater risk of having a stroke, the continued waves of infection, and the impact of COVID-19 on CVD prevention during the pandemic in terms of a reduction in detection and treatment optimisation which may lead to an increase in future CVD events.

Expected outcome

Reduction in the hospital admission rate for strokes.

What is the data telling us?

The chart above shows the admission trends by CCG for stroke from 2013/14 to 2020/21 inclusive. In recent financial years the admission rate for stroke is generally higher than the England rate across the NENC CCGs.

A number of CCGs have activity which is consistently above the England rate, these are Newcastle Gateshead, North Cumbria, North Tyneside and Northumberland in the north of the region, and Tees Valley in the south. The admission rates for stroke for South Tyneside and Sunderland CCGs are closer to the England rate in the period shown, as is the rate for County Durham in the most recent financial years.

7. A 10 year study of hospitalised atrial fibrillation - related stroke in England and its association with uptake of oral coagulation. *European Heart Journal 2018; vol 39(32), 2975-2983*
8. Stroke Care in the UK during the COVID-19 pandemic. *Stroke 2021; 52:2125-2133*
9. The Eighth SSNAP Annual Report: Stroke care received for patients admitted to hospital between April 2020 and March 2021. SSNAP & HQIP (2021).

Management of patients in primary care with regard to stroke-related factors

5. Summary of achievement by sub-ICB for metrics linked to stroke prevention and mortality

Summary of achievement of each metric compared to England rate

	Atrial fibrillation recorded prevalence (2021/22)	AF006 - % patients with AF with stroke risk assessed using CHA2DS2-VASc in the preceding 12 months (2021/22)	PCA / Exception rate for AF006 (2021/22)	AF007 - % of AF patients (with CHA2DS2-VASc score of 2 +) currently treated with anticoagulation drug therapy (2021/22)	PCA / Exception rate for AF007 (2021/22)	<75 mortality rate from stroke (rate per 100,000) (2020)	CHD008 - % CHD patients aged <=79 yrs, with blood pressure of 140/90 or less (12 months) (2021/22)	CHD009 - % CHD patients aged 80+ yrs, with blood pressure of 150/90 or less (12 months) (2021/22)	CHD005 - % CHD patients a record that aspirin, an alternative anti-platelet therapy, or an anticoagulant is being taken (12 months), (2021/22)	HYP003 - % hypertension patients aged <=79 years, with blood pressure of 140/90 or less (12 months) (2021/22)	HYP007 - % hypertension patients aged 80+ years, with blood pressure of 150/90 or less (12 months) (2021/22)	DM019 - % diabetes patients (without mod / severe frailty) with blood pressure of 140/80 or less (2021/22)	DM020 - % diabetes patients (without mod / severe frailty) in whom last IFCC-HbA1c is 59 mmol/mol or less (12 months), (2021/22)	DM021 - % diabetes patients with mod / severe frailty, in whom last IFCC-HbA1c is 75 mmol/mol or less (12 months), (2021/22)	Obesity recorded prevalence (2021/22)
North Cumbria	2.7%	89.5%	4.3%	89.0%	3.1%	**11.6**	72.9%	83.8%	90.7%	63.2%	78.2%	64.5%	53.1%	76.3%	11.6%
Northumberland	3.0%	86.9%	6.0%	87.6%	3.4%	**11.7**	70.7%	78.4%	89.5%	59.9%	73.8%	56.0%	49.7%	77.8%	13.3%
North Tyneside	2.4%	86.1%	5.4%	87.2%	4.5%	**14.0**	70.4%	78.2%	90.3%	61.7%	74.4%	57.6%	51.9%	80.4%	13.9%
Newcastle Gateshead	1.9%	84.8%	5.6%	88.7%	4.9%	**15.4**	74.4%	82.5%	91.6%	63.6%	78.0%	59.8%	50.7%	76.6%	12.1%
South Tyneside	2.5%	92.7%	3.7%	89.8%	3.6%	**16.2**	69.0%	76.3%	93.1%	59.8%	69.4%	56.1%	48.0%	74.4%	13.3%
Sunderland	2.5%	87.5%	5.4%	90.7%	3.5%	**12.1**	72.6%	78.5%	92.3%	60.9%	73.4%	60.4%	48.6%	76.8%	13.5%
County Durham	2.4%	89.1%	3.9%	91.6%	4.3%	**15.0**	73.8%	81.0%	91.1%	64.7%	78.1%	63.4%	54.1%	77.2%	14.3%
Tees Valley	2.3%	87.1%	5.5%	91.2%	3.3%	**12.7**	74.2%	82.9%	91.8%	65.1%	78.8%	60.5%	53.3%	80.8%	12.9%
North East & North Cumbria average	2.4%	87.7%	5.0%	89.8%	3.8%		72.9%	81.0%	91.3%	63.1%	76.6%	60.4%	51.8%	78.0%	13.1%
England average	2.1%	86.2%	5.0%	89.0%	3.6%	**12.6**	67.2%	77.3%	90.3%	57.2%	72.2%	55.6%	51.2%	78.8%	9.7%
NENC Deep End GP practices average	1.9%	81.6%	7.1%	89.8%	3.3%	-	71.7%	81.1%	90.2%	64.0%	77.0%	61.1%	49.0%	75.4%	14.5%

Data sources: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk/) © NHS Digital. Data released under the current Open Government Licence. Office for Health Improvement and Disparities Fingertips tool (http://fingertips.phe.org.uk)

Definitions / Notes

The purpose of this section is to provide a high level summary of the achievement at sub ICB location level of measures detailed in this report which are linked to stroke prevention and mortality. For QOF indicators the data ***includes excepted cases*** (PCAs) in the denominator.

What is the data telling us?

To note that for AF007 the achievement for the NENC overall is 'significantly higher' than the England rate, but achievement relating to the Deep End practices is identified as 'similar' - this is due to the width of the confidence intervals (which are wider for the Deep End practices group as the cohort is smaller than the NENC overall).

From the results shown in the table above it is possible to understand if achievement in certain measures could be triangulated and compared to the premature mortality from stroke indicator. Other measures not currently shown which may also have an impact include the uptake of NHS Healthchecks.

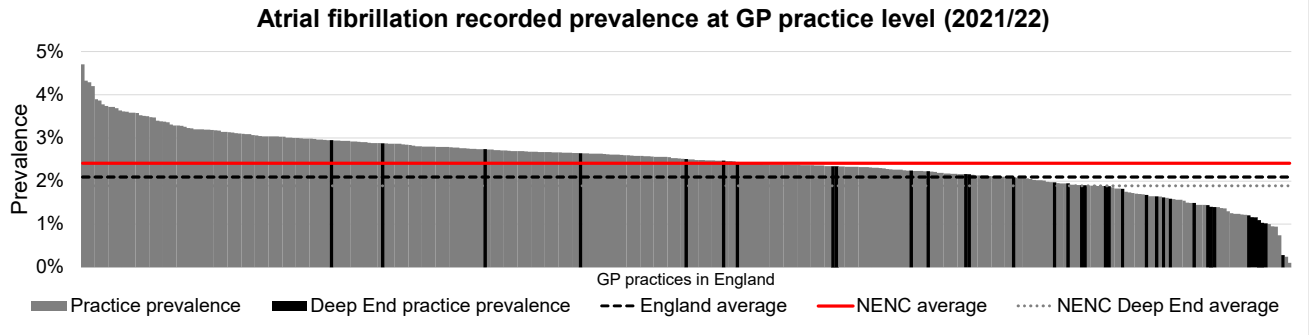
Values highlighted in green and red indicate when an area is statistically significantly better or worse than the England value for that particular indicator. Amber indicates where an area's value is not significantly different to the England value. Pale blue and dark blue indicate values that are statistically significantly higher or significantly lower than the England value, respectively.

Quality and Outcomes Framework (QOF) prevalence

6a. Atrial fibrillation recorded prevalence at GP Practice level (2021/22)

	NENC Deep End practices	NENC Non-Deep End practices	North East & North Cumbria	England
	1.89%	**2.47%**	**2.41%**	**2.09%**
Compared with England:	Significantly lower			

Note: Excepted patients/personalised care adjustments are **included** in the denominator



Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk/) © NHS Digital. Data released under the current Open Government Licence.

Notes

Deprivation is a risk factor for CVD and work is ongoing in the NENC with thirty-eight practices identified as 'Deep End' practices, which are the most deprived GP practices in the NENC. Deep end populations have significantly reduced life expectancy and spend a greater proportion of their life in poor physical and mental health than patients in more affluent areas. Traditional ways of improving health services do not sufficiently take into account the needs of the deep end population which results in widening of health ineqalities[10]. In August 2021 a qualitative study was published which explored the impact of the COVID-19 pandemic from the perspective of primary care practitioners in the most disadvantaged areas[11]. Two of the deep end practices have very small numbers of AF patients on their registers and have been excluded.

What is the data telling us?

The chart presents the prevalence of AF at GP level in NENC with Deep End practices highlighted. The average prevalence in Deep End practices is 1.89%, significantly lower than the England average (2.09%), and is also lower than non-deep end GP practices (2.47%) and the NENC ICB average (2.41%). Variation in the prevalence of AF could indicate where diagnosis of certain patient cohorts is being missed, although it does not measure whether everyone with AF has been diagnosed.

10. https://deependnenc.org/about-us/deep-end-mission-statement/

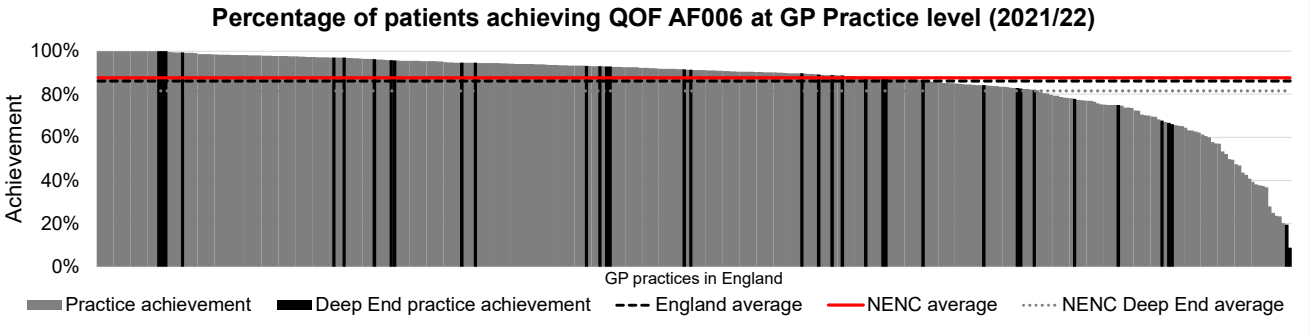
11. COVID-19 at the Deep End: A qualitative interview study of primary care staff working in the most deprived areas of England during the COVID-19 pandemic. *Environmental Research and Public Health 2021, vol 18(6), 8689.*

Quality and Outcomes Framework (QOF) achievement

6b. Percentage of patients achieving QOF AF006 at GP Practice level (2021/22)

	NENC Deep End practices	NENC Non-Deep End practices	North East & North Cumbria	England
	81.61%	**88.15%**	**87.70%**	**86.15%**
Compared with England:	Significantly lower			

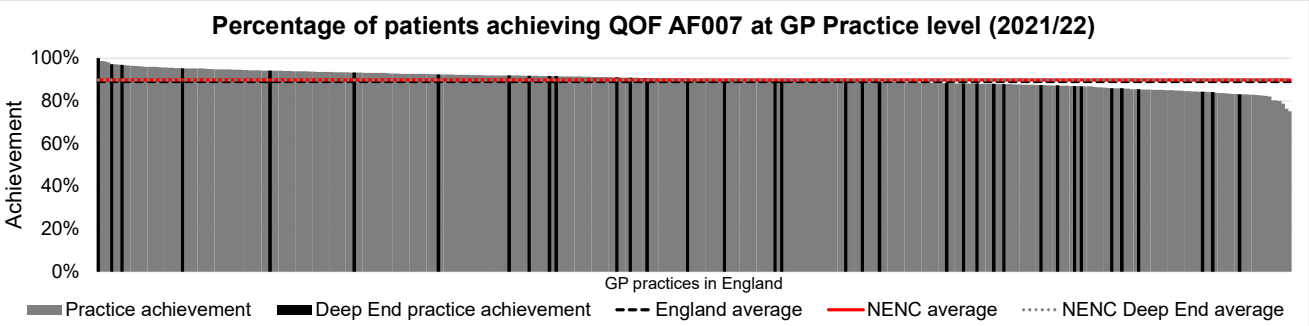
Note: Excepted patients/personalised care adjustments are **included** in the denominator



6c. Percentage of patients achieving QOF AF007 at GP Practice level (2021/22)

	NENC Deep End practices	NENC Non-Deep End practices	North East & North Cumbria	England
	89.82%	**89.79%**	**89.80%**	**89.01%**
Compared with England:	Similar			

Note: Excepted patients/personalised care adjustments are **included** in the denominator



Data source: Quality and Outcomes Framework (QOF), NHS Digital (https://qof.digital.nhs.uk/) © NHS Digital. Data released under the current Open Government Licence.

Notes

Deprivation is a risk factor for CVD and work is ongoing in the NENC with thirty-eight practices identified as 'Deep End' practices, which are the most deprived GP practices in the NENC. Deep end populations have significantly reduced life expectancy and spend a greater proportion of their life in poor physical and mental health than patients in more affluent areas. Traditional ways of improving health services do not sufficiently take into account the needs of the deep end population which results in widening of health ineqalities[10]. In August 2021 a qualitative study was published which explored the impact of the COVID-19 pandemic from the perspective of primary care practitioners in the most disadvantaged areas[11]. Two of the deep end practices have very small numbers of AF patients on their registers and have been excluded.

Please note that the known prevalence of atrial fibrillation is lower in deep end practices (see section 6a), and this has an impact on the denominators for the achievement indicators shown.

What is the data telling us?

AF006: The first chart presents achievement of QOF indicator AF006 for 2021/22 at GP practice level. On average, Deep End practices have a significantly lower achievement for AF006 (81.61%) compared to England (86.15%), and is also lower than non-deep end practices in the NENC (88.15%) and the NENC ICB average (87.70%). Achievement for Deep End practices are spread throughout the whole range of GP practices in the region. The lower achievement of AF006 in Deep End practices compared to non-deep end practices in the NENC evidence the 'detection gap' that remains in areas of greater deprivation[5].

AF007: The second chart shows the achievement of AF007 by GP practice in NENC for 2021/22 with deep end practices highlighted. Similar to AF006, achievement for Deep End practices are spread throughout the whole range of GP practices in the region. Achievement for the NENC ICB and Deep End practices are the similar (89.82%), similar to the England average (89.01%). The similar achievement of this indicator in Deep End practices compared the NENC ICB and England suggests that the link between socioeconomic status and anticoagulation is limited, as observed previously[12].

10. *https://deependnenc.org/about-us/deep-end-mission-statement/*

11. COVID-19 at the Deep End: A qualitative interview study of primary care staff working in the most deprived areas of England during the COVID-19 pandemic. *Environmental Research and Public Health 2021, vol 18(6), 8689.*

12. Managing stroke risk in patients with atrial fibrillation: a cross sectional analysis of socio-demographic inequalities in a London borough. *Journal of Public Health 2022, vol 44(2), e241-e248*