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## Rapid referral to a one-stop AF clinic following possible AF detection by community pharmacists leads to early diagnosis and appropriate anticoagulant treatment

S. Antoniou<sup>1</sup>, L. Barnett<sup>2</sup>, J. Craig<sup>2</sup>, H. Patel<sup>3</sup>, T. Lobban<sup>4</sup>, R.J. Schilling<sup>1</sup>, B. Freedman<sup>5</sup>

<sup>1</sup>Barts Health NHS Trust, London, United Kingdom; <sup>2</sup>Care City, London, United Kingdom; <sup>3</sup>North east London, Local Pharmaceutical Committee, London, United Kingdom; <sup>4</sup>Atrial Fibrillation Association and Arrhythmia Alliance, London, United Kingdom; <sup>5</sup>Heart Research Institute, Charles Perkins Centre, Sydney, Australia

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**Background:** Atrial fibrillation is the most common cardiac arrhythmia globally, responsible for one third of ischaemic strokes, often resulting in death or incapacity. This condition, frequently asymptomatic is estimated to be up to 50% undiagnosed. Reducing this risk with appropriate detection and management strategies offers substantial economic and patient benefits. Community pharmacists have been shown to be an accessible healthcare professional capable of detecting atrial fibrillation. Concerns raised utilising community pharmacists is the additional workload for primary care physicians, and lack of a clear pathway to ensure patients are adequate followed with assurance of initiation of anticoagulation therapy.

**Purpose:** To assess the feasibility of screening by community pharmacists with onward referral to an innovative one-stop AF clinic to enable identification of new cases of AF and subsequent initiation of anticoagulation within 2 weeks.

**Methods:** 21 pharmacies were recruited and trained on pathophysiology of AF and demonstration of pulse taking using pulse check and Kardia mobile device. Any person walking into a community pharmacy aged  $\geq 65$  years was offered a free pulse check. For any irregularity detected, individualised counselling was offered with a referral made to a one-stop AF clinic for confirmation and initiation of anticoagulation. Written patient consent was obtained.

**Results:** 672 people were recruited with an average age of  $69 \pm 3.5$  years

and 58% female ( $n=389$ ). There was a history of hypertension in 618 (92%) and diabetes in 242 (36%), the most common co-morbidities. 45 people were referred following an irregular pulse or abnormal ECG rhythm strip, of whom 11 (1.6% of total population) had a confirmed AF diagnosis within 30 day follow up. An additional 8 cases with known AF not receiving anticoagulation termed (actionable AF) were also referred. All 19 cases of new or untreated AF were prescribed anticoagulation by the one stop clinic in accordance with guideline recommendations

**Conclusions:** ESC guidance recommends opportunistic screening for AF by pulse taking or ECG rhythm strip in patients  $\geq 65$  years of age. The 1.6% incidence of new AF was in accordance with meta-analyses identifying 1.4% of those aged  $\geq 65$  on a single time point check for presence of AF. Our model utilises the un-tapped skills of community pharmacy to deliver pulse checks of ECG rhythm recordings in an accessible primary care location with a clear referral pathway that is effective in early review and ensuring suitable patients receive anticoagulation. The innovative pathway could provide remote triage at scale and help address the missing people with undiagnosed and actionable AF by opening new channels for identification by healthcare professionals managing long term conditions who like pharmacists have not been considered suitable healthcare professionals due to lack of an established pathway for confirming the potential diagnosis of AF.