

Who's responsibility?
GPs are better placed to manage
patients with atrial fibrillation

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Atrial Fibrillation

- Complex arrhythmia
- Multifarious consequences
- Individual treatment and care needs
- Fiscal impact

Patients with atrial fibrillation
require specialist assessment.
General Practitioners are *not* best
placed to manage *all* such cases.

Against the motion

NICE Guidance (2006)

- Rhythm control
- Drug refractory
- Lone AF
- ECG evidence of other disorders

Clinical Knowledge Summaries (2009)

- PAF
- Rhythm control
- Poor rate control
- Complex pharmacology
- Structural heart disease
- WPW, long QT

Against the motion

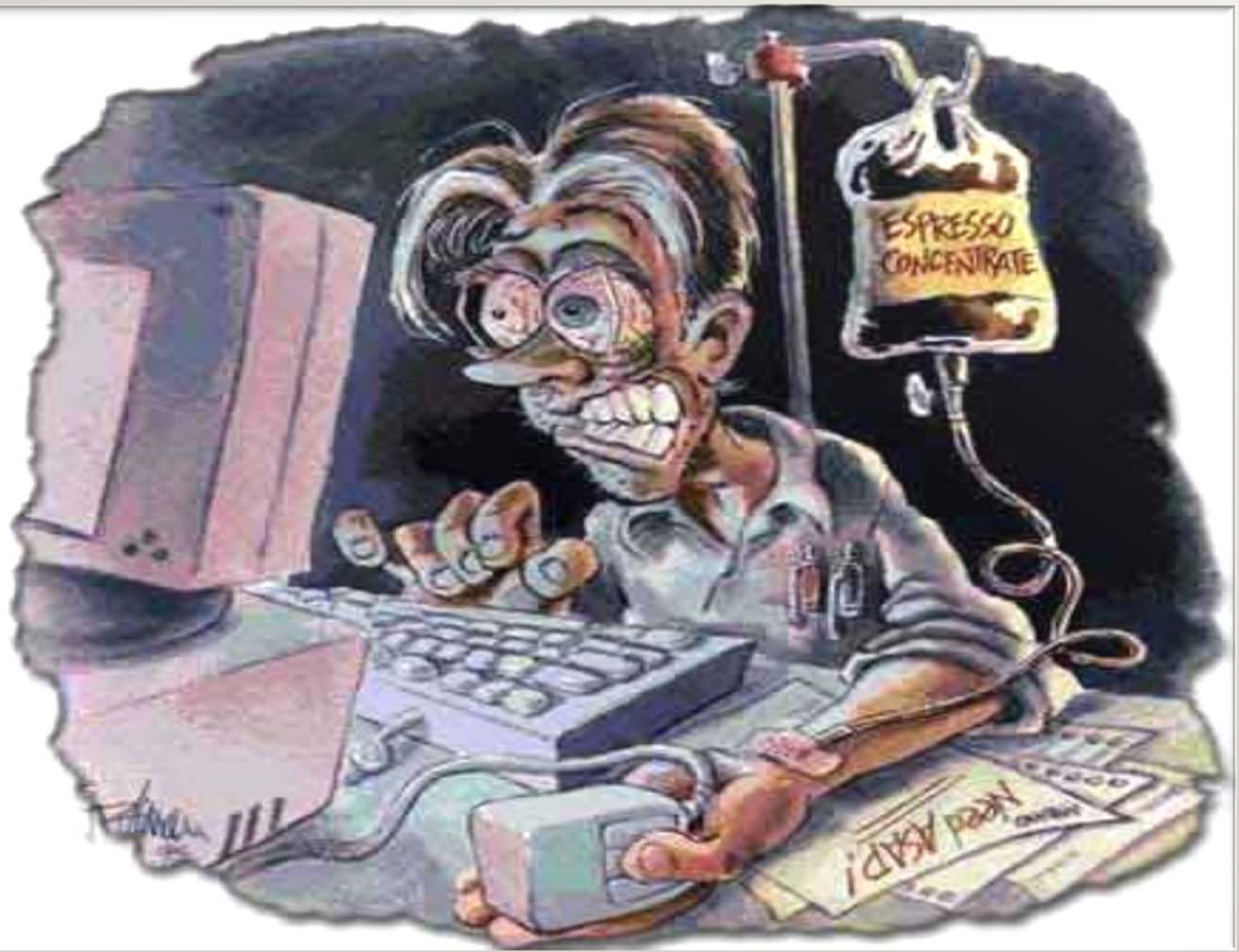
Generalist not
specialist

Limited access
to clinical
investigations

Increasing
clinical
demands

Patient access

Lack of GPwSI



Primary care responsibility

- Rate control without additional risk factors
- Those on established medical regimes
- Assessment and ongoing care of thromboembolic risk
- Management of associated co-morbidities
- Identification of atrial fibrillation

Advantages of specialist services

Specialist
knowledge and
skills

Access to further
investigation

Direct involvement
in intervention

Education, support
and advice

Initiation of
complex
antiarrhythmic
drug treatment

Empowered patients



Daily Mail

“DOCTORS TOLD KIRSTEN HER HEART PALPITATIONS WERE NOTHING TO WORRY ABOUT....BUT THEY WERE HORRIBLY WRONG”

“PIONEERING PROCEDURE THAT CAN CURE A FAULTY HEART BEAT”

“ME AND MY OPERATION: SURGEONS CURED MY DICKY HEART WITH GIANT MAGNETS”

Summary

- A number of patients with atrial fibrillation are better served by specialists due to the complexity of the arrhythmia
- GPs have an important role in the identification of AF, care of specific patient groups and ongoing management
- Increased collaboration with primary, secondary and tertiary care
- Specialist primary care arrhythmia services

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We rest our case!

