

Atrial fibrillation

Quality standard

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This standard is based on DG14 and NG196.

This standard should be read in conjunction with QS3, QS6, QS9, QS11, QS21, QS28, QS84, QS15, QS2, QS100, QS103, QS120 and QS183.

List of quality statements

Statement 1 Adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_c stroke risk score of 2 or above are offered anticoagulation.

Statement 2 Adults with atrial fibrillation are not prescribed aspirin as monotherapy for stroke prevention.

Statement 3 Adults with atrial fibrillation who are prescribed anticoagulation discuss the options with their healthcare professional at least once a year.

Statement 4 Adults with atrial fibrillation taking a vitamin K antagonist who have poor anticoagulation control have their anticoagulation reassessed.

Statement 5 Adults with atrial fibrillation whose treatment fails to control their symptoms are referred for specialised management within 4 weeks.

Statement 6 (developmental) Adults with atrial fibrillation on long-term vitamin K antagonist therapy are supported to self-manage with a coagulometer.

NICE has developed guidance and a quality standard on people's experiences using adult NHS services (see the [NICE Pathway on patient experience in adult NHS services](#)).

Other quality standards that should be considered when commissioning or providing atrial fibrillation services include:

- [Physical activity: encouraging activity in the community. NICE quality standard 183](#)
- [Medicines optimisation. NICE quality standard 120](#)
- [Acute heart failure. NICE quality standard 103](#)
- [Cardiovascular risk assessment and lipid modification. NICE quality standard 100](#)
- [Physical activity: for NHS staff, patients and carers. NICE quality standard 84](#)
- [Hypertension in adults. NICE quality standard 28](#)
- [Stable angina. NICE quality standard 21](#)
- [Alcohol-use disorders. NICE quality standard 11](#)
- [Chronic heart failure in adults. NICE quality standard 9](#)
- [Diabetes in adults. NICE quality standard 6](#)
- [Venous thromboembolism in adults: reducing the risk in hospital. NICE quality standard 3](#)
- [Stroke in adults. NICE quality standard 2](#)

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Anticoagulation to reduce stroke risk

Quality statement

Adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above are offered anticoagulation.

Rationale

Adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above are at a much higher risk of having a stroke than the general population. Anticoagulation therapy can help to prevent strokes by reducing the likelihood of a blood clot forming. A person's bleeding risk should be taken into account in reaching a decision about anticoagulation, although for most people the benefit of anticoagulation outweighs the bleeding risk.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above are offered anticoagulation.

Data source: Local data collection.

Process

Proportion of adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above who receive anticoagulation.

Numerator – the number in the denominator who receive anticoagulation.

Denominator – the number of adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above.

Data source: Local data collection. Data can be collected using the [NHS Quality and Outcomes Framework indicator AF007](#).

Outcome

Stroke rates in adults with a primary diagnosis of non-valvular atrial fibrillation.

Data source: Local data collection. Data can be collected using the [Royal College of Physicians' Sentinel Stroke National Audit Programme \(SSNAP\)](#), question 2.1.

What the quality statement means for different audiences

Service providers (primary, secondary and tertiary care services) have written clinical protocols in place to ensure that anticoagulation is offered to adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above.

Healthcare professionals offer anticoagulation to adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above.

Commissioners (NHS England area teams and clinical commissioning groups) commission primary, secondary and tertiary care services with written clinical protocols to ensure that adults with non-valvular atrial fibrillation and a CHA₂DS₂-VAS_C stroke risk score of 2 or above are offered anticoagulation.

Adults with a type of atrial fibrillation called 'non-valvular' who are identified by their doctor as being at higher risk of having a stroke are offered treatment with a medicine called an anticoagulant, to lower their risk of having a blood clot that could cause a stroke.

Source guidance

[Atrial fibrillation: diagnosis and management. NICE guideline 196 \(2021\), recommendation 1.6.3](#)

Definitions of terms used in this quality statement

CHA₂DS₂-VASc stroke risk score

The CHA₂DS₂-VASc stroke risk score estimates the risk of stroke in people with non-valvular atrial fibrillation. [Adapted from NICE's guideline on atrial fibrillation, recommendations 1.2.1 and 1.6.3]

Bleeding risk score

Bleeding risk, estimated using ORBIT bleeding risk score, should be taken into account when offering anticoagulation. The ORBIT bleeding risk score estimates the risk of bleeding.

Although ORBIT is the best tool for this purpose, other bleeding risk tools may need to be used until it is embedded in clinical pathways and electronic systems. [Adapted from NICE's guideline on atrial fibrillation, recommendation 1.2.2]

Quality statement 2: Use of aspirin

Quality statement

Adults with atrial fibrillation are not prescribed aspirin as monotherapy for stroke prevention.

Rationale

The risks of taking aspirin outweigh any benefits of taking it as monotherapy for stroke prevention in adults with atrial fibrillation. Healthcare professionals should be aware that adults with atrial fibrillation may need to take aspirin for other indications.

Quality measures

Structure

Evidence of local monitoring arrangements to ensure that adults with atrial fibrillation are not prescribed aspirin as monotherapy for stroke prevention.

Data source: Local data collection.

Process

Proportion of adults with atrial fibrillation who are prescribed aspirin as monotherapy for stroke prevention.

Numerator – the number in the denominator who are prescribed aspirin as monotherapy for stroke prevention.

Denominator – the number of adults with atrial fibrillation.

Data source: Local data collection. Data can be collected using the [Royal College of Physicians' Sentinel Stroke National Audit Programme \(SSNAP\)](#), question 2.1.6.

Outcome

Rates of prescribing aspirin.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary and secondary care services) monitor prescribing of pharmacological treatment(s) for adults with atrial fibrillation and have protocols in place to ensure that aspirin is not prescribed as monotherapy for stroke prevention.

Healthcare professionals do not prescribe aspirin as monotherapy for stroke prevention for adults with atrial fibrillation.

Commissioners (NHS England area teams and clinical commissioning groups) specify that primary and secondary care services ensure that aspirin is not prescribed as monotherapy for stroke prevention for adults with atrial fibrillation.

Adults with atrial fibrillation are not prescribed aspirin on its own for preventing stroke.

Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline 196 (2021), recommendation 1.6.13

Definitions of terms used in this quality statement

Aspirin as monotherapy for stroke prevention

Adults with atrial fibrillation might be taking aspirin for a variety of other conditions; if so, this may result in the person taking aspirin (for the other conditions) as well as anticoagulants. If a person chooses not to take anticoagulants, this decision and the reason(s) for it should be documented. [[NICE's 2014 full guideline on atrial fibrillation](#)]

Quality statement 3: Discussing options for anticoagulation

Quality statement

Adults with atrial fibrillation who are prescribed anticoagulation discuss the options with their healthcare professional at least once a year.

Rationale

Adults with non-valvular atrial fibrillation should have the opportunity to discuss the choice of suitable anticoagulants with their healthcare professional, in order to improve adherence to treatment. Available options should include direct-acting oral anticoagulants and vitamin K antagonists. In adults with valvular atrial fibrillation, only vitamin K antagonists can be used, and this should be explained to the person. Adherence to anticoagulation can help to prevent stroke by reducing the likelihood of a blood clot forming.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with atrial fibrillation who are prescribed anticoagulation can discuss the options with their healthcare professional at least once a year.

Process

Proportion of adults with atrial fibrillation who are prescribed anticoagulation who discuss the options with their healthcare professional at least once a year.

Numerator – the number in the denominator who discuss the options with their healthcare professional at least once a year.

Denominator – the number of adults with atrial fibrillation who are prescribed anticoagulation.

Data source: Local data collection.

Outcome

a) Patient experience.

Data source: Local data collection.

b) Rates of adherence to anticoagulation therapy for adults with atrial fibrillation.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary and secondary care services) have protocols in place to ensure that adults with atrial fibrillation who are prescribed anticoagulation can discuss the options with their healthcare professional at least once a year.

Healthcare professionals discuss the options at least once a year with adults with atrial fibrillation who are prescribed anticoagulation. There should not be mandatory use of vitamin K antagonists before offering non-vitamin K antagonist oral anticoagulants for people with non-valvular atrial fibrillation.

Commissioners (NHS England area teams and clinical commissioning groups) specify that primary and secondary care service providers have protocols in place to ensure that adults with atrial fibrillation who are prescribed anticoagulation can discuss the options with their healthcare professional at least once a year.

Adults with atrial fibrillation who are prescribed an anticoagulant have the chance to talk with their doctor at least once a year about the types of anticoagulant they could have and the advantages and disadvantages of each.

Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline 196 (2021), recommendations 1.4.1, 1.6.1, 1.6.3, 1.6.4 and 1.6.5

Definitions of terms used in this quality statement

Anticoagulants

Anticoagulants for people with atrial fibrillation include direct-acting oral anticoagulants (such as apixaban, dabigatran, edoxaban and rivaroxaban) and vitamin K antagonists. [Adapted from NICE's guideline on atrial fibrillation, recommendations 1.6.3, 1.6.4 and 1.6.5]

Discuss

Any discussion with an adult with atrial fibrillation should involve both oral and written information. A patient decision aid can be used to inform the discussion. A discussion should take place at least once a year to review the need and quality of anticoagulation. [Adapted from NICE's guideline on atrial fibrillation, recommendation 1.6.16, NICE's guideline on patient experience in adult NHS services, recommendation 1.5.12, and expert consensus]

Equality and diversity considerations

Discussions with adults with atrial fibrillation about choice of anticoagulants should take into account any additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English. People should have access to an interpreter or advocate if needed.

Quality statement 4: Anticoagulation control

Quality statement

Adults with atrial fibrillation taking a vitamin K antagonist who have poor anticoagulation control have their anticoagulation reassessed.

Rationale

Improving poor anticoagulation control by reassessing the international normalised ratio (INR) at each visit can ensure that a person's risks of stroke and of having a major bleed are as low as possible.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that adults with atrial fibrillation taking a vitamin K antagonist have their anticoagulation reassessed if their anticoagulation control is poor.

Data source: Local data collection.

Process

a) Proportion of adults with atrial fibrillation taking a vitamin K antagonist who have their time in therapeutic range (TTR) recorded at each visit for INR assessment.

Numerator – the number in the denominator who have their TTR recorded at each visit for INR assessment.

Denominator – the number of adults with atrial fibrillation taking a vitamin K antagonist.

Data source: Local data collection.

b) Proportion of adults with poor anticoagulation control who have it reassessed.

Numerator – the number in the denominator who have their anticoagulation reassessed.

Denominator – the number of adults with poor anticoagulation control.

Data source: Local data collection.

Outcome

a) Rates of thromboembolic complications.

Data source: Local data collection.

b) Patient experience.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (secondary care services) have systems in place with written clinical protocols for reassessing anticoagulation in adults with atrial fibrillation who are taking a vitamin K antagonist and have poor anticoagulation control.

Healthcare professionals reassess anticoagulation and record the results for adults with atrial fibrillation who are taking a vitamin K antagonist and have poor anticoagulation control.

Commissioners (clinical commissioning groups) commission secondary care services that have written clinical protocols for reassessing anticoagulation in adults with atrial fibrillation who are taking a vitamin K antagonist and have poor anticoagulation control.

Adults with atrial fibrillation who are taking a type of anticoagulant called a vitamin K antagonist (such as warfarin) have their anticoagulation treatment reassessed if regular

tests show that it isn't working well.

Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline 196 (2021), recommendations 1.6.9, 1.6.10, 1.6.11, 1.6.12 and 1.6.16

Definitions of terms used in this quality statement

Poor anticoagulation control

Poor anticoagulation control can be shown by any of the following:

- 2 INR values higher than 5 or 1 INR value higher than 8 within the past 6 months
- 2 INR values less than 1.5 within the past 6 months
- TTR less than 65%.

The NICE guideline on atrial fibrillation recommends that TTR is measured at each visit and at least annually, and that healthcare professionals should:

- use a validated method of measurement such as the Rosendaal method for computer-assisted dosing or proportion of tests in range for manual dosing
- exclude measurements taken during the first 6 weeks of treatment
- calculate TTR over a maintenance period of at least 6 months.

[NICE's guideline on atrial fibrillation, recommendations 1.6.9, 1.6.10 and 1.6.16]

Reassessing anticoagulation

The NICE guideline on atrial fibrillation recommends that the following factors should be taken into account and addressed if they are contributing to poor anticoagulation control:

- cognitive function
- adherence to prescribed therapy

- illness
- interacting drug therapy
- lifestyle factors including diet and alcohol consumption.

If poor anticoagulation control cannot be improved as a result of this reassessment, the risks and benefits of alternative stroke prevention strategies should be evaluated and discussed with the person. [Adapted from [NICE's guideline on atrial fibrillation](#), recommendations 1.6.11 and 1.6.12]

Quality statement 5: Referral for specialised management

Quality statement

Adults with atrial fibrillation whose treatment fails to control their symptoms are referred for specialised management within 4 weeks.

Rationale

Prompt referral of adults with atrial fibrillation to specialised management if treatment fails can help to alleviate symptoms and reduce the likelihood of poor outcomes such as stroke and heart failure.

Quality measures

Structure

Evidence of local arrangements and referral pathways to ensure that adults with atrial fibrillation whose treatment fails to control their symptoms are referred for specialised management within 4 weeks.

Data source: Local data collection.

Process

Proportion of adults with atrial fibrillation whose treatment fails to control their symptoms who are referred for specialised management within 4 weeks.

Numerator – the number in the denominator who are referred for specialised management within 4 weeks.

Denominator – the number of adults with atrial fibrillation whose treatment fails to control

their symptoms.

Data source: Local data collection.

Outcome

a) Adults with atrial fibrillation symptom control.

Data source: Local data collection.

b) Rates of stroke and heart failure for adults with atrial fibrillation.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary and secondary care services) have procedures in place to ensure that adults with atrial fibrillation whose treatment fails to control their symptoms are referred for specialised management within 4 weeks.

Healthcare professionals refer adults with atrial fibrillation whose treatment fails to control their symptoms, to specialised management within 4 weeks.

Commissioners (NHS England area teams and clinical commissioning groups) ensure that primary and secondary care providers have procedures in place so that adults with atrial fibrillation whose treatment fails to control their symptoms are referred for specialised management within 4 weeks.

Adults with atrial fibrillation who still have symptoms after treatment are referred within 4 weeks for specialised care that aims to ease their symptoms and reduce their risk of having a stroke or heart failure.

Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline 196 (2021), recommendation 1.5.1

Definitions of terms used in this quality statement

Fails to control symptoms

Adults whose treatment fails to control the symptoms of atrial fibrillation at any stage. [Adapted from [NICE's guideline on atrial fibrillation](#), recommendation 1.5.1]

Referred within 4 weeks

Referral should be no longer than 4 weeks after the final failed treatment or no longer than 4 weeks after recurrence of atrial fibrillation after cardioversion. [Adapted from [NICE's guideline on atrial fibrillation](#), recommendation 1.5.1]

Specialised management

Specialised management can be provided by an 'atrial fibrillation specialist' such as a cardiologist or nurse with an interest in arrhythmia. Specialised management should be provided through a package of care that covers key elements of service provision, tailored to the person with atrial fibrillation. Formally documenting key elements of the service can help to ensure that it has been delivered. [[NICE's 2014 full guideline on atrial fibrillation](#)]

Quality statement 6 (developmental): Self-monitoring of anticoagulation

Developmental quality statements set out an emergent area of cutting-edge service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

Developmental quality statement

Adults with atrial fibrillation on long-term vitamin K antagonist therapy are supported to self-manage with a coagulometer.

Rationale

Enabling adults with atrial fibrillation to self-manage their coagulation using a coagulometer can help to optimise their anticoagulation treatment. As well as reducing the frequency of hospital or clinic visits, it can improve health outcomes such as risk of stroke and bleeding.

Quality measures

Structure

Evidence of local arrangements for adults with atrial fibrillation on long-term vitamin K antagonist therapy to be supported to self-manage with a coagulometer.

Data source: Local data collection.

Process

Proportion of adults with atrial fibrillation on long-term vitamin K antagonist therapy who are supported to self-manage with a coagulometer.

Numerator – the number in the denominator who are supported to self-manage with a coagulometer.

Denominator – the number of adults with atrial fibrillation on long-term vitamin K antagonist therapy.

Data source: Local data collection.

Outcome

a) Patient experience.

Data source: Local data collection.

b) Rates of adults on long-term vitamin K antagonist therapy who self-manage.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (secondary care services) make coagulometers for self-monitoring available to adults with atrial fibrillation who are on long-term vitamin K antagonist therapy, and ensure that support is available for their use.

Healthcare professionals offer coagulometers to adults with atrial fibrillation who are on long-term vitamin K antagonist therapy so that they can self-monitor their coagulation status, provided that they are willing and able to do so. Healthcare professionals also provide support for people using the coagulometers.

Commissioners (clinical commissioning groups) ensure that secondary care providers have coagulometers for self-monitoring available and offer them to adults with atrial fibrillation who are on long-term vitamin K antagonist therapy, and provide support for their use.

Adults with atrial fibrillation who are taking a vitamin K antagonist over a long time are (if appropriate) offered a monitor they can use to help check how well the treatment is

working, if they want to use the monitor and can do so. They are also given support by healthcare professionals to use the monitor.

Source guidance

Atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers (the CoaguChek XS system). NICE diagnostics guidance 14 (2014, updated 2017), recommendation 1.1

Definitions of terms used in this quality statement

Coagulometer

Coagulometers monitor blood clotting in adults taking anticoagulants.

The CoaguChek XS system is recommended for self-monitoring coagulation status in adults on long-term vitamin K antagonist therapy who have atrial fibrillation if:

- the person prefers this form of testing **and**
- the person or their carer is both physically and cognitively able to self-monitor effectively.

[Adapted from NICE's diagnostics guidance on atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers (the CoaguChek XS system), recommendation 1.1]

Support

Patients and carers should be trained in the effective use of the CoaguChek XS system and clinicians involved in their care should regularly review their ability to self-monitor. Equipment for self-monitoring should be regularly checked using reliable quality-control procedures, and by testing patients' equipment against a healthcare professional's coagulometer which is checked in line with an external quality assurance scheme. Ensure accurate patient records are kept and shared appropriately. [NICE's diagnostics guidance on atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers (the CoaguChek XS system), recommendations 1.3 and 1.4]

Equality and diversity considerations

For adults with atrial fibrillation who may have difficulty with or who are unable to self-monitor, such as people with disabilities, the possibility of their carers helping with self-monitoring should be considered. Coagulometers currently come at a cost to the adult with atrial fibrillation, so reasonable adjustments should be made for the socioeconomic status of the adult.

Update information

February 2018: The source guidance and definitions for statement 6 have been updated to ensure alignment with the updated [NICE diagnostics guidance on self-monitoring coagulation status using point-of-care coagulometers \(the CoaguChek XS system\)](#). In statement 3, the rationale and definition sections have been changed to include edoxaban as an option for anticoagulation to reflect [NICE technology appraisal guidance on edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation](#).

Minor changes since publication

June 2021: Further information was added to bleeding risk score in the definitions section of statement 1.

April 2021: Source guideline recommendation numbers were updated throughout and definitions for statements 1 and 2 were amended in line with the updated [NICE guideline on atrial fibrillation](#).

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on atrial fibrillation](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- mortality rates in adults with atrial fibrillation
- stroke and transient ischaemic attack rates in adults with atrial fibrillation
- admission rates for adults with a primary diagnosis of atrial fibrillation
- quality of life of adults with atrial fibrillation.

It is also expected to support delivery of the following national frameworks:

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#)
- [Quality framework for public health.](#)

Equivalent frameworks may be used in the devolved nations.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact products for the NICE guideline on atrial fibrillation](#) to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this

quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Anticoagulation Europe](#)
- [Arrhythmia Alliance](#)
- [Alzheimer's Society](#)
- [UK Clinical Pharmacy Association \(UKCPA\)](#)
- [AF Association](#)
- [Heart Valve Voice](#)
- [Society for Acute Medicine \(SAM\)](#)