



*UK National
Screening Committee*

UK National Screening Committee

Screening for Atrial fibrillation

28 June 2019

Aim

1. To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in the review document, on whether screening for atrial fibrillation meets the UK NSC criteria for a systematic population screening programme.

Current recommendation

2. The current UK NSC recommendation is that population screening for AF should not be offered. This was based on the findings of the 2014 review, that reported:
 - I. Clinical management of AF is not optimised.
 - II. The treatment for AF includes offering the patient long-term anticoagulants to reduce the risk of stroke if that risk is above a certain level. Many patients who would benefit from anticoagulants are not taking them. Anticoagulant treatment can last for many years.
 - III. Screening is likely to detect an increased number of people aged over 65 years with AF, but it would not be ethically justifiable to initiate screening in the context of concern about the management pathway.
 - IV. There is little evidence available to determine whether the risk of progression from AF to stroke is equivalent in the screened and clinically detected populations.
 - V. There are concerns about operator dependency in the testing process.

Evidence Summary

3. The 2019 evidence summary was undertaken by York Health Economics Consortium in accordance with the triennial review process.
4. The scope of the current review focussed on: whether the risk of stroke in paroxysmal or asymptomatic AF is the same as for persistent, permanent or symptomatic AF; what the benefit of treating screen-detected AF is; the accuracy of screening tests; whether RCTs have demonstrated a benefit over clinical diagnosis, whether screening is cost-effective; and whether the current clinical pathway following diagnosis is optimised



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5. Based on the synthesis of evidence against the UK NSC criteria in this current review, the updated analysis of the evidence on screening for atrial fibrillation did not identify

sufficient evidence to support a change in the previous recommendation. This is because:

- I. There were gaps in the literature regarding studies that evaluate differences in paroxysmal AF versus persistent or permanent AF on stroke mortality. There was also a general lack of literature on studies comparing asymptomatic and symptomatic AF on stroke outcomes. **Criterion 1 uncertain**
- II. No relevant systematic reviews or primary studies were identified that met the inclusion criteria relating to the benefit of treating screen-detected AF. **Criterion 9 not met**
- III. There was consistent evidence, with a low risk of bias, that suggested there was a range of options, with reasonable performance values, for a possible screening test. Although the harms and benefits of the interventions used in the included studies were not explored. **Criterion 4 met**
- IV. It was unclear whether there is a benefit of formal screening programmes for AF over and above diagnosis of AF only through routine clinical practice. There was a lack of RCTs that compared formal screening to routine clinical practice and evaluated clinical health outcomes. **Criterion 11 not met**
- V. One study in a UK setting reported on the cost-effectiveness of screening for AF. Four key findings were: screening for AF, whether opportunistic or population-based, is likely to be cost-effective; some form of simple initial diagnostic test before confirmation with 12-lead ECG is likely to be more cost-effective than ECG testing alone; repeat screening at five-year intervals appears to be cost-effective compared to no screening, but relative cost-effectiveness compared to single screening has not been determined; the evidence of the relative cost-effectiveness of population-based screening against opportunistic screening is weak. **Criterion 14 met**
- VI. It was uncertain whether the current clinical pathway for AF was optimised in terms of both prescribing patterns and patient compliance/adherence. This was because although there was a sufficient volume of evidence, the data could not be directly compared, and further statistical comparisons and evaluations would be needed. **Criterion 15 uncertain**



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Consultation

6. A three month consultation ended on the 27 June 2019 and was hosted on the UK NSC website. Direct emails were sent to 18 stakeholder organisations. **Annex A**

Due to the volume of responses, a summary of those received at the time was presented at the UK NSC meeting on 28 June 2019. The full set of responses was added to this document after the final closure of the public consultation and the UK NSC meeting.

The total number of consultation responses received was 453. Of these, 6 comments were submitted via the standard comments form. The remaining 447 were submitted via email.

Only 8 responses supported the conclusion that AF screening should not be introduced at this time. These included responses from The Royal College of General Practitioners, The Scottish National Advisory Committee on Heart Disease, GPs and public health professionals.

The remaining 446 comments expressed disappointment that AF screening has not been recommended at this time. These included responses from the Royal College of Physicians (London), Royal College of Physicians Edinburgh, Arrhythmia Alliance, AF Association, Stroke Association, Heart Rhythm Alliance, a number of commercial healthcare/pharmaceutical organisations, patients and healthcare professionals.

Common themes of the comments are addressed below.

7. Only one comment commented on the review directly, stating that one study had been missed

Response

The reviewer responded that for this question (question 3), systematic reviews were prioritised and individual studies that post-dated relevant systematic reviews were eligible for inclusion. This study was published in 2011, so pre-dates, and was reported in, a systematic review that was included (the Welton (2017) HTA). So that is why it is not mentioned explicitly in this review, it is included in the Welton HTA.

8. The remaining 445 comments did not comment directly on the content of the review but the following common themes were identified:



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- Most of the responses in favour of screening highlighted the under-diagnosis of AF, with potentially half a million people

unaware they have the condition. They also point to the priority of finding undiagnosed cases in the NHS long term plan (which targets identifying 89% or 84% of affected people within 10 years) and state that PHE and NHS England (NHSE) are also calling for greater detection. Those in favour of screening believed that screening would contribute to these priorities.

Conversely, those who opposed screening, pointed to the possibility of overdiagnosis and potential harms should screening be introduced. They also highlighted the areas of uncertainty in the review as important factors to consider.

Response

The review drew attention to uncertainties in the natural history of the different types of AF and whether the clinical pathway once AF is diagnosed was optimised. These are the same uncertainties that were highlighted in the previous 2014 review. The previous review also concluded it would be unethical to refer people to a sub-optimal clinical pathway.

Importantly, the review highlighted a lack of evidence on treatment in screen detected people, as well as the lack of evidence on the effectiveness of a formal screening programme.

A randomised controlled trial (RCT) – the [SAFER trial](http://www.isrctn.com/ISRCTN16939438) – has been funded by the National Institute for Health Research (NIHR). The feasibility study for this trial has been registered (<http://www.isrctn.com/ISRCTN16939438>) and is currently ongoing.

The aim of this RCT is to find out whether screening for AF is clinically effective and cost effective in reducing stroke and other key outcomes compared to current practice. This should address the uncertainties in this area.

- Both those in favour of and those opposing screening suggested that NICE and other organisations recommend or support screening.

Response



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In the [Atrial fibrillation: management. Clinical guideline \[CG180\]](#)

[June 2014](#) NICE recommend the following for diagnosis of AF

“1.1.1 Perform manual pulse palpation to assess for the presence of an irregular pulse that may indicate underlying atrial fibrillation in people presenting with any of the following:

- breathlessness/dyspnoea
- palpitations
- syncope/dizziness
- chest discomfort
- stroke/transient ischaemic attack. [2006]”

The Academic Health Services Networks (AHSNs) are aiming to increase the detection of AF using opportunistic screening and case-finding through the distribution of over 6,000 mobile electrocardiogram (ECG) units to GPs, pharmacies and other community settings. This is happening across the country in a variety of ways through embedding pulse checks in, for example, commissioning plans "to include them in all routine clinical practice, e.g. flu vaccination clinics, clinic visits whenever blood pressure is taken, clinics for chronic disease management and all prevention related activities, such as the NHS Health Check programme. Alternative opportunities to carry out pulse checks include podiatry, dental services and community pharmacy." ([Pan-London AF toolkit](#))

NHSE, Public Health England, AHSNs, NHS Right Care and British Heart Foundation are working together to identify and treat up to 20,000 people with high-risk AF who are not currently taking anticoagulants. This involves specialist pharmacists or nurses reviewing GP records to case-find people who are already diagnosed with AF but not receiving optimal treatment. The specialist nurse or pharmacists will then discuss these patients with the GP via a virtual clinic and recommend treatment plans. The GP will then discuss with their patient. Details via the following link: <https://www.england.nhs.uk/ourwork/clinical-policy/cvd/af-demonstrator-site-programme/>

However, population screening, as recommended by the UK NSC, would operate very differently to this. Screening would be offered to an apparently healthy, asymptomatic, predetermined population and those testing positive, would be referred for further tests and interventions offered. Implementation would also need to be rolled out consistently. The UK NSC needs to be certain that any formal screening programme does more good than



harm at a reasonable cost, so internationally recognised criteria and rigorous processes using high quality evidence are used to underpin their recommendations to ensure overall benefit to the population.

The [SAFER trial](#) aims to address whether population screening for AF is effective and cost effective in reducing stroke and other key outcomes compared to current practice.

- Many responses in favour of screening suggested that the UK NSC should recommend targeted screening in high-risk populations. Whilst those opposing screening suggested that the UK NSC be clearer in its recommendation of not screening for AF and should discourage opportunistic and high-risk case finding where it is happening.

NICE recommend targeted testing in those people identified as being at high-risk of AF, or with clinical suspicions of AF, in their [diagnosis and management guidelines](#).

The scope of screening that is within the UK NSC's remit is considered on a case by case basis using the following characteristics as a guide:

1. The target population to be screened should be large (sufficiently large to enable safe, clinically and cost-effective screening)
2. The cohort to be offered screening would regard themselves as not necessarily having symptoms of the disease or to be at risk of the disease (the business of the committee should be apparently healthy people)
3. There should be an effective means of identifying and contacting the whole cohort to be offered screening
4. The population should be proactively approached (by written invitation, verbal invitation at the time of the contact with the health service, encouraging attendance for screening) to ensure that those offered screening would be properly informed of the potential benefits and risks in order to help make an informed choice
5. The primary purpose of screening should be to offer benefit to the person being screened. If there is no possibility of benefit to the person being offered screening then it should be considered no further as a screening programme



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The UK NSC recommendation for atrial fibrillation clearly states that systematic population screening is not recommended. Earlier this year, Professor Anne Mackie, The Director of Programmes for

the UK NSC, published a blog on the importance of population screening principles, and how “Any initiatives to do something about common risk factors or disease must not undermine or overlap with population screening. That could result in contradictory policies, damaged reputation and a lot of work to undo the damage.” AF was included as an example:

<https://phescreening.blog.gov.uk/2019/01/11/dont-let-good-intentions-undermine-population-screening-principles/>

The UK NSC is currently considering the issues relating to the inclusion of high-risk/opportunistic screening in the scope of their work.

- The responses supportive of screening drew attention to the review stating that screening would be cost-effective.

Response

The current UK NSC review reported one study (HTA) that concluded screening was likely to be cost-effective and that systematic opportunistic screening was more likely to be cost-effective than systematic population screening. This was based on an economic evaluation that used a number of assumptions (from published research) to develop an economic model to describe the likelihood of cost-effectiveness in a variety of screening situations. However, many of the assumptions made in the model relied on only one trial published in 2005. The main outcome measures of this trial ([Hobbs et al. 2005](#)) were comparisons of detection rates between routine clinical practice and systematic or opportunistic screening. This trial concluded that opportunistic screening was the only strategy that improved detection rates on clinical practice and modelling demonstrated that there was a probability of approximately 60% of annual opportunistic screening being cost effective.

This previous review in 2014 concluded that it was likely that a national screening programme for atrial fibrillation in people aged 65 and over would produce more benefit than harm at population level. However, the current review found that this aspiration had still not been proven. This was because no RCT evidence demonstrating the benefit of



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screening was found for this review, neither was any evidence on treatment in screen-detected populations.

The same uncertainties still exist regarding the natural history of AF (whether the different types of AF carried the same risks) and the clinical pathway in both the current review and the previous review.

It is hoped that the [SAFER trial](#) will clarify these uncertainties and help refine the cost-effectiveness estimates.

- Several responses commented on the lateness of the review and queried the date of the next review.

Response

As the review reports, and as discussed above, crucial evidence is missing that needs to be addressed before the screening recommendation is changed. The SAFER trial is currently ongoing and, it is hoped, will address these uncertainties and fill the gaps where the evidence is currently absent. The next review of screening will take place once the SAFER trial has reported. The UK NSC's [evidence review process](#) also allows for an early review update should other significant, comparable evidence is published before the SAFER trial reports.

(See **Annex B** for the full comments)



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Recommendation

9. The Committee is asked to approve the following recommendation:

A systematic population screening programme for atrial fibrillation in adults is not recommended.



Criteria (only include criteria included in the review)	Met/Not Met/uncertain
The Condition	
<p>1. The condition should be an important health problem as judged by its frequency and/or severity. The epidemiology, incidence, prevalence and natural history of the condition should be understood, including development from latent to declared disease and/or there should be robust evidence about the association between the risk or disease marker and serious or treatable disease.</p>	Uncertain
The Intervention	
<p>9. There should be an effective intervention for patients identified through screening, with evidence that intervention at a pre-symptomatic phase leads to better outcomes for the screened individual compared with usual care. Evidence relating to wider benefits of screening, for example those relating to family members, should be taken into account where available. However, where there is no prospect of benefit for the individual screened then the screening programme should not be further considered.</p>	Not met
The Test	
<p>4. There should be a simple, safe, precise and validated screening test.</p>	Met
The screening programme	
<p>11. There should be evidence from high quality randomised controlled trials that the screening programme is effective in reducing mortality or morbidity. Where screening is aimed solely at providing information to allow the person being screened to make an “informed choice” (such as Down’s syndrome or cystic fibrosis carrier screening), there must be evidence from high quality trials that the test accurately measures risk. The information that is provided about the test and its outcome must be of value and readily understood by the individual being screened</p>	Not met
<p>14. The opportunity cost of the screening programme (including testing, diagnosis and treatment, administration, training and quality assurance) should be economically balanced in relation to expenditure on medical care as a whole (value for money). Assessment against this criteria should have regard to evidence from cost benefit and/or cost effectiveness analyses and have regard to the</p>	Met



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effective use of available resource	
Implementation Criteria	
15. Clinical management of the condition and patient outcomes should be optimised in all health care providers prior to participation in a screening programme.	Uncertain

List of organisations contacted:

1. AF Association
2. AntiCoagulation Europe now Anticoagulation UK
3. Arrhythmia Alliance
4. British Cardiovascular
5. British Heart Foundation
6. Central & East London Comprehensive Local Research
7. Education for Health
8. Faculty of Public Health
9. Heart Rhythm UK
10. HEART UK
11. NHS Improvement
12. Royal College of General Practitioners
13. Royal College of Nursing
14. Royal College of Physicians
15. Royal College of Physicians and Surgeons of Glasgow
16. Royal College of Physicians of Edinburgh
17. Royal College of Surgeons
18. Stroke Association



Annex B — Consultation comments



**UK National Screening Committee
Screening for atrial fibrillation in adults
Consultation comments pro-forma**

Name:	Malcolm Lewis	Email address:	XXXX XXXX
Organisation (if appropriate):	Melys AFS		
Role:	Adviser		
<p>Do you consent to your name being published on the UK NSC website alongside your response?</p> <p style="text-align: center;">Yes x <input type="checkbox"/> No <input type="checkbox"/></p>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
References	Screening tools	We were disappointed that our work on a unique (patented and FDA approved) screening device using plethysmography and Fourier analysis, published in January 2011, was not	



		considered in the analysis of available screening methodologies. Ref: M Lewis, D Parker, C Weston and M Bowes, Screening for atrial fibrillation: sensitivity and specificity of a new methodology British Journal of General Practice 2011; 61: 38–39.
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Full text of the article referenced attached below



(Melys AFS -
Malcolm Lewis) AF p



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Name:	Professor Helen Rodgers	Email address:	xxxx xxxx
Organisation (if appropriate):	Joint Stroke Medicine Committee, Royal College of Physicians (London)		
Role:	Chair		
<p>Do you consent to your name being published on the UK NSC website alongside your response?</p> <p align="center">Yes</p>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<p><i>Please use a new row for each comment and add extra rows as required.</i></p> <p>At least 20% of ischaemic strokes are due to atrial fibrillation (AF). Ischaemic stroke due to AF tends to be more severe and has a worse prognosis than ischaemic stroke due to other aetiologies.</p> <p>The Sentinel Stroke National Stroke Programme (SSNAP) reports that there were 15,807 cases of ischaemic stroke related to atrial fibrillation between April 2017 and March 2018. 6,703 (42.4%) had not been prescribed an anticoagulant prior to their stroke. Within CCGs in England,</p>	



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		<p>between 18% and 78% of patients with AF had not been prescribed an anticoagulant prior to their stroke.</p> <p>It is disappointing that there remains insufficient evidence exists to support a UK National Screening Programme. Most cases of AF related ischaemic stroke are avoidable.</p> <p>Within the NHS Long Term Plan there is an initiative in 23 areas of the country for specialist nurses and clinical pharmacists to identify patients who have been diagnosed with atrial fibrillation who are not receiving treatment, but many cases of AF are asymptomatic and are not identified until a stroke occurs.</p> <p>If NICE feels that there is insufficient evidence to support a screening programme for AF, please can they request NIHR to urgently commission further research in this area. Identifying and treating patients with AF will reduce death and disability due to ischaemic stroke.</p>
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Please return to the Evidence Team at screening.evidence@nhs.net by 27th June 2019



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Name:	Dr. David Murdoch	Email address:	xxxx xxxx
Organisation (if appropriate):	Scottish National Advisory Committee on Heart Disease		
Role:	Chair of the above committee and Consultant Cardiologist, Queen Elizabeth University Hospital, Glasgow		
<p>Do you consent to your name being published on the UK NSC website alongside your response?</p> <p align="center">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
Page 88	Conclusions	While we think that the evidence suggests that screening for AF in a defined population is likely to be effective in improving outcomes, the lack of any well-conducted RCTs make your conclusions inevitable and we are in agreement with this. We would support a further review following the publication of the clearly important NIHR study.	

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Name:	Dr Sue Pound	Email address:	xxxx xxxx
Organisation (if appropriate):	Royal College of Physicians of Edinburgh		
Role:	Vice President		
<p>Do you consent to your name being published on the UK NSC website alongside your response?</p> <p align="center">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
Page 7	Recommendation under review	<p>College Fellows with an interest in atrial fibrillation (AF) have expressed disappointment that the NSC does not advocate screening for AF.</p> <p>AF is the most common cardiac rhythm disorder, and is often asymptomatic. This can lead to the first presentation with a fatal or disabling stroke, or decompensated heart failure.</p>	



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		<p>Fellows commented that it is known that certain high risk groups are predisposed to AF, so query why there is not a recommendation to promote opportunistic screening in those at risk eg age >65, hypertensives, diabetics, post MI/ACS, PAD patients etc</p> <p>The NICE guidelines recommend pulse palpation and confirmation with an ECG. In 2019, this is even easier with a wide range of smart devices.</p> <p>Given the major healthcare burden associated with AF, the College advocates for the NSC to at least screen high risk groups.</p>
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Please return to the Evidence Team at screening.evidence@nhs.net by **27 June 2019**



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Name:	Professor Donal O' Donoghue	Email address:	xxxx xxxx
Organisation (if appropriate):	Royal College of Physicians (London)		
Role:	RCP registrar		
<p>Do you consent to your name being published on the UK NSC website alongside your response?</p> <p align="center">Yes</p>			
<p>The RCP is grateful for the opportunity to respond to the above consultation. In doing so we would like to endorse the responses submitted by the Arrhythmia Alliance and AF Association and The British Cardiovascular Society. We have also liaised with our Joint Stroke Medicine Committee and would like to make the following comments.</p>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
		At least 20% of ischaemic strokes are due to atrial fibrillation (AF). Ischaemic stroke due to AF tends to be more severe	



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		<p>and has a worse prognosis than ischaemic stroke due to other aetiologies.</p> <p>The Sentinel Stroke National Stroke Programme (SSNAP) reports that there were 15,807 cases of ischaemic stroke related to atrial fibrillation between April 2017 and March 2018. 6,703 (42.4%) had not been prescribed an anticoagulant prior to their stroke. Within CCGs in England, between 18% and 78% of patients with AF had not been prescribed an anticoagulant prior to their stroke.</p> <p>Our experts are disappointed that there remains insufficient evidence exists to support a UK National Screening Programme. Most cases of AF related ischaemic stroke are avoidable.</p> <p>Within the NHS Long Term Plan there is an initiative in 23 areas of the country for specialist nurses and clinical pharmacists to identify patients who have been diagnosed with atrial fibrillation who are not receiving treatment, but many cases of AF are asymptomatic and are not identified until a stroke occurs.</p> <p>If NICE feels that there is insufficient evidence to support a screening programme for AF, our experts suggests they request NIHR to urgently commission further research in this area. Identifying and treating patients with AF will reduce death and disability due to ischaemic stroke.</p>
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Name:	Georgina Flaxman	Email address:	xxxx xxxx
Organisation (if appropriate):	Stroke Association		
Role:	Policy Officer		
Do you consent to your name being published on the UK NSC website alongside your response?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
General	General	The Stroke Association welcomes this report and consultation by the National Screen Committee (NSC) on AF screening in the UK. This is particularly timely considering the work across the UK on AF and stroke prevention, including strokes new priority status in the NHS England's Long Term Plan. This action is vital when considering the enormity of the scale of stroke. Research has	

		<p>shown that this will only continue to increase. In under two decades the number of strokes will increase by almost half, and the number of stroke survivors by a third.¹ Each year stroke costs the health and care system over £8bn, raising to a total of £26bn when informal care and lost productivity are also taken into account. If no action is taken, it is estimated that this will increase to between £61bn and £91bn by 2035.²</p>
11	'screening is not recommended at this time'	<p>Atrial Fibrillation (AF) is chronically underdiagnosed with estimates of around 293,000 people in England alone unaware they have the condition.³ AF is often asymptomatic yet increases stroke risk five-fold.⁴ Not only does AF increases risk of stroke, but AF related strokes are more damaging and more likely to result in death and severe disability requiring long-term institutional care. We recognise that money and resources are stretched across health care and any whole population screening is a significant investment. Nevertheless, better identification of AF through other measures could have considerable long term cost saving implications, especially when working in conjunction with other initiatives across the UK which are improving ongoing treatment and management of AF.</p>

¹ Kings College London & Stroke Alliance for Europe (SAFE) The Burden of Stroke in Europe – challenges for policy makers (2017) Available:

https://www.stroke.org.uk/sites/default/files/the_burden_of_stroke_in_europe_-_challenges_for_policy_makers.pdf

² Patel A, Berdunov V, King D, Quayyum Z, Wittenberg R, Knapp M (2017). Current, future and avoidable costs of stroke in the UK. Executive summary Part 2: Societal cost of stroke in the next 20 years and potential returns from increased spending on research. London: Stroke Association. Available: <https://www.stroke.org.uk/research/research-publications/current-future-and-avoidable-costs-of-stroke-in-the-uk>

³ QOF data 2017/2018 Available <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/cardiovascular/data#page/3/gid/1938133110/pat/15/par/E92000001/ati/152/are/E38000008/iid/280/age/1/sex/4>

⁴ Savelieva I, Bajpai A, Camm AJ (2007). Stroke in atrial fibrillation: Update on pathophysiology, new antithrombotic therapies, and evolution of procedures and devices. *Annals of Medicine* 39: 371-391.

		<p>If AF is detected the risk of stroke can be reduced by two thirds with anti-coagulation medication.⁵ For example, achieving optimal treatment in people who are already diagnosed with atrial fibrillation in England has the potential to prevent up to 14,220 strokes, saving £241m over 3 years.⁶ Impact on AF can also be achieved through other methods than population screening and it's crucial that NSC plays a part in championing these to tie in with other ongoing work to address the treatment pathway for AF.</p>
11	'screening not recommended at this time'	<p>One key way to improve identification of AF is opportunistic pulse checking. Opportunistic checking for AF should be carried out at any point a patient is checked for hypertension in their routine health appointments and inpatient care. The inclusion of regular AF checking as part of standard practice will ensure every health professional contact counts. These low-cost interventions could see significant improvements in the early identification of AF.</p> <p>We believe improved rates of opportunistic testing would increase the numbers of people who are diagnosed with AF, and with medication would reduce the number of strokes. It is vital that action is taken to improve stroke prevention as stated above, without change, the number of strokes will increase by nearly half in under 20 years, meaning the number of stroke survivors will also increase, by a third.⁷ This will further increase the cost of stroke at a time</p>

⁵ http://www.healthcheck.nhs.uk/commissioners_and_providers/data/size_of_the_prize_reducing_heart_attacks_and_strokes/

⁶ Public Health England and NHS England. Size of the Prize. 2017. Available: <https://www.healthcheck.nhs.uk/commissioners-and-providers/data/size-of-the-prize-and-nhs-health-check-factsheet/>

⁷ Kings College London & Stroke Alliance for Europe (SAFE) The Burden of Stroke in Europe – challenges for policy makers (2017) Available: https://www.stroke.org.uk/sites/default/files/the_burden_of_stroke_in_europe_-_challenges_for_policy_makers.pdf

		when resources across the sector are already stretched. ⁸ This research clearly highlights the importance of working together across the stroke community to ensure that AF is diagnosed and effectively managed. To help realise these potential gains it's vital that NSC set out a clear and robust commitment to opportunistic pulse checking.
5	'Good quality evidence from a HTA that pulse palpation or modified blood pressure monitors (if available) administered by nurses in primary care settings would be appropriate screening tests '	We also want to highlight and support the growing range of new technologies which can detect possible AF, some of which are mentioned in the evidence review. Research has shown technologies are more accurate at detecting AF than manually pulse taking alone. ⁹ We welcome the inclusion of this within the report, and would like to see NSC further champion new technologies to increase availability of them and increase the number of people identified with AF. This is alongside the importance of diagnostic measures laid out in the response to question 3 'What is the reported accuracy of screening tests for all types of AF?' in diagnosing AF.
General	General	As a key part of increasing opportunistic testing, we would also like to see NSC recommending that pharmacists and other health professionals check for AF when checking for high blood pressure to see improvement in diagnosis rates. Diagnosing in a GP setting only captures those who visit their GP and not the wider population,

⁸ Patel A, Berdunov V, King D, Quayyum Z, Wittenberg R, Knapp M (2017). Current, future and avoidable costs of stroke in the UK. Executive summary Part 2: Societal cost of stroke in the next 20 years and potential returns from increased spending on research. London: Stroke Association. Available: <https://www.stroke.org.uk/research/research-publications/current-future-and-avoidable-costs-of-stroke-in-the-uk>

⁹ Taggar JS, Coleman T, Lewis S, Heneghan C, Jones M, (2016), Accuracy of methods for detecting an irregular pulse and suspected atrial fibrillation: A systematic review and meta-analysis, European Journal of Preventive Cardiology Available: <https://www.ncbi.nlm.nih.gov/pubmed/26464292>



		<p>many of whom do not regularly attend and some of whom are not even registered with a GP. In response to a Stroke Association survey of GPs in Scotland, half of all respondents told us that time pressures were a key barrier to improving the diagnosis pathway of AF, reinforcing the need to capitalise on existing opportunities within the wider community health sector to diagnose the condition and make every contact count.¹⁰</p> <p>This work links into other ongoing work on prevention and AF to better capitalise on the increasing importance of pharmacies and other health professionals in diagnosing and also managing CVD risk factors such as AF and high blood pressure. There are a number of initiatives specifically looking into addressing ongoing management of AF. For example, in Northern Ireland Integrated Care Partnerships (ICPs) which include doctors, nurses, pharmacists, social workers, and hospital specialists, and GP Federations are already making changes to improve the treatment of patients with known atrial fibrillation.¹¹</p> <p>In England pilot AF virtual clinic models have been announced as part of the NHS Long Term Plan across 23 CCGs in England.¹² This work must also link in with the emerging Primary Care Networks (PCNs) as the basis of the neighbourhood teams involving both GPs and pharmacists. This is particularly important as PCNs are</p>
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¹⁰ Stroke Association Survey (unpublished)

¹¹ Health and Social Care Board 'Reshaping stroke services in Northern Ireland' Available: <http://www.hscboard.hscni.net/stroke/>

¹² NHS England 'NHS stroke action will save hundreds of lives' Available: <https://www.england.nhs.uk/2019/05/nhs-stroke-action-will-save-hundreds-of-lives/>

		<p>committed to addressing CVD in their work by 2021.¹³ This is an opportunity for NSC to feed into this work and help PCNs and ICPs to further increase their effectiveness in targeting AF.</p> <p>More generally there are also opportunities to tie in with existing networks which aims to improve integration of primary care, including GP clusters in Wales and Scotland where health professionals regularly engage with patients and check for hypertension.</p>
General	General	<p>Improved information and access to resources for health professionals, including GPs, would further raise awareness of AF. It is essential that health professionals are aware of the potentially devastating impact of AF and therefore regularly check their patients for the condition. It will also help them to talk about it with patients, especially those at risk of CVD, and explain potential symptoms they may experience.</p> <p>This is reinforced through a survey of GPs we conducted in Scotland in which 11% of respondents stated that they were not sure how to improve the detection of AF.¹⁴ This suggests that there may be a lack of confidence or knowledge among health professionals which could be hampering effective diagnosis. Raising the levels of awareness of AF for health professionals will also contribute to improved awareness amongst patients, and help</p>

¹³ BMA Investment and Evolution ‘A five-year framework for GP contract reform to implement The NHS Long Term Plan’ (2019) page 6. Available: <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

¹⁴ Stroke Association Survey (unpublished).

		<p>them to understand the potential consequences of having undiagnosed and untreated AF.</p> <p>Work to champion better <i>diagnosis</i> of AF will also tie in to work further down the pathway to improve <i>management</i> of AF. In Scotland there has been successful work in the NHS Lanarkshire project which involved audit and education for primary care clinicians as well as education for secondary care specialist nurses to improve management of AF.¹⁵</p> <p>We would like to see the NSC championing resources for GPs and other professionals on AF diagnosis and management. GPs and other health professionals should use information packs such as the one we jointly developed with PHE on atrial fibrillation and how commissioners and providers can do better. These packs can be accessed here. There is also the ‘managing AF in primary care’ which includes resources for patients as well as professionals and they include an ideal AF patient pathway and useful advice for identifying as well as treating and managing AF.¹⁶</p>
General	General	It’s vital that the National Screening committee continues to review evidence into screening and effective treatment of AF, particularly with the increase in new work to address the management of AF, many of which we’ve outlined above.

¹⁵ BHF ‘Management of Atrial Fibrillation in Primary Care the NHS Lanarkshire experience’ Available: file:///C:/Users/georgina.flaxman/Downloads/de_1117_lanarkshire-case-study_web_aw.pdf

¹⁶ BHF Managing Atrial Fibrillation in Primary Care Available: <https://www.bhf.org.uk/for-professionals/healthcare-professionals/commissioning-and-services/service-innovation/managing-atrial-fibrillation-in-primary-care>

		<p>This should also include the initiative in the Cwm Taf University Health Board in Wales who have included of AF checks in their new health checks. We would like to see the National Screening Committee engage with the Health Board to assess the impact of this health check. This is of particular importance as an understanding of the impact could be used to update or adapt existing screening which target those at significant risk, such as NHS Health Check in England, which currently does not include AF checks.</p>
10	<p>Q6 Is the current clinical pathway for AF optimised in terms of patient compliance and prescribing patterns for anticoagulants?</p>	<p>The National Screening Committee’s work on AF will support and strengthen ongoing work to improve prevention of stroke across the UK.</p> <p>In Wales, prevention has been prioritised as part of the ‘A Healthier Wales: our Plan for Health and Social Care’.¹⁷ We will utilise this opportunity to reinforce the importance of AF and improving diagnosis and treatment of AF through opportunistic pulse checking and raised awareness with health professionals. The Stroke Association contributed to the Scottish Cross Party Group on Heart Disease and Stroke’s AF report¹⁸ last year which echoes many of the areas we have highlighted here, specifically on opportunistic pulse checking to increase the detection rates of AF and the need for improve management of AF. We will continue to encourage</p>

¹⁷ Welsh Government ‘A Healthier Wales: our plan for Health and Social Care’ 2019 Available: <https://gweddi.gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>

¹⁸ Cross-Party Group on Heart Disease and Stroke ‘A focus on Atrial Fibrillation’ 2018 Available <https://www.bhf.org.uk/how-you-can-help/heart-voices/updates-on-our-current-projects/cross-party-group-inquiry-into-atrial-fibrillation-in-scotland>



		<p>health and care leaders in Scotland to implement the recommendations. In Northern Ireland we are responding to the current reshaping stroke care consultation which includes a focus on prevention, where we will highlight the need to action on diagnosing and treating AF.</p> <p>The Stroke Association has also been working in partnership with NHS England and other key arm's length bodies, to develop the new National Stroke Programme which builds on the NHS England Long Term Plan. The programme focuses on where most value can be gained in improving stroke treatment, care and prevention including atrial fibrillation. It is looking at ways to improve detection and management of atrial fibrillation, high blood pressure and high cholesterol. This will help to realise the Long Term Plan's ambition to prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.¹⁹</p> <p>This work sets the scene for the huge potential impact of improved prevention across healthcare in the UK and opportunities to reinforce policy aspirations found across the system. This can help to ensure that NSC, policy makers, clinicians and academics are all moving in the same direction based on the newest research developments and emerging and established best practice in diagnosing and treating AF.</p>
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Please return to the Evidence Team at screening.evidence@nhs.net by **27th June 2019**

¹⁹ NHS England Long Term Plan (2019) Available: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> p.63



1.	<p>Dear Sir/Madam</p> <p>In 2014 the National Screening Committee (NSC) refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking. The consultation document recommends to NOT set up a national screening programme, even though they consider it would be cost-effective</p> <p>I completely disagree and want the NSC to reconsider the evidence provided by organisations such as Arrhythmia Alliance and AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. We each have a 25% chance of developing AF in our lifetime so this affects each and every one of us, our loved ones, friends and colleagues.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>Best regards XXXX XXXX XXXX XXXX</p>
2.	<p>Dear Sir/Madam</p> <p>I am writing in support of a national screening programme for AF.</p> <p>My understanding is that the National Screening Committee (NSC) have refused to support a national screening programme for AF. This is a great pity given that we each have a 25% chance of developing AF in our lifetime so affects many people and a national screening programme would be a greatly cost-effective.</p> <p>I hope you might reconsider the evidence provided by organisations - such as Arrhythmia Alliance and AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who I believe have a 1 in 4 chance of having AF.</p> <p>As there are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke a national screening programme would save a significant number of lives.</p> <p>I hope you might consider my email and support a national screening programme for AF moving forward.</p> <p>Many thanks.</p>



	<p>Best wishes, XXXX XXXX</p>
3.	<p>Dear Sir / Madam</p> <p>I am writing to you in a state of confusion, and would like you to help clarify a few things for me.</p> <p>I was fortunate enough to be invited to Arrhythmia Alliance - World Heart Rhythm Week Parliamentary reception held on 5 June at The Palace of Westminster, Houses of Parliament.</p> <p>During this reception we heard from a number of speakers - Professor Camm spoke in some detail regarding the AF National Screening Program, which we were informed was NOT being supported by the NSC.</p> <p>Given the following evidence / plans:</p> <ul style="list-style-type: none">• People over the age of 65 years, who will have a 1 in 4 chance of having AF - we each have a 25% chance of developing AF in our lifetime - this affects each and every one of us, our loved ones, friends and colleagues.• There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.• The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe. Therefore, the only way this ambitious target will be met, and significant lives saved, is through a national screening programme. <p>So, I am sure you can understand my confusion, and request for clarity.</p> <p>Having read a little around the subject and summarised some of my key findings above, it does not appear that there is any joined up thinking taking place in the NHS, and that as a result of this people with AF will continue to suffer. If the next review takes place in 5 years time, then many people will have died, or been made disabled due to AF related stroke, with the NHS and society having to bear the significant financial and emotional costs associated with this.</p> <p>We know this, the NHS has this as one of its top 3 priorities, and yet you have refused to support an AF national screening program.....?</p> <p>I look forward to your response, and clarification.</p> <p>Sincerely</p>



UK National
Screening Committee

	XXXX XXXX
4.	<p>Dear National Screening Committee (NSC),</p> <p>My name is XXXX XXXX, XXXX XXXX & XXXX XXXX of XXXX XXXX, a leading medical education provider with global reach. We are working very closely with the Arrhythmia Alliance to amplify education and awareness of cardiac arrhythmias and in particular AF. Attached is the consultation document which recommends to NOT set up a national screening programme. This is not something I agree with, we need a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. We each have a 25% chance of developing AF in our lifetime so this affects each and every one of us, our loved ones, friends and colleagues.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme which is an absolute must.</p> <p>Many thanks,</p> <p>XXXX XXXX http://www.touchmedicalmedia.com/ XXXX XXXX XXXX XXXX W: www.touchmedicalmedia.com</p>
5.	<p>Dear Sir/Madam,</p> <p>Regarding the National Screening Committee's refusal to support a national screening programme for Arrhythmia's. I want to urge you to reconciler this decision as to my mind the evidence provided by the Arrhythmia Alliance and the AF Association clearly shows that it would be extremely beneficial.</p> <p>In my case AF was diagnosed when I presented for a pre-assessment for cancer surgery. It would probably been some time otherwise before it was found and I would have unknowingly been at an additional risk of a stroke. Fortunately I was treated and had the surgery and am well ten years later.</p> <p>I am now repaying that good fortune by volunteering within the NHS locally and also as a patient representative on a national trial.</p>



	<p>The AF Association says that there are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke. When you see the devastation to a life and to a family of someone who suffers stroke and consider the cost of care to the NHS I cannot believe that the cost of a simple screening and possible subsequent treatment would not be justified.</p> <p>I trust that the committee will reconiler, it is not difficult to see the benefit to patients.</p> <p>Yours sincerely, XXXX XXXX</p>
6.	<p>I believe that all people over the age of 65 should be offered screening for atrial fibrillation. There is a one in four chance of having AF after this age and it can lead to stroke...this is both debilitating and very costly for both the individual and the NHS. Lives can be saved by anticoagulating those with AF.</p> <p>My grandmother died at the age of 73 with a massive stroke caused by undiagnosed AF. This was 30 years ago. These days, as we know so much more, this should not happen. Anti coagulation is cheap and readily available and would be prescribed if someone has known AF. This will save lives and reduce debilitating stroke. It's a no brainer!</p> <p>That is why I believe in screening of everyone over 65 for AF.</p> <p>XXXX XXXX</p>
7.	<p>To the Evidence team at National Screening Committee</p> <p>I have read your recent review of the research and evidence for screening of over 65's to detect and treat Atrial Fibrillation I declare an interest in this as I personally have had Paroxysmal Atrial Fibrillation diagnosed for 17 years but I now realise that I had it for 3 years previously. At that time it was a little known condition in the general public and being aware now of the risk of stroke during that undiagnosed period is quite scary.</p> <p>Considering the number of people who have this condition and the way that stroke risk has been reduced through use of anticoagulants, I am surprised and dismayed that you recommend not to screen over 65's.</p> <p>More people are living longer and the potential burden of stroke patients in undiagnosed AF on the NHS is reason alone to screen. Screening is proven to be cost effective in financial terms and I am sure that the more difficult ways to quantify benefits, i.e. quality of life, should be included. AF whether paroxysmal or permanent can adversely affect everyday life leading to reduced activity,</p>



	<p>anxiety and depression. The AF association and Arrhythmia Alliance have given personal support to thousands of people to help deal with these issues and screening should give access to these organisations for those at risk.</p> <p>The "Baby Boomers" of which I am one, are living active lives for much longer and I feel would be very accepting and compliant with screening and the issue of anti-coagulants. It is much easier to get compliance with anti coagulants now that there are alternatives to warfarin which do not require constant monitoring. We all want to live full and active lives without the risk and fear of a debilitating stroke on the horizon.</p> <p>I assume that the introduction of a national screening programme would encourage research to confirm the effectiveness of this programme but it seems that you already have the evidence for a cost effective programme.</p> <p>It is a terrifying thought that half a million people may be undiagnosed, living a reduced quality of life limited by the condition and at risk of an AF related stroke.</p> <p>I ask you personally to strongly reconsider your suggestion not to screen the over 65's and give these persons the chance of a better quality of life in older age</p> <p>Yours sincerely XXXX XXXX</p>
8.	<p>Atrial Fibrillation screening. I was one of the unlucky patients to have AF and a Stroke. I knew that my dad and other members of my family had died from Blood clots .I am regularly screened for both Breast and Bowel cancers so why not screen for AF?</p> <p>XXXX XXXX</p>
9.	<p>There must be-a national screening program, my AF was only diagnosed because a family member is a paramedic and carried out a12 lead ecg when I found my pulse racing. Even then my GP practice found it difficult to accept.</p> <p>XXXX XXXX</p>
10.	<p>I understand that you are planning not to set up a national screening programme for AF</p> <p>My AF was undiagnosed for many years, and when it was finally diagnosed in A&E when I was admitted with heart failure in 2002, it was too late.</p> <p>Despite treatment at Harefield with both drugs and catheter cardioversion, a process which was repeated several times since then, I have been diagnosed with permanent AF.</p>



	<p>Had my AF been found earlier through screening, I would have had the option of having an ablation which would have had a reasonable chance of success I am now faced with being on warfarin for life which requires continuous monitoring. Please reconsider your recommendations</p> <p>XXXX XXXX XXXX XXXX</p>
11.	<p>Good morning I am aware of the planned document relating to AF screening and have to urge that AF screening through a national screening programme (and any method by which this is encouraged) should continue to be promoted in any way we can. AF is a significant health problem with a 1 in 4 lifetime risk of developing the arrhythmia over the age of 40 years. Attached to this, is the increased risk of stroke. And we know strokes attributable to AF are particularly debilitating with a much worse outcome. It seems incongruent after all the work that is undertaken nationally and wider afield, that these suggestions are proposed. AF screening is featured as a top priority in the NHS Long Term plan. We as health professionals promote screening with our patients, colleagues and the community. We hold screening events and detect AF. These patients are then appropriately managed. There is a plethora of evidence available relating to the necessity and value AF screening brings. Indeed I am writing my PhD on this matter. If I can offer any further information or persuasion, please do get in touch.</p> <p>XXXX XXXX Arrhythmia Nurse Specialist XXXX XXXX BHRS nurse representative</p>
12.	<p>FAO: National Screening Committee</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF , and continues to recommend against it in an updated document.</p>



	<p>I wish to express my profound disagreement with this position, and ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme. As a cardiologist who spent his whole clinical career caring for people with cardiac arrhythmias, and seeing frequently the tragic consequences befalling patients, families and the healthcare system as a result of undiagnosed, and hence un-anticoagulated, patients with AF due to embolic stroke, I most earnestly encourage the NSC to now give their full support for AF screening.</p> <p>Yours faithfully,</p> <p>XXXX XXXX XXXX XXXX Emeritus Consultant Cardiologist Fellow, British Heart Rhythm Society XXXX XXXX</p>
13.	<p>Please ensure screening is available to all.</p> <p>sincerely, XXXX XXXX</p>
14.	<p>It is essential that people over 65 are screened for AF. The least that can be done is for GP's to check people's pulse and blood pressure when patients have a GP appointment. I attended A and E several times feeling very faint and unwell and yet still was not diagnosed with AF despite an irregular heart beat which was intermittent. Eventually I had a Reveal instrument inserted in my chest and it showed that my heart had stopped for 11 seconds. I was extremely lucky and was rushed into a Cardiology ward and had a</p>



	<p>pacemaker inserted in my chest. AF makes people feel very ill and unless you have experienced it you will not understand. Strokes can be prevented which avoids the cost of long time care for many people. Strokes are devastating for the patient and their families as it alters lives in minutes. This could be prevented if more thought was given to simple cheap screening tests. Please reconsider the decision not to screen for AF as this will help to avoid strokes and save the NHS vast sums of money and improve people's quality of life.</p> <p>XXXX XXXX</p>
15.	<p>As an AF sufferer, diagnosed after a collapse, and knowing that 1 in 4 UK residents over 65 will have LIFE THREATENING AF I ask you to reconsider your decision for further delays in a national screening system.</p> <p>Regards XXXX XXXX</p>
16.	<p>Sir or Madam</p> <p>I gather screening for AF is not to be recommended. I would like to suggest that given that it is cost effective it should certainly be part of the medical scenery.</p> <p>Surely prevention of stroke/death is entirely desireable and the prevention of the tradgedy (and huge expense) associated with stroke not to be missed.</p> <p>I have non symptomatic AF which is a huge benefit to me - dtecton for all is a must.</p> <p>Regards XXXX XXXX</p>
17.	<p>Hello,</p>



	<p>In 2011 I had a stroke because of AF. I spent two weeks in intensive care and a further 2 weeks on a general ward receiving speech therapy and physiotherapy. With further support at home and cognitive training. The cost to the NHS must have been high, all of which could have been prevented, if I had been diagnosed with AF and prescribed blood thinners.</p> <p>To conclude, I am strongly of the opinion that in the long term screening will save the NHS money, resources and maintain continued well being of those effected by AF.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p>
18.	<p>Dear Sir,</p> <p>I wish to support the request for a national screening programme for AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons. I completely disagree and want to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>Yours faithfully,</p> <p>XXXX XXXX</p>
19.	<p>We need your support to establish a national screening programme as quickly as possible. Please support. Prevention is beter than cure -or otherwise - and cheaper.</p> <p>XXXX XXXX</p>



20.

Dear Sir or Madam

I am contacting you in response to an email from

XXXX XXXX

XXXX XXXX & XXXX XXXX – Arrhythmia Alliance

XXXX XXXX & XXXX XXXX – AF Association

XXXX XXXX

XXXX XXXX

regarding screening for AF

I am a registered nurse with 18 years experience working with cardiac patients.

At the XXXX XXXX on a cardiac surgery ward I have often witnessed first hand the onset and treatment for AF as approximately a 3rd of valve surgery patients can go into AF.

You may say this isn't relevant to people in the community but it is. Any one, whether they have had cardiac surgery or not can go into AF at any time especially as they get older.

I personally knew someone who developed severe vascular dementia from mild TIAs which were at first un noticed. He had unknown AF at the time.

I am currently working in a Radiology day case unit. We routinely put patients on a cardiac monitor for procedures and it is not at all unusual to see that the patient has AF without a previous diagnosis. Obviously we get this followed up, but if they hadn't come in for an unrelated treatment how long would this stay a ticking time bomb before a stroke? they may have already seen their GPs about tiredness and breathlessness (common symptoms of AF but as they are also symptoms for so many other things, AF gets missed).



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	<p>It is a no brainer to me that there should be more routine ECGs done at GPs surgeries during consultations and that it should also be screened for.</p> <p>Very best regards</p> <p>XXXX XXXX</p>
21.	<p>To whom it may concern</p> <p>As someone who suffers from well-managed AF, after a 6-year period of frequent hospital admissions and procedures, I believe that a national screening programme should be introduced for those over 65. AF is a very common condition, arising in 1 in 4 of those over 65, so it makes sense that it needs to be indentified at an early stage, treatment can be started and unnecessaary loss of quality of life prevented. I imagine that this would in the long-term be a cost-effective way of meeting the challenge of this disabling condition.</p> <p>Yours sincerely</p> <p>XXXX XXXX (71)</p>
22.	<p>Hi...having been a victim of A F for eleven years and after two recent ablation I cannot stress the importance of A F screening. This condition is life threatening and cannot be treated lightly. It attacks any age group and gender. I whole heartedly support any group who can put this forward to the Government and make it a "must".</p> <p>XXXX XXXX</p>
23.	<p>Dear Sir/Madam,</p> <p>I wish you to reconsider your decision on the screening programme. I believe that it is important that people are monitored especially in older age, this would possibly save someone's life by being treated right away and given medication in the first instance to prevent a possible stroke.</p>



	<p>I am in permanent Afib and have had 3 catheter ablation and been dc cardioverted 13 times. I am currently under investigation for another arrhythmia problem as I have been experiencing blackouts.</p> <p>I am only 66yrs old and thanks to our wonderful NHS dedicated staff i still have hope that they will be able to help get to the bottom of this.</p> <p>Please, please allow the screening to be done it WILL save someones life.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p>
24.	<p>To the National Screening Committee,</p> <p>I think that your decision not to support a national screening programme is a terrible mistake as it is so important that there should be an NSP for those over 65 years old, as they have a 1 in 4 chance of having AF.</p> <p>You have said yourselves that it would be cost effective and the NHS long-term plan has AF as one of its three priority areas and wants 89% of those with AF to be diagnosed within a timeframe.</p> <p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Please reconsider – this is very important.</p> <p>Yours,</p>



	XXXX XXXX BEM JP
25.	<p>Dear Sirs,</p> <p>Please re-consider your recommendations in your recent Report on national screening for AF.</p> <p>I understand that 1 in 4 of the over 65 population will suffer from AF - as I do right now. It would have been very helpful to me and will provide me with comfort going forward, if there were to be a national screening programme in place. As matters stand now, it is me who has to alert the local GP (or attend packed A & E facilities) if my condition deteriorates, as it did last year.</p> <p>The conclusions in your Report state that there is clear evidence that those suffering from permanent AF are likely to suffer strokes - a statistic of great concern to me. Surely, regular nationwide screening for AF for the older population will reduce the risk of strokes generally and provide reassurance to those who have already contracted AF. What's more, early intervention to prevent strokes must reduce spending in the NHS and local care services, since those who have experienced a stroke will very often be a much greater burden to the NHS and local providers, let alone their families, relatives and carers.</p> <p>I realise that there is not a bottomless pit of money available for public health services but, in this instance, it seems only sensible to invest up front in AF screening services to reduce future expenditure and endless pain and suffering on the part of stroke victims and their families.</p> <p>I urge you to re-consider your recommendation urgently and to propose that a national AF screening programme should be introduced as soon as possible.</p> <p>Kind regards.</p> <p>XXXX XXXX</p>



26.	<p>I disagree with the decision not to screen over 65s for AF. This is a very debilitating disease and can lead to strokes, heart attacks and death. Please reconsider. Thank you.</p> <p>XXXX XXXX</p>
27.	<p>Please will you reconsider the evidence provided by the AF Association and other organisations and support a national screening programme for Atrial Fibrillation for people over the age of 65? People in this age group have a 1 in 4 chance of have AF and most people don't even know what AF is or whether they may have it without knowing. These people are at a higher risk of suffering an AF related stroke. As the NHS has AF as one of it's three priority areas surely a national screening programme make sense? As a younger AF sufferer myself I urge you to reconsider your stance on this issue.</p> <p>Kind regards</p> <p>XXXX XXXX</p>
28.	<p>Considering the large estimated prevalence gap for people with undiagnosed AF, the case for screening is strong.</p> <p>A national screening program for AF is yet to be established by any country, including the United Kingdom (UK). However, there is an increasing body of evidence suggesting screening may be beneficial, prompting expert bodies such as The European Society of Cardiology (ESC 2016) to produce the current AF guideline highlighting this. It states that opportunistic screening for silent AF seems cost effective in elderly populations, i.e over 65years.</p> <p>Need to decide whether systematic screening or opportunistic screening is best and if systematic screening is then which population groups should be targeted.....i.e-high risk people with co-morbidities/ over 65yrs?</p> <p>Success has been found in screening patients in flu clinics in GP practices and pharmacies however, consideration should be given to community nursing teams screening their patient groups as this population are unable to access their GP/pharmacy regularly, if at all because of their multiple health conditions/ and reduced mobility.</p> <p>Thank you for taking my opinion into account.</p>



	<p>Best wishes</p> <p>XXXX XXXX XXXX XXXX RGN, BSc (Hons) Stroke Specialist Nurse XXXX XXXX, West.</p>
29.	<p>I am writing to you to make a case for national AF screening.</p> <p>I am a case in point. For about 7/8 years from the age of 63 I started suffering with AF incidents which left me incapacitated for anything up to 36 hours. In some cases I was taken to hospital and in others I just rested quietly in bed in some discomfort.</p> <p>I was reasonably fit, attending supervised gym sessions 3 times a week and had a heart resting rate of about 40 bpm. After my last AF incident and being taken to hospital as it was a particularly severe event the heart doctor decided to fit a pacemaker regulating my resting heart rate to 60 bpm in an attempt to stop/reduce the amount of AF attacks. The pacemaker was fitted on 4th July 2018 and since then I have not had any AF attacks.</p> <p>Having experienced how debilitating AF can be I would be very much in favour of an AF national screening service.</p> <p>XXXX XXXX</p>
30.	<p>I write in support of a national screening programme for AF.</p> <p>I suffered with this condition for 10 years before I could convince anyone that it was serious and subsequently suffered a stroke. In the end I was fortunate to have first class treatment at the Basildon CTC. But trying to work full time as a Head-teacher whilst suffering these debilitating bouts of irregular heart beats was a struggle, which only sheer determination made possible. I doubt it did my stress levels any good at all, and this of course will exacerbate such conditions.</p>



	<p>People over the age of 65 have a 1 in 4 chance of having AF, and many are unaware they have this until it has become serious, leading to strokes and heart attacks. Some will even die. I attended the event at the House of Commons last week and was thrilled to see what amazing pieces of equipment were being developed to support those of us who are diagnosed. I also heard about the wonderfully ambitious targets to avoid hospitalisation by increasing home care, to improve the quality of life by joined up integrated care, and to make better use of pharmacists. What we urgently need is to find out who else needs, and could benefit from, this support, and this can only be done by simple and inexpensive screening.</p> <p>I do hope you will reverse your decision and take our concerns seriously, so that the NHS long term plan can be implemented.</p> <p>With best wishes,</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
31.	<p>To whom it may concern.</p> <p>I have AF, it was diagnosed, purely by good nursing, during a pre-operation medical.</p> <p>I had no idea I had a problem and since then it has been treated and is under control.</p> <p>If not diagnosed I could be seriously ill or even dead by now.</p> <p>How many more people are walking around undiagnosed, possibly resulting in strokes or heart attacks costing the NHS a lot more money than a cost effective screening programme.</p> <p>Therefore I completely disagree with your decision not to implement a national screening programme.</p>



	<p>Please reconsider the evidence provided by organisations such as AF Association and revise your decision not to implement a national screening programme for AF for people over the age of 65 years.</p> <p>XXXX XXXX</p>
32.	<p>Hello</p> <p>We need to priorities AF diagnosis and treatment</p> <p>As a stroke consultant ,I see patients who end up with major stroke or die as result of AF related stroke</p> <p>Tis can be prevented if we identify and start treatment early</p> <p>BW</p> <p>XXXX XXXX</p>
33.	<p>I have received an email from the Arrhythmia Alliance, concerning a report by yourselves outlining the reasons for your recommendation not to screen for atrial fibrillation.</p> <p>I have recently been diagnosed and treated for an allied arrhythmia, atrial flutter. I am currently awaiting a second procedure, an ablation, to hopefully reduce the possibility of developing atrial fibrillation in the future.</p> <p>Many symptoms are similar for both forms of arrhythmia. I therefore have first-hand knowledge of the resultant effects of dealing with those symptoms. They are quite debilitating and for myself, have meant attendance at hospital as an inpatient, twice for a total of 8 days, all within the past month.</p> <p>While in hospital, I had various tests, bloods and extensive periods of monitoring, involving a large number of staff, both medical and support.</p>



	<p>The whole experience, though very welcome, must have cost the NHS an enormous amount of money.</p> <p>It's my opinion that anything which will reduce the incidence of undiagnosed AF must be a positive move and help to plan for the future burden placed upon the NHS in a more efficient manner.</p> <p>XXXX XXXX</p>
34.	<p>I was surprised at the recommendation not to mount a screening programme for AF because to some extent it is already happening, when GPs do the wrist-palpation test during some routine visit. This was how my AF was found, during an annual check-up that people on the practice's "heart list" get.</p> <p>There is, moreover, a very simple way of extending this screening: include it as a mandatory element in the NHS Health Check programme.</p> <p>It came as more of a shock to read the reasoning behind the document's conclusion. In simple terms it is saying: this works, and is cost-effective, but we will not support it because no-one has yet compared outcomes between two arbitrarily-defined groups among patients known to have AF. That's really dud logic!</p> <p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
35.	Dear Sir/Madam,



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	<p>I support having a National Screening Programme for Atrial Fibrillation, and ask that you consider the evidence provided by AF Association in this regard.</p> <p>With regards, XXXX XXXX (AF Association supporter). XXXX XXXX</p>
36.	<p>Dear NSC,</p> <p>I am a 50yr old male diagnosed with AF in October 2017, only after a routine medical checkup. My physical and mental health had been declining over a year or so previous to this, but now the culprit had a name, Persistent AF.</p> <p>Due to ongoing brilliant care from XXXX XXXX in XXXX XXXX and XXXX XXXX in XXXX XXXX and 1 cryo-ablation, 11 DC cardioversions later my health has improved. I'm awaiting further full cryo-ablation next month.</p> <p>I consider myself 20yrs too young to be suffering from AF, and would not qualify for screening but I cannot contemplate suffering the symptoms of crippling arthritis, shortness of breath, loss of strength, fainting, anxiety and depression as a 65yr old; and the impact upon my loved ones.</p> <p>Treating the cause (AF) has allowed me to manage the symptoms and improve my life.</p> <p>Screening of 65yr olds and older will help others manage those symptoms impacting on life's, and eleviating further pressure on the NHS.</p> <p>Regards XXXX XXXX</p>
37.	<p>Dear Sir / Madam</p>



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	<p>I fully support full time screening for AF as an absolute necessity. I, an AF sufferer, had no symptoms whatsoever and only found out by accident when checking my pulse. It is most unlikely that my AF started the day my pulse was checked and most probably had been present for several years. The day it was identified I admitted to hospital that for investigation. How many people out there are in the same situation? No symptoms whatsoever. These people have to be given the same opportunities for treatment.</p> <p>Yours faithfully</p> <p>XXXX XXXX</p>
38.	<p>I personally totally agree we should have a screening programme for AF, after working in Cardiology for 20 years as a Cardiac Physiologist and seeing how many people are unaware they have AF and obviously the risks that they have without being anticoagulated.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Kind Regards</p> <p>XXXX XXXX</p> <p>Specialist Cardiac Physiologist</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
39.	Dear colleague



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	<p>I strongly recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p> <p>Hospital Practitioner in Cardiology Cardiology Department XXXX XXXX XXXX XXXX XXXX XXXX</p>
40.	<p>Good afternoon,</p> <p>As someone who suffers from AF and has a partner who is disabled following a preventable stroke I feel very strongly about the benefit of a national screening programme for AF. It is too easy for patients to dismiss potential warning signals or even fail to notice anything until it is too late and they have been impacted by a stroke.</p> <p>Early diagnosis and appropriate treatment can prevent such strokes and the life changing and costly consequences to the sufferer and the NHS.</p> <p>Thank you for taking the time to read my email.</p> <p>I hope my email helps inform the final decision about a national screening programme for AF.</p>



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	<p>kind regards,</p> <p>XXXX XXXX</p>
41.	<p>Dear Sir/Madam,</p> <p>As a AF sufferer, early diagnoses is vital. I am writing to ask the NSC to reconsider the evidence provided by the AF Association, and to recommend that a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having this, must go ahead as it will save lives.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>Please take into account that the only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Please, please reconsider the evidence and allow the cost effective AF Screening Programme to go ahead as it will save lives and early intervention will stop serious medical emergencies occurring which puts pressure on the NHS.</p> <p>Many thanks</p> <p>XXXX XXXX XXXX XXXX</p>
42.	<p>Dear Sir/Madam</p>



	<p>I have quickly scanned the document and in theory it sounds great and I for one would welcome that. However, AF does not always show up on an ECG and so I think it is pot luck with it being picked up. Other symptoms, I can identify with - sometimes.</p> <p>Sadly it is my opinion that the NHS is totally and utterly dis-jointed. By the same token there is no one there and if you do manage to speak to someone as I was told 2 years ago in Cardiology, when I took in an ECG that showed BCT, I was told by the manager of the department that I didn't need to know the details and that it was none of my business. This is the truth - no exaggeration.</p> <p>Following this episode and having my heart monitored for a few days, I was told I had AF and needed an Ablation, but they were full. Moved to another hospital and he wasn't convinced. Now I have no idea - 2 years next month with a Reveal and I still have no idea.</p> <p>There are thousands and thousands of patients in my area - they are full and it would seem cannot cope.</p> <p>Thousands and thousands of new patients at GP Practice - they are full and even when you say you are struggling with you heart can you see someone please, the answer is "no" - there are no appointments, ring 999 if you have to. It's a shambles, an absolute shambles.</p> <p>These proposals, plans which are of course necessary in reality amount to nothing. The NHS as far as I am concerned is not fit for purpose.</p> <p>I'm sorry that this is not what you have asked for, but in summary my belief is that your proposals are of course excellent, but in practice it will not work. Having said that, I believe some areas are better than others.</p> <p>Kind Regards</p> <p>XXXX XXXX</p>
43.	In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current



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	<p>thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p> <p>We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Regards XXXX XXXX</p>
44.	<p>Hi</p> <p>I am disappointed to say the least that it has been decided NOT to screen those individuals over 65 that may get atrial fibrillation. This is a very serious condition and often goes undiagnosed leading to a probable stroke as the individual would not be on blood thinners to try to avert a stroke. Also some of them could be cured with laser ablation giving them a more fulfilling life.</p> <p>The cost of treating a stroke patient would cost thousands of pounds per individual over their remaining lifetime, so how can screening not be cost effective.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p>



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	<p>XXXX XXXX</p> <p>XXXX XXXX</p>
45.	<p>Dear Sir/Madam</p> <p>I'm of the firm opinion that some form of screening is both life enhancing and cost effective to a large and getting larger population, and the NHS budget.</p> <p>Yours</p> <p>XXXX XXXX (past recipient of timely intervention)</p>
46.	<p>To whom it may concern - I am in full support of AF screening - it is a disgrace, and a costly one, not to screen for AF and maximise treatment whilst reducing costs to the NHS.</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p> <p>We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>XXXX XXXX</p>



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	<p>Arrhythmia & Syncope Nurse Specialist UHCW NHS Trust XXXX XXXX</p>
47.	<p>Dear National Screening Committee</p> <p>I would ask you to reconsider your recommendation to not support screening for Atrial fibrillation (AF).</p> <p>Your report dated 15 June 2018 states that "There is some recently published good quality evidence to suggest that population screening for AF is cost-effective", which is a good reason to have the screening, i.e prevention is better than cure and to be able to prevent something one needs to know it is there.</p> <p>The conclusion that screening is not recommendation because "no evidence was found on the effect of treating people with AF identified through screening" is a poor one. Unless there is screening how can effective treatment be developed and measured and importantly lives saved by preventative measures taken.</p> <p>I note that the report does say "The harms and benefits of the interventions used in the included studies were not explored" and that "Clinical management of AF is not optimised" so how can these last two points be improved, measured or explored if screening does not happen.</p> <p>People lives are at risk, the quality of lives of people who have strokes is diminished and often as in the case of my Father, shorted dramatically.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>



	<p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
48.	<p>To whom it may concern,</p> <p>I would like to express my support of the need for a national AF screening programme.</p> <p>Considering the large estimated prevalence gap for people with undiagnosed AF, the case for screening is strong.</p> <p>A national screening program for AF is yet to be established by any country, including the United Kingdom (UK). However, there is an increasing body of evidence suggesting screening may be beneficial, prompting expert bodies such as The European Society of Cardiology (ESC 2016) to produce the current AF guideline highlighting this. It states that opportunistic screening for silent AF seems cost effective in elderly populations, i.e. over 65 years.</p> <p>The decision needs to consider whether systematic screening or opportunistic screening is the best method, and if systematic screening is then which population groups should be targeted.....i.e. high risk people with co-morbidities/ over the 65 yrs or both?</p> <p>Success has been found in local trials screening patients in flu clinics in GP practices and pharmacies, however, consideration should also be given nationally to community nursing teams screening their patient groups as this population of patients are unable to access their GP/pharmacy regularly, if at all because of their multiple health conditions/ and reduced mobility. They are a high risk population that could yield a high return on AF screening and confirmed AF diagnosis, they are also a population that are often unrepresented in National clinical trials.</p> <p>Thank you for taking my opinion into account.</p>



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	<p>Yours Sincerely</p> <p>XXXX XXXX Specialist Stroke Nurse XXXX XXXX CFT.</p>
49.	<p>Dear Colleague</p> <p>I would like to put my concerns forward about NOT recommending a national screening programme for AF, I completely disagree with recommendation and would like to ask the NSC to reconsider, the evidence provided by organisations such as AF Association, recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Best Wishes</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX NHS England South and NHS Improvement</p>



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50.	<p>Dear Sir..</p> <p>I completely disagree with the NHS decision not to introduce a national screening programme and I am asking the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>Yours Faithfully XXXX XXXX</p>
51.	<p>Dear Colleague</p> <p>I would like to put my concerns forward about NOT recommending a national screening programme for AF, I completely disagree with this recommendation and would like to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Best Wishes</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>



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	<p>South West Clinical Networks & Senate, NHS England and NHS Improvement</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p> <p>XXXX XXXX</p>
52.	<p>Dear Sir/Madam</p> <p>I am a Registered Nurse and have seen at first hand the absolute devastation of an AF-related stroke. The misery is beyond words and the cost-implication beyond measure.</p> <p>The decision not to carry out national screening seems flawed and I would urge your reconsideration.</p> <p>Yours faithfully</p> <p>XXXX XXXX</p>
53.	<p>Please would you reconsider your view on screening for AF. It is a silent killer which if identified could save many lives and ongoing costs for the nhs. I am over 65 and my AF was identified by chance. The result is I am on a lifetime preventive drug which hopefully will mean that I will not suffer from any other medical problems associated with AF. I was lucky but there are many people who are unaware they are suffering from AF and hopefully a national screening system will give them the option of having a check up. The estimated saving to nhs is probably difficult to assess in monetary terms and the success of screening programme will depend on uptake, however, it has worked well for other illnesses. Early intervention is a powerful tool in this enduring fight to save people from death or debilitating condition.</p> <p>Please consider my view.</p> <p>XXXX XXXX</p>
54.	<p>I have A/F and have had it for years.. Please, please, give everyone the opportunity</p>



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	<p>To be checked. As you know it is vitally important that people are diagnosed and Treated.</p> <p>Regards</p> <p>XXXX XXXX</p>
55.	<p>Hi Please provide a national screening programme for AF sufferers</p> <p>Your XXXX XXXX AFsufferer</p>
56.	<p>Dear NSC team :</p> <p>As 2014 the National Screening Committee (NSC) refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p> <p>NSC team , please reconsider the evidence provided by organisations such as Arrhythmia Alliance and AF Association, to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. We each have a 25% chance of developing AF in our lifetime so this affects each and every one of us, our loved ones, friends and colleagues.</p> <p>And recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p>



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	<p>Thank you .</p> <p>With best wishes .</p> <p>XXXX XXXX Clinical Nurse Specialist XXXX XXXX XXXX XXXX</p>
57.	<p>I have Atrial Fibrillation which was found entirely by accident when, in 2010, I had an ECG prior to a minor operation. I was just 70, apparently fit for my age and until that time I had no idea that I had anything wrong with my heart. As well as permanent long term atrial fibrillation, it was found that I had ischaemic heart disease and a leaking heart valve.</p> <p>If it had not been for this ECG I would have been unknowingly a very high stroke risk. I now have a pacemaker and am on medication to reduce this probability.</p> <p>I therefore strongly recommend that you consider testing everyone over 65 for AF. Apart from the cost effectiveness of doing so you would potentially be saving a lot of lives and a lot of suffering.</p> <p>XXXX XXXX</p>
58.	<p>I would like to add my voice protesting about the decision not to institute an AF screening programme. Financial considerations are likely to weigh heavily. The cost of caring for victims of stroke secondary to AF are sure to be more than setting up and running a screening programme.</p> <p>XXXX XXXX (retired GP) XXXX XXXX</p>



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59.	<p>Please reconsider setting up a nationwide programme to screen for AF. I have heard of several people dying of this when they were unaware that they had any problems. Even if they do not die, the resulting hospital and medical treatment will be expensive so screening to avoid this may even prove to be cost effective, let alone the impact of having a close friend or relation die suddenly.</p> <p>Thank you from XXXX XXXX</p>
60.	<p>Dear Sirs etc</p> <p>I wholeheartedly support the proposal for a national screening programme for AF. Diagnosed in my early sixties and treated by ablation I was able to rebuild my fitness by losing weight and taking more exercise. I am fitter now at 75 years old than I was at 60. Without the stimulus of the diagnosis and subsequent treatment I would probably be dead by now. It is easy for older people to just assume their loss of ability is simply 'age'. This diagnosis gave the lie to this and sparked off my recovery to a full, older, life. Yours sincerely</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
61.	<p>Hello. I wish to ask that a national screening service for AFib be established I was diagnosed in France and as a result of prompt treatment was cleared very quickly. Without the screening I would not have known about my problem. Nice should authorise as it is cost effective and saves lives and avoids many people undergoing costly treatment for more serious conditions later on.</p> <p>XXXX XXXX</p>
62.	<p>Dear Sir, Madame</p>



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	<p>I'm writing to support the idea of a national screening programme for AF. I suffered for some years from AF and, following a GP consultation, eventually had a crypto-ablation at the Bristol Heart Institute which has restored my physical well being and quality of life. The alternative might well have been a stroke, misery for myself and my family and considerable cost to the NHS. So this is a personal plea to take the obvious step of supporting a national screening programme on both human and economic grounds.</p> <p>Thank you</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
63.	<p>I'm writing to you in support of the need for a national screening programme for Atrial Fibrillation, asking the NSC to reconsider the evidence provided by organisations such as the AF Association, and that NSC recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>I was lucky enough to have my AF diagnosed and treatment provided, however I subsequently had a heart attack, but survived this - I may not have survived had I not been under treatment for the AF.</p> <p>Yours sincerely XXXX XXXX</p>



64.	<p>I strongly urge that a national screening programme for AF be implemented as soon as possible. It could pre-empt stroke and other devastating consequences.</p> <p>XXXX XXXX</p>
65.	<p>Dear Sir/Madam,</p> <p>As a nurse who has worked in cardiology for the last 23 years and general nursing prior to that, I consider a national screening programme for those over 65 years would be a useful, simple, cost effective measure to detect arrhythmias early.</p> <p>Having seen the devastation that strokes have on individuals and their families and being fully aware of the cost to the NHS of inpatient and out patient care, it makes sense to implement this programme.</p> <p>Our ageing population needs more preventative care to keep them healthy for longer.</p> <p>I fully support the Arrhythmia Alliance and it's associated groups in this matter.</p> <p>Kind regards XXXX XXXX</p>
66.	<p>I would like to add my voice to this debate and as a 'victim' of AF, I would so like to see screening for this. Not only can it be very debilitating and tough to deal with but so many related strokes could be avoided not to mention deaths.</p> <p>It can be like living with a ticking timebomb and yet there may be hundreds if not thousands who are unaware they even have AF, which CAN be treated, until they suffer a stroke. This off course can be life changing, so please reconsider this screening.</p> <p>sincerely, XXXX XXXX</p>



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67.	<p>Dear Committee</p> <p>I am writing to you to ask you to reconsider the decision of the NSC to review their decision regarding a national screening programme for Atrial Fibrillation related strokes.</p> <p>I have an issue with tachycardia all my life in spite of being treated for an ablation ten years ago. My GP recently told me that if I stopped thinking about the problem then it would go away...! (Trust me, I have other things to think about!) This is a very disappointing response from a medical professional but I think it highlights the lack of understanding concerning irregular heart rhythms at the general practice level. There is no where to go with this unless a national screening programme is given a higher priority.</p> <p>Kind regards</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
68.	<p>Further to your website.</p> <p>I am very interested in your screening programme.</p> <p>Kind regards</p> <p>XXXX XXXX</p>
69.	To: The National Screening Committee



As a patient with hard experience of arrhythmias over some thirty years now, I have read your draft consultation document on NHS screening for AF, and I cannot understand how you have reached your conclusion that AF screening by the NHS is not appropriate.

You admit that there is strong evidence from a number of good quality studies that AF screening is cost-effective for the NHS – surely that evidence alone should be sufficient to instigate a national routine screening programme. And it need not necessarily be for all patients although that would be the ideal – it could be simple palpation of older patients at flu jab clinics as an example of minimal cost capturing of a vulnerable population, the low hanging fruit. But wider screening could be appropriate – for example, my own arrhythmias stemmed from a AV node complex multi-pathed re-entrant that was inherited, only really presented in early middle age, and was not picked up because of a lack of knowledge about arrhythmias not just at GP level, but with the senior cardiology consultant at the local general hospital. It was only by signposting by the Atrial Fibrillation Association that I got on a path to successful ablation and “the rest of my life”. Otherwise I would have remained on inappropriate medication and potentially have suffered a life changing stroke.

The studies that I have seen show that screening is cost-effective even in quite a narrow way, as an overall saving of cost to the NHS from consequential system costs of, for example, an AF induced stroke. But I would argue that the potential effects of an AF induced stroke reach a lot wider, and remember an AF induced stroke is statistically weighted to be a serious or fatal stroke.

A serious stroke survivor has their quality of life destroyed, and any remaining economic activity terminated. A substantial continuing burden is placed both on the family in terms of unpaid care and termination of other activity and their own quality of life, and a burden is placed on local NHS services and Council care services. In terms of consequential costs, the patients own earning potential is destroyed, and family may have to give up work and hence income to care for their loved one. The family, local NHS and local authority will all face continuing extra costs which if properly accounted for would show substantial savings by screening, but the real cost is social: it is to the whole quality of life of the patient and their family. Finally, there are indications that AF could increase the likelihood of dementia in later life, with similar consequences for the quality of life of the patient and their family.

In summary, please re-consider your decision.



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	Kind regards, XXXX XXXX XXXX XXXX
70.	<p>I'm emailing you to ask you to reconsider the evidence provided by organisations such as AF Association and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>I am a 47 year old female and I was diagnosed with AF in March 2019. I am grateful to my GP for referring me for an ECG which subsequently picked this up. I am now on an anticoagulant and beta blocker.</p> <p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Yours faithfully</p> <p>XXXX XXXX</p>
71.	<p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>



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	<p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>
72.	<p>Dear Sir or Madam,</p> <p>I write in response to the news that you are recommending not having a screening programme for the over 65's. As a family with a genetic predisposition to AF this is very disheartening- my siblings and I were all diagnosed later in life after I myself suffered a huge seizure - we all had this condition from birth. My aunt who had previously no health problems had a stroke and was never screened - this could have helped prevent this. I would like to feel that everyone would have the opportunity to escape the mental and physical debilitation she has suffered.</p> <p>I look forward to your response,</p>



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	<p>Thank you, XXXX XXXX</p>
73.	<p>I am writing this email asking that the National Screening Committee support the need for a national screening programme.</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF. Their recommendation to NOT set up a national screening programme continues.</p> <p>I disagree with this and am asking the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Regards XXXX XXXX</p>
74.	<p>Dear sir/madam</p> <p>I am writing in response to the National Screening Committee's refusal to support a national screening programme for AF. I am aware that the NCS have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking.</p> <p>During 2015/2016 I suffered from initially atrial flutter and then atrial fibrillation. I was eventually seen by the cardiology department at the XXXX XXXX who confirmed I had AF and carried out a series of tests including 24 hour sleep and heart monitors. They concluded that due to my lifestyle and fitness, I was low risk and did not warrant any further treatment.</p>



	<p>On 20th Nov 2016, I had a stroke. I was able to get to hospital fairly quickly and was successfully thrombellised in the A&E department. Recovery was fairly quick with the main problem being vertigo.</p> <p>The cause of the stroke was put down to the AF. I was immediately put on apixoban (blood thinners) and as I was still suffering from AF I was initially put on bisoprolol and then sotalol. As the AF was not improving, I had a catheter ablation in January of this year and that has been 99% successful in addressing the AF. This however may only be for up to 5 years as the muscles may grow back in my heart and will cause further AF. I will then need the catheter ablation repeating.</p> <p>When I was in hospital being treated for the stroke, one of the consultants said that they were now sending staff around to local GP practices to find people who have AF and prescribe apixoban immediately to help prevent stroke.</p> <p>Prevention is better than cure as the cost of prevention by putting people on apixoban is minimal compared to the cost of someone dialling 999 due to a stroke, having first responders attend, then an ambulance to be rushed into A&E and all associated costs in A&E and on one of the wards afterwards.</p> <p>Statistics state that there are so many people suffering from AF which is not diagnosed. They are at serious risk of stroke. I was one of the lucky ones. I have recovered well.</p> <p>The minimal cost of prevention must warrant a screening programme being put in place to reduce the chance of stroke and very expensive treatment costs and also loss of life.</p> <p>I am presently 65 years old.</p> <p>Best regards</p> <p>XXXX XXXX</p>
75.	To: The people who decide on screening programmes.



	<p>As someone who was diagnosed with AF at 68 as a result of a GP offer of a health check but suffering no symptoms it seems to mean a no brainer to screen all over 65's.</p> <p>If there is a 1 in 4 chance of AF with all the resultant risks of Stroke etc and the ease with which it can be diagnosed the economics must be obvious.</p> <p>I am screened for bowel cancer regularly which has to be less common and more expensive to screen.</p> <p>I would ask you to reconsider your decision not to Nationally screen for AF</p> <p>Best regards</p> <p>XXXX XXXX</p>
76.	<p>As someone who has had paroxysmal Atrial Fibrillation for 20 years, I feel that a program of national screening would be extremely beneficial and ultimately cost effective by safeguarding against increase in strokes. Whilst I am always aware of episodes of Atrial Fibrillation, there are many people walking around that have the condition and do not realise it. These are the ones that are clearly at risk versus someone like me who is aware of the condition and takes anti-coagulants.</p> <p>Thank you</p> <p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX</p>
77.	<p>I am mailing in response to the updated review for consultation, to ask the National Screening Committee to reconsider its 2014 decision not to support a national screening programme for AF, and to support such a programme now.</p> <p>Please consider the evidence provided by organisations such as AF Association, and recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. The Association's evidence suggests that there are currently half a million people unaware that they have AF. Given that the new NHS long-term plan has AF as one of its three</p>



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	<p>priority areas, and calls for 89% of people with AF to be diagnosed, it would seem that the only way to meet this target, save lives and avoid huge NHS expenditure treating AF-related stroke victims, is through a national screening programme.</p> <p>Kind regards, xxxx xxxx</p>
78.	<p>Dear National Screening Committee,</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking.</p> <p>Please, please please reconsider the evidence provided by organisations such as AF Association, and recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>I look forward to your response,</p> <p>xxxx xxxx</p>
79.	<p>Dear Sirs,</p> <p>I'm writing to voice my concerns to you regarding the news I have heard from the AFA regarding the consultation document recommending that a national screening programme for AF in people over the age of 65 is not set up.</p>



	<p>It seems that the programme would be considered cost effective - which removes the most obvious reason for not recommending it, and the decision is therefore all the more difficult to understand. I suffered for a number of years from AF without realising what the symptoms meant, and was eventually diagnosed when presenting for an anaesthetic prior to an elective knee operation. The result of that diagnosis was immediate referral to a cardiologist, followed by several catheter procedures and various other procedures, together with a regime of drugs.</p> <p>Due to the outstanding care and attention I received from my local cardiology department at [REDACTED], and then [REDACTED], I'm very grateful that I am no longer a sufferer. However, had it not been for the need for a minor knee operation, I might well have remained undiagnosed, and would have remained at, what I now know to be, seriously high risk of the very serious potential consequences of AF.</p> <p>For this reason, I would strongly like to add my voice to those asking for the reconsideration of the recommendation not to implement a screening programme - which would help so many people in the position I was once in, and hopefully assist those outstanding people working in our NHS cardiology teams around the country to better manage AF patients earlier, and to help the huge number of people of that age likely to have AF to avoid the elevated risks of stroke etc that come with it.</p> <p>Yours respectfully, [REDACTED]</p>
80.	<p>Dear Sir/Madam,</p> <p>Please allow for the NHS to carry out this screening procedure to detect AF in the over 65's (or younger where erratic Heart rhythm has been noticed by the individual).</p> <p>This will save lives and should not be too expensive as the procedure is pretty basic and fundamental.</p> <p>Treatment and or medication could be life saving.</p>



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	<p>Please allow this to go ahead asap.</p> <p>Sincerely,</p> <p>XXXX XXXX</p>
81.	<p>As a 'sufferer' from AF who did not realise for many years that I had AF - only being diagnosed on admission to A&E following collapse - I would ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF, for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>I would ask that you reconsider your decision as soon as possible.</p> <p>Your sincerely XXXX XXXX</p>
82.	<p>I had no idea I had AF until I had a stroke 2 years ago. I am one of the lucky ones, got to A & E from home for clot busting treatment in 30 minutes. Disability suffered very small compared to what it could have been. I may even not be alive had I not had such speedy treatment. Substantial savings for the NHS if AF screening was added to the automatic, mandatory types of screening currently available</p> <p>XXXX XXXX</p>
83.	<p>To whom it concerns</p>



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	<p>I totally support the need for everyone over a certain age to be screened for AF.</p> <p>It took me a few years before i was diagnosed with AF and therefore took several attempts over a year or so to get my heart back to normal</p> <p>the cost in doing so simply outweighs the cost of national screening both in actual costs to the NHS and that to the person</p> <p>please change your policy now</p> <p>-- XXXX XXXX</p>
84.	<p>To whom it may concern</p> <p>"Concern" is what we should show for the number of AF related debilitating strokes which happen in the U.K.Screening would be , according to research, an effective way to reduce this while surely being cost effective due to the rehabilitation costs after a stroke.As anAF sufferer I appeal to you to consider my concerns.</p> <p>Thank You XXXX XXXX</p>
85.	<p>Good Morning,</p> <p>Can you help save lives and those impacted by AF-related strokes?</p> <p>We are calling on everyone to write to the National Screening Committee supporting the need for a national screening programme.</p> <p>Why do we ask this of you?</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current</p>



	<p>thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p> <p>We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.F</p> <p>XXXX XXXX</p>
86.	<p>Dear NSC</p> <p>I would like to write with my support for a national atrial fibrillation screening programme.</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking.</p> <p>I want to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p>



	<p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme. I understand that this will be cost-effective for the NHS and hence should be implemented.</p> <p>Kind regards,</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX & XXXX XXXX XXXX XXXX, XXXX XXXX, UK</p>
87.	<p>Dear NSC</p> <p>I ask to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>██████████</p> <p>Urgent Care Practitioner XXXX XXXX XXXX XXXX, XXXX XXXX, XXXX XXXX, XXXX XXXX, XXXX XXXX, XXXX XXXX</p>



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	XXXX XXXX
88.	<p>Dear Sir/Madam,</p> <p>I understand that a national screening programme for AF has not been supported based on a report by the National Screening Committee in 2014.</p> <p>I would like to suggest that this screening programme be re-considered given the wealth of evidence from organisations such as the AF Association on the debilitating or life-threatening AF related stroke in people over 65 who have a 1 in 4 chance of having AF.</p> <p>The national screening programme would pick up AF in people who do not know they have it and therefore, with the correct medication and treatment, will be able to avoid a serious stroke.</p> <p>As a person with AF which was picked up by chance when I had to undergo some traumatic surgery three years ago, I now manage my own AF symptoms with medication and twice yearly visits to my cardiologist. It is very important to identify this condition and as early as possible so that serious consequences can be avoided.</p> <p>I think it is vital that a national screening programme be implemented as soon as possible.</p> <p>Sincerely,</p> <p>XXXX XXXX</p>
89.	<p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p>



	<p>We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>XXXX XXXX</p>
90.	<p>From personal experience I feel that screening for AF is important and should be carried out routinely.</p> <p>XXXX XXXX</p>
91.	<p>My mother had AF and this was only picked up by chance when she went to have a cataract operation. She was put on heart tablets and warfarin but if she hadn't had a cataract it would not have been picked up. There was a real chance she would have had a stroke. Please consider screening over sixties for AF. This could be life saving.</p> <p>XXXX XXXX</p>
92.	<p>I strongly disagree with your proposal not to implement a National screening programme.</p> <p>And have now had catheter ablation to resolve the AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Rgds</p>



	<p>XXXX XXXX</p>
93.	<p>Sirs,</p> <p>My brief understanding of your AF screening programme decision that it is based on a known lack of enough recent written evidence to support it. Fair comment, but how then is the NHS to fulfil one of its three top priorities, in this case to find 89% of those unaware that they are affected with AF?</p> <p>From my experience of AF, a screening programme when I was paroxysmal (but unaware) would have saved the NHS a lot of money. In summary, following various unusual symptoms which I had wrongly thought to be caused through stress at work was later diagnosed after a mini stroke which lead to a sequence of events over 15 years. First, the fitting of a dual chamber pace maker, followed by four ablation procedures totalling 20 plus hours. And still not cured. Medics tell me that had this AF been identified earlier it could have been resolved through medication. How costly was that then?</p> <p>From my annual visits to Heart Rhythm Meetings in Birmingham and meeting like souls, I can assure you that my tale is not uncommon. Would it really take much effort to warn those over 65 of the danger of this, persuading them to make the effort to go along and to have the life saving screen test as part of an annual GP check.</p> <p>XXXX XXXX</p>
94.	<p>Dear Sir/Madam,</p> <p>I wish to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p>



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	<p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Yours Faithfully</p> <p>XXXX XXXX</p>
95.	<p>To the Evidence Team,</p> <p>Good evening</p> <p>I am writing to you to express my disappointment that having just read the consultation document in which the National Screening Committee have recommended not to carry out screening for Atrial Fibrillation for people over the age of 65.</p> <p>I maintain as someone who has had AF for ten years know that my age group is subject to a 1 in 4 chance of having AF.</p> <p>How can you ignore the fact that we have a 25% chance of developing AF during our lifetime which not only affects me as the patient but also my family. Yet with this information at your disposal you are still not implementing screening for the over 65's which I say again is very disappointing to say the least.</p> <p>Your statistics of aiming for 89% of people with AF to be diagnosed within your time frame would be pleasing if it were to be implemented.</p> <p>Failure to do so will ultimately result in the suffering of life threatening AF related stroke and as someone who is anticoagulated I still had a TIA last year so this obviously should illustrate</p>



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	<p>to your body the urgent need for screening.</p> <p>Yours sincerely XXXX XXXX</p>
96.	<p>Dear Evidence Committee,</p> <p>I am putting forwards my views as to why I think that the NHS should put in place a national screening programme for AF m for adults and over 65's.</p> <p>In all the assessment documents, evidence for and against screening for AF seems very thorough, with many diagrams, facts and figures, on many aspects of risks verses Benifits of the above . It also quotes celebrities , having different diseases, too.</p> <p>They state that many people, may never want to engage in screening programmes , because of a variety of reasons, mostly false results , which might lead to having further tests necessary or not and , more importantly, the potential fear that they may uncover , life limiting , deseases-illnesses, which is Just human frailties and fears</p> <p>I believe that a lot of experts have given the above , evidence statistics, with credit to them and their work.</p> <p>Saying this, I and my family and others that I know of, have had experiences of which screening would have been absolutely necessary and lead to having a diagnosis of AF , as well unmasking further, more serious, Cardiac conditions .</p> <p>Absolutely none of these would have been uncovered and although found and we are in a road of care and precaution devises , to keep the hospital monitoring us and working with us , to make life safe and as risk free as possible.</p> <p>A 12 lead ECG was Vital, in the first step to AF and then to move forward, whichever way the path or beginning diagnosis leads, as above.</p>



	<p>This is a paramount test which a normal ECG or blood pressure would stay in a normal zone, therefore, not create or point to any further tests or investigations.</p> <p>This, absolutely was happening to us, but, we had , unexplained symptoms, not much , but there, until , quite by chance and thankfully, a nurse gave us this 12 lead ECG and AAF Helpline ,giving us the vital information With which our road opened up to medical help .</p> <p>Although I understand that it is a big balancing act between care, cost, cause, effect , risk and gain . I certainly feel and want to emphasise , that gain wins in this conundrum.</p> <p>There are significant risks in every aspects of not screening, one being many , debilitating , life changing , strokes and deaths, if conditions like, any form of AF and any Cardiac conditions, are not detected , especially at the beginning , by actually approving a current Screening programme. Not leaving it another five years, creating the above consequences , which would be terrible.</p> <p>You agreed that this programme would be cost effective, which it certainly would be, as it would be the opposite if left , resulting many needing constant care and nursing-constant medical treatment and tragic deaths.</p> <p>Please reconsider your decision and reap the Benefits and cost savings, but most importantly, care for people with AF and other Cardiac Conditions.</p> <p>With kind Regards</p> <p>XXXX XXXX</p>
97.	By means of ECGs, I was identified by a cardiac consultant some fifteen or more years ago as having AF.



	<p>More recently, another consultant decided I did not have AF. The reason for this decision was that he considered I had not provided chapter and verse for the administration of the ECGs. He therefore strongly advised I discontinue use of the Flecainide which had been keeping to AF at bay for all those years.</p> <p>If there were to be a national screening programme, would I not be able to turn to it for authoritative guidance on this matter? Would that not be a fine thing for people like myself to be able to do?</p> <p>XXXX XXXX</p>
98.	<p>AF screening should be standard practice in NHS.</p> <p>XXXX XXXX</p>
99.	<p>I write to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>I am one such person having suffered a stroke last August caused by AF</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, IN A COST EFFECTIVE SOLUTION is through a national screening programme.</p> <p>XXXX XXXX XXXX XXXX</p>



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100.	<p>Hello - I refer to your decision not to implement a national screening programme for atrial fibrillation (af), even though you are of the opinion that it would be cost-effective, and would save lives. I fail to understand your logic - your decision is at odds with itself! I speak from personal experience - I was lucky, because one of my GPs spotted the af on an ecg trace. With a suspected total of half a million people who do not realise that they have the condition, surely it makes sense to implement a national screening programme? Overall, it would save lives and money. If these people go undiagnosed, then in the long term the NHS is going to be out of pocket and a vast number of families are going to be bereaved unnecessarily.</p> <p>Regards -</p> <p>XXXX XXXX</p>
101.	<p>I cannot believe the fact that a National Screening Program for AF has been dismissed despite the fact that it would be cost effective.</p> <p>As a case in point, had my AF been diagnosed via a screening program in 2014, I would have been saved years of not feeling as fit as I could have given the correct help. The most frightening thing for me, personally, is the fact that my father died years before he should have via a massive stroke. That my own chance of a stroke has been reduced dramatically since my diagnosis and subsequent treatment (medication, changed diet and a successful ablation) has allowed me to live a full, active life with less worry.</p> <p>Thousands of people have AF without realising it, particularly those that are symptom free. What a difference it could make to their lives if it they were correctly diagnosed, and what a saving to the NHS if strokes and heart attack cases as the result of undiagnosed AF were reduced.</p> <p>In these days of ever-increasing cut-backs, this is one area where it makes no sense at all to refuse a screening program.</p> <p>XXXX XXXX</p>
102.	<p>I have been emailed by the arrhythmia alliance asking me to ask you to re consider screening for af</p>



	<p>I do NOT agree with their tactics</p> <p>The evidence for screening for asymptomatic af is currently not there. When the current ongoing trials have reported then the decision may be different</p> <p>Harms from doacs are not well collected (anecdotal evidence form hospital colleagues about reporting of bleeds etc)</p> <p>The summary of evidence as reported from the USA seems to set the scene quite well</p> <p>XXXX XXXX GP XXXX XXXX</p> <p>(conflicts- i have paf, have a lot of patients and friends in this situation and am aware of just how much low volume af is out there- that we are increasingly finding by chance with more and more testing- that we don't yet know how best to mange and have seen tragic severe strokes in people with and without af)</p>
103.	<p>Dear Sir/Madam,</p> <p>I'm writing to ask that you reconsider the evidence provided by the AF Association and action its recommendation for a national screening programme of AF in the over 65's. It is highlighted as a main priority to focus on AF within the NHS long term plan therefore this seems a logical step in meeting the target for diagnosis.</p> <p>Kind regards,</p> <p>XXXX XXXX</p> <p>Diabetes Specialist Dietitian XXXX XXXX</p>



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	<p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX</p>
104.	<p>Dear Sirs,</p> <p>I am aware of the NSF 2014 report deciding against a AF national screening programme. As a lay person I fully agree with the 2014 decision and request that proposed national screening programmes continue to be robustly challenged.</p> <p>I am writing to bring to your attention that the Academic Health Science Network North West Coast (AHSN NWC) aka Innovation Agency is undertaking adhoc AF screening using volunteers to provide the test.</p> <p>The AHSN NWC Annual Report 2017-18 page 18 https://www.innovationagency.nwc.nhs.uk/media/Downloads/Annual%20report%202017-18.pdf shows a stroke survivor offering testing in the public area of a hospital. I find that approach totally unacceptable on a number of counts and lacking in professionalism. A stroke survivor is going to be seriously biased in their opinion to test. Using a hospital environment gives the mistaken impression of credibility. Informed consent cannot be demonstrated to have been given.</p> <p>Frankly, I would have expected better of the AHSN and have told them so. In fact, I question whether the AHSN is the correct place to undertake this work – which suggests a less than transparent approach.</p> <p>Their response includes ‘ This work is taking place throughout the country...’ Please be aware that any ‘evidence’ produced by the AHSN route should be subject to careful scrutiny, if not rejected.</p> <p>Yours faithfully,</p> <p>XXXX XXXX</p>



105.	<p>To the National Screening Committee,</p> <p>I think that your decision not to support a national screening programme is a terrible mistake as it is so important that there should be an NSP for those over 65 years old, as they have a 1 in 4 chance of having AF.</p> <p>You have said yourselves that it would be cost effective and the NHS long-term plan has AF as one of its three priority areas and wants 89% of those with AF to be diagnosed within a timeframe.</p> <p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Please reconsider – this is vital to many people.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p>
106.	<p>Dear Committee</p> <p>We know AF can lead to a stroke. It would be cost effective in reducing the social pressures from related ill health factors. We need to keep people well for longer. If we don't take the opportunity to improve this silent process the NHS and social care will have a higher burden than it needs. These are not small numbers and the cost would be excessive.</p> <p>Patients who have strokes have varying severity of illness and this has a major consequence to the family, as much as one person has a stroke the whole family feels the impact, with potentially the loss of income as a result of caring for the stroke person.</p>



	<p>Within the NHS there has always been the concept of screening for issues, we don't bat an eyelid about smears, mammograms, bowel and prostate screening. We know it works so why delay.</p> <p>If patients and the press knew that this programme was deliberately being withheld there would be a national outcry.</p> <p>Please sanction this to go ahead.</p> <p>XXXX XXXX Cardiac Nurse Practitioner XXXX XXXX XXXX XXXX</p>
107.	<p>Dear Sirs</p> <p>I was a GP and had to retire age 49 after a complex raft of medical problems including a stroke from undiagnosed atrial fibrillation. My problems have been life changing and I can no longer work. My own AF sadly would not have been detected by screening. HOWEVER many cases can be so easily detected with the screening programme proposed. The cost savings are immense. The preventable misery to families is immense. The cost impact of carers, the benefit system and NHS care in the longer term is immense. This is such a debilitating and financially draining problem and a screening programme will definitely AVOID a significant number of AF related strokes and subsequent problems.</p> <p>When I was working I was a XXXX XXXX for XXXX XXXX XXXX XXXX and my small practice was a beacon practice for cost effective care. We actively screened for AF at all BP checks and Flu vaccine appointments. We managed warfarin anticoagulation and were early initiators of NOACs. Our management was cheap and easily accessible and acceptable to the patients involved.</p> <p>WHY is the NHS not adopting such a straight forward programme which will be cost effective? The workload across the entire NHS is offset directly by avoiding strokes.</p> <p>I urge you to implement AF screening at National level as a priority.</p> <p>With kind regards from one of your colleagues who can no longer work in part due to AF complications.</p>



	XXXX XXXX
108.	<p>Hi</p> <p>Some 9 years ago I was invited for a pre-op assessment prior to having a hip replacement operation. In the assessment it was discovered that I had Atrial Fibrillation - and being asymptomatic, I had no idea that I had the condition and the stroke risk that it poses. Since then I have been on a medication regime to manage the condition. But, at the time and ever since, I have wondered why the NHS does not embark on what would seem to be a very simple screening programme.</p> <p>Having read your consultation document, I see that simplicity has been overtaken by complexity. Your conclusions are based on the answers to the 6 questions and with two “yes”, two “no” and two “uncertain”, and I really do not think that the case is proven either way.</p> <p>In particular I would question the conclusion on Question 6. There is no discussion around the shift from Warfarin to NOACs which has been the subject of political and financial arguments between CCGs and prescribing clinicians. Any evidence on the efficacy of medication regimes must surely acknowledge the interference generated by this backdrop.</p> <p>I would ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>XXXX XXXX</p>



	<p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p> <hr/> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
109.	<p>In 1999,back in the UK, after having lived and worked in the USA for some years, my late wife had the first of a series of strokes . At that time the initial diagnosis took 16 weeks. Whilst living in the USA, I had heard about the stroke treatment available there and I campaigned for similar treatment in the UK.</p> <p>At first my actions were rejected, but eventually I became a member of the team that wrote the UK National Stroke Strategy. Although this required rapid and intensive scanning treatment, it has played a major part in reducing the annual death rate attributable to stroke in 2010 to half that in 2001 – with an associated financial saving</p> <p>Although I am not medically qualified ,I am pleased to say that I was awarded an MBE for my work in this area</p> <p>I have also been involved with Alzheimer’s disease (AD). In 2010 I became convinced that the virus Herpes Simplex Type 1 is a very important factor in AD and that an antiviral would be effective. I have campaigned in the UK for a formal trial on this matter, without success, but I am pleased to say that such a trial has started in the USA. Should this prove to be successful the cost per patient year will be about £100 ,as against about £50,000 per patient year for care</p> <p>These examples illustrate the pay off of intensive early diagnostic care and I believe the same will apply to AF screening over the whole elderly population</p> <p>XXXX XXXX</p>



110.	<p>I am in permanent AF without having any noticeable symptoms, and I class myself as a lucky, as I have been detected, but only as a result of casual conversation with my doctor who immediately checked my pulse and in less than a minute diagnosed I was in AF. As mentioned I had no symptoms and it all came about when I mentioned to the doctor, that when I went on an exercising machine, the heart rate monitor picked the fact I was in a very fast heart rate and I hadn't put in any harduos effort into it. This had been going on for over two years in which time I had visited my doctor numerous times for unrelated conditions but never had my pulse checked, if they had, have done, I wouldn't have, had, the unknown risk, I had of having a stroke.</p> <p>I am now on medication which reduces considerably the odds of getting an AF RELATED STROKE.</p> <p>An AF check can be done in less than a minute , a stroke, could mean a lifetime of medical care and misery.</p> <p>Surely it would be easy to train any healthcare worker or pharmacist to detect AF in a person no need for it to be a Doctor in the first instance .</p> <p>XXXX XXXX</p>
111.	<p>I write to ask the NSC to reconsider the evidence and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as a priority – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met is through a national screening programme.</p> <p>Your current consultation document is NOT recommending this.</p> <p>This is a cost effective screening programme and will save lives and suffering</p>



*UK National
Screening Committee*

Please act to deliver on the NHS long term plan for AF diagnosis

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UK National
Screening Committee

Dear Sirs/Mesdames

With greatest of respect I put forward the request that you could reconsider your findings and reconsider the screening programme for the over 65s.

Fully appreciate costs that will be incurred, but very very much think that a screening programme that can highlight problems before they occur will be more than cost effective.

As an AF sufferer myself I am more than aware of the vital importance of care and monitoring, and as there is Brugada Syndrome in the family this is perhaps even more important. My situation came about due to pericarditis, so I do not believe screening would have helped me, probably I should add to be fair.

However, I have a real situation where my beloved mother who was undiagnosed with AF at the time, suffered TIAs for some while and this lead on to a full stroke with more to follow. The once bright and highly intelligent lady who was the matriarch of our family became a shadow of herself and just three years later passed away having had to receive very much NHS assistance over that time, at very great cost I have no doubt. Had she been diagnosed with AF it may even be that she would still be with us today, but the important aspect must be made that the massive emergency help she had had to receive may well have not been necessary if she was taking the relevant medication and undergoing monitoring.

So, please do reconsider your findings - not solely for the benefit of sufferers, but very much to benefit unnecessary expense to the NHS.

Many thanks for your kind attention.

Kind regards

XXXX XXXX

XXXX XXXX



**UK National
Screening Committee**

XXXX XXXX

Good afternoon,

It would seem that the draft consultation is an extremely brief consultation and the decision not to have a National Screening Programme for AF based on not having a specific piece of research to prove that screening for AF significantly reduces death and significant AF-related strokes.

However, the recently announced long-term NHS plan has AF as one of their 3 priority areas, with an ambitious aim of 89% of people with AF to be diagnosed within this time-frame. There is an estimated figure that approximately half a million people are unaware that they have AF and are, therefore at significant risk of a large and disabling AF-related stroke or death. As I work in Stroke Services, the vast majority of AF-related large embolic strokes sadly require long-term care – approximately a third of patients in nursing homes have experienced a stroke, which creates huge financial costs aside from the individual experience of devastating disability and their wider families.

The recommendation to not set-up a national screening programme goes directly against the NHS long-term plan and somewhat makes a mockery of this. All clinicians working in the field of stroke cannot perceive of any other way to achieve this target and in significantly reducing mortality rates and significant long-term disability.

Regards,

XXXX XXXX /Stroke Specialist Nurse

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UK National
Screening Committee

	<p>XXXX XXXX</p>
	<p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation. I understand that this document recommends that a national screening programme should not be set up, even though it is considered to be cost-effective.</p> <p>I would like to ask that the committee reconsider this recommendation in the light of the evidence provided by organisations such as AF Association and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. A friend of mine has had several years of debilitating AF, only alleviated by numerous procedures such as ablation. If the AF had been picked up sooner she might have had a different outcome and avoided years of suffering.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke, and so a national screening programme must be of benefit to all concerned.</p> <p>Yours sincerely XXXX XXXX</p>
	<p>I have recently been diagnosed with Atrial Flutter because I visited my GP with concerns that I had been feeling unwell for approximately eight months. The outcome is that in two weeks time I going for cardioversion which hopefully will bring my heart back to what it should be.</p> <p>I have real concerns that if I had not been diagnosed I could have ended up like my late father who suffered a massive stroke which left him doubly incontinent, unable to speak or walk and meant he spent the last years of his life in a nursing home. The impact on our whole family was devastating as the stroke was for him. He also suffered from an irregular heart rate.</p> <p>Just think how many patients and families could be spared the dreadful outcome of having a stroke if the NHS carried out checks for irregular heart rates.</p>



*UK National
Screening Committee*

Yours sincerely

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*UK National
Screening Committee*

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*UK National
Screening Committee*

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**UK National
Screening Committee**

	<p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>
	<p>I am now 68 years old & was diagnosed with AF in 2004 after many years of Doctors & hospital visits including a breakdown over the symptoms & was told it was my nerves, it was finally found when admitted to A & E again in May 2004 although suffering with short bouts of this horrible thing since my late twenties & always told (it's your nerves). I have been on Flecanide since 2004 but still get the odd short episode, even so I am not on any blood thinner. We need screening for AF, it has virtually ruined my life since a young age, my family had to put up with all my problems due to this illness for many years.</p> <p>XXXX XXXX</p>
	<p>Dear Sir/Madam</p> <p>I was diagnosed with Atrial Fibrillation (AF) almost five years ago. Since my diagnosis I have been taking Apixaban twice daily, which I understand greatly reduces the risk of a stroke which is often the result of untreated AF. I am now 82 years old and have experienced no side effects from my treatment.</p> <p>I understand AF to be one of the three priority areas identified in the NHS's long term plan with a "target" of 89% of people with AF being identified within the plan's time frame.</p> <p>Statistics suggest that one in four elderly people suffer from AF.</p>



UK National
Screening Committee

	<p>In view of the above, I cannot understand why screening for AF is not part of a national screening programme, especially as it appears that screening would be cost-effective, hence saving the NHS money.</p> <p>I therefore call upon the appropriate Committee to make screening for AF among the elderly a top priority.</p> <p>Yours</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>My AF was diagnosed early by accident and is now under control. I was lucky, others will not be. National Screening is essential to beat this malfunction. XXXX XXXX</p>
	<p>A screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF should be made available.</p> <p>I was fortunate enough to know that I had developed AF as I am from a medical background and was able to detect it but other people are not.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p>



UK National
Screening Committee

	<p>This screening must be implemented to help save lives and reduce strokes and reduce hospital admissions on the already fractured National health service.</p> <p>XXXX XXXX</p>
	<p>I am writing in response to the consultation following the publication of an evidence review on AF screening. https://legacyscreening.phe.org.uk/atrialfibrillation</p> <p>I am in full support of the position being put forward by the NSC in the evidence review.</p> <p>It is clear that AF screening is being widely promoted and pushed heavily by NHSE, AHSNs and CCGS. Many have raised concerns that such initiatives are often sponsored by many of the companies whose products stand to benefit from increased detection of AF.</p> <p>I support the current policy position of the NSC that screening for AF is not recommended. The proposition to screen for AF fails NSC criteria on some criteria.</p> <p>NICE seem to offer no support in the AF Clinical Guideline for case finding, but I have noticed recently some NICE publications seeming to give implicit support for screening. This is concerning</p> <p>I have a number of concerns about NHSE pushing this:</p> <ol style="list-style-type: none">1. The current trials showing a benefit from treating AF are based on patients who were either symptomatic or who were found incidentally when being investigated or treated for another reason. This is a different population to that which is currently being screened. Because anticoagulation can cause harm, including death, we should be reasonably certain that treating a new population will result in an overall benefit. We do not currently have that information. Instead efforts should be made to enter patients into the large RCT on AF screening, n = 120,000, led by Prof Mant of Cambridge University which has been funded by the NIHR to determine cost-effectiveness.



2. The current management of AF is not optimised. There may be bigger benefits by better managing the already identified population with AF. Current screening has a relatively high false positive and false negative rate, leading to investigations which cost time and effort and incur opportunity costs. A recent article [ref] concluded that screening low-risk adults would require 10,000 people screened to prevent one stroke, but 800 of those people would get a false +ve result. Overall the benefit/risk ratio is not understood in the screened population. The 'healthy attender effect' means that patients at low risk are liable to be screened and prioritised against patients who do not attend, leading to widened health inequalities.
3. Cost-effectiveness of the screening programme as a whole is not proven. The proposition will likely not be cost effective if using DOACs. Given that most new starts on anticoagulation are on DOAC, I doubt that screening / case finding with DOAC new start is a cost effective proposition – never mind affordable. Though the context in the USA is different to England I would like to draw a parallel to the piece in JAMA Internal Medicine. This set out the benefit in absolute terms (to prevent one stroke in a screening population need to screen 10,000 people) and the harms from AF screening.
4. Affordability. Especially with regard to DOACs. NICE shouldn't have let them into the system without significant price cuts, it is too late to roll back on that now. They are no better than VKA in absolute terms and a lot more expensive. Others bear the opportunity cost. With regard to DOACs. NICE shouldn't have let them into the system without significant price cuts, it is too late to roll back on that now. They are no better than VKA in absolute terms and a lot more expensive. Others bear the opportunity cost.
5. This is further complicated by the increasingly widespread push to use new technology to screen, often phone or watch based. AliveCor is one of these, as is the Apple watch. I know this is being pushed heavily by AHSNs and manufacturers as innovation. I am aware of a study that was presented to ESC Congress that found against the use of these types of technology in a screening context. Apple watches have an over 80% false positive risk for AF. The resources to deal with this in the NHS have not been identified. Obviously there is a strong push to use phone based gadgets. It may be a good diagnostic tool. I may stand corrected but I think the studies on diagnostic accuracy of tool against gold standard (pulse and 12 lead ECG) and stacks up well. However a screening tool, I am less clear whether the evidence stacks up, see here for one articulation of this. Concerns are continually being expressed that the easy availability of a tool will make screening easier, this will make over diagnosis more common, see also here. However, if an easy screening tool is available to us, we will screen. These new tools lead to the screening on a mass scale : Concerns are also being expressed that the easy availability of a tool will make screening easier- if an easy



screening tool is available, individuals will be able to screen themselves on multiple occasions leading to more false positives - and in the healthiest and wealthiest population who use more resources leaving less for people at higher risk of earlier death.

6. The impact on GP workload has not been established, but it will likely be significant given the false negatives and positives. I spend time discussing this issue with many GPs who express concerns from different perspectives, often spend considerable time and resource picking up the consequences of unevidenced screening.

7. There is not QA of AF screening as it is run currently.

8. Consent and patient information, and patient centred care. In the absence of a nationally run QA programme – ie as a consequence of a positive NSC recommendation and funding – there seems to be no clarity, and likely wide variation on what information are potential patients being given to allow them to consent. If it's 'testing', are they being told this? Is this montgomery standard information? These points are unclear. I am worried about anticoagulation without robust person centred care approach. Dr John Mandrola's article on Hubris sets out many reasons for caution, as does his article on shared decision making in this space 4 questions.

Many of these concerns are picked up in the evidence review and I can not add to the evidence base on that.

I remain concerned that this push to the screen is not evidence-based, is not informed by quality research evidence and risks wasting resources and harming patients. Most worryingly, the push on AF screening dispenses with the careful deliberations of the UK National Screening Committee, which was set up to try and avoid as much harmful screening as possible. By deliberately over riding this safety mechanism, the NHS is capable of creating avoidable and direct harm to patients.

Further, the UK NSC has to ensure equity. If this screening works, then all should have access who may benefit. If it does not work, all should be protected from it. The current inequality is untenable.

Screening vs case finding



AF screening is often framed as case finding which, it is suggested by proponents, somehow requires a lower standard of evidence - but this is an unsafe supposition. It seems there is little regard to NSC positions as screening “creeps” into new areas. In our experience, few “understand” screening, and there is a significant misunderstanding about the differences between screening and case finding. Often, in our experience, people misconstrue screening, significantly underplay (or don’t understand) the harms and overplay the benefits. Avoiding the scrutiny of the NSC by calling it a “health check” or “case finding” is bad for cost-effectiveness, and bad for equity and for the NHS as a whole.

I have raised these issues directly with Simon Stevens, in collaboration with Dr Margaret McCartney and Prof Carl Heneghan. To date we have not yet received anything like a satisfactory response. In their response, NHSE stated that “NHS England is also exploring how you can further improve health by testing effective case finding approaches for conditions where the burden of morbidity and mortality is significant, but where traditional population screening programmes, which detect early disease or risk factors in large numbers of apparently healthy individuals, are ineffective or harmful for the reasons you have set out in your letter”. This distinguishes “case finding” from “screening”, giving a premise that it is ok to “case find” when the parameters for populations screening and the NSC criterion are not met. I have yet to see any coherent distinction between the interpretation of the differences between “screening” (whether population, targeted, high risk or anything else) and “case finding”. I remain concerned this is driven by single issue specialist interests with no public health or generalist background, and little specialist input around screening. Furthermore, exploring implies research and we can only assume there is Research Ethics Committee oversight of this. We would ask for details of how outcomes will be evaluated, cost effectiveness tested, and the impact of harms assessed and minimised with a QA programme.

Recommendations

Given that NHSE and many others are simply ignoring the NSC position on AF screening currently (for example through the prominence given to these propositions in the Long Term Plan), I would encourage the NSC to:

- make a clearer statement about AF screening currently being pushed; and would recommend that the NSC explicitly calls for promotion of screening to only be conducted within the context of clinical research programmes.



- I would also recommend that the NSC make a clear policy statement setting out how to minimise the harm from rolling out screening without a positive NSC recommendation. In the absence of this local areas will get on with screening, and absence of a statement will be inferred as support given what is in the Long Term Plan.
- I would ask that the NSC make a clear statement with regard to new technologies for screening (for example AliveCor / Watches) and other new diagnostic technologies and make clear recommendations.
- Give some serious consideration given to how to increase enrolment to the NIHR funded trial on AF screening .

Conclusion

I noted the publication of the letter in BMJ last night from Prof Steele, yourself and John Marshall arguing that the practice of screening for AF – widely promoted by NHSE and AHSNs among others – doesn't meet the NSC criteria, and that the NSC will reconsider the when all the research data is available. It doesn't seem credible that NHS England seem like they are basically ignoring the opinion of the scientific advisory committee (the NSC) which does not recommend screening, with the rationale for ignoring the recommendation is that it is called something else.

Directors of Public Health have an assurance role to their local populations for the safe delivery of screening, this is difficult to do given the lack of NSC approval. It remains a disappointment that these programmes continue to be pushed and that the commissioner seems unwilling to directly respond to substantial points of scientific critique about the rationale.

Screening for AF doesn't meet the tests for screening programmes established by the NSC, as evidenced by the substantial review you have published. There is no doubt that well managed anticoagulation has prevented many strokes in medium and high risk symptomatic people. There simply isn't an established case in evidential term that screening and subsequent anticoagulation is effective, cost effective (especially with DOACs) or affordable (especially with DOACs), nor whether the risks (which are appreciable) outweigh the benefits. There is substantial opportunity cost, both of clinician time, and in terms of the lack of investment in other services and population groups. I don't find this an acceptable situation.



UK National
Screening Committee

I strongly support the NSC position on screening, as reinforced by the evidence review.

Regards

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Hello,

I am writing with regard to the proposals NOT to carry out routine screening for Atrial Fibrillation.

As a patient who has been diagnosed with AF, I was very fortunate that my GP further investigated the symptoms I presented with and my AF was quickly diagnosed, treatment started quickly and the risk of stroke eliminated.

However if the AF had gone undetected (and I have a friend who has AF but was unaware until it was picked up on pre surgical checks for an unrelated illness) this could have caused a stroke which can be catastrophic for the patient and create life long costs for the NHS caring for someone severely disabled by stroke.

I therefore urge you to introduce asap a planned screening programme to ensure early detection of AF.

Regards



XXXX XXXX

Dear Members of the Screening Evidence Committee for AF

I would strongly urge you to reconsider your decision not to go ahead with a national screening programme for AF for people over the age of 65 who will have a one in four chance of developing AF, often the pre-cursor of a stroke.

The recently announced long-term plan has AF as one of its three priority areas - and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF placing them at risk of a debilitating or at worst a life-threatening AF related stroke. It also states evidence is positive regards pulse palpation or modified pressure monitors administered by a nurse would be appropriate with diagnostic follow-up where necessary would I suggest come at a relatively low cost compared with long term hospitalisation and rehabilitation of not screening as AF can be controlled with inexpensive medication.

Your report highlights the comparison between those with paroxysmal and persistent AF. I would respond that the majority of those with either type of AF or unaware that they even have AF until some dramatic event lands them in hospital. Your report does not give any statics of how many people would not have suffered a stroke at all if they had been screened area and appropriate medication given. Surely a large saving for the NHS in the long run.

My own case history started in 2009 at the age of 66 I had an episode of what I thought was just feeling breathless and my heart going rather fast. It did settle down but was recurring until I had a particularly bad episode which resulted in being taking to hospital as a blue-light-emergency and was initially told I was in AF. I was particularly lucky that a para-medical was at the swimming pool at the time as me and took over my care until the ambulance arrived. Several weeks later I was diagnose with a myxoma in my left atrium, a very rare condition, which required open heart surgery by a specialist cardio-thoracic surgeon who removed it. I was in hospital for over a month.

10 years on I continue to take an anti-coagulant, a low dose beta-blocker and see a electrophysiologist annually for a check-up. I continue to lead a full, if quieter life. Of course I still get episodes of AF but at least know what it is and at what point I may need help. I am very grateful to the NHS that I continuing care I receive.



**UK National
Screening Committee**

	<p>A sterile report does not give a full picture of all the undiagnosed people with AF who like me just think “their heart is playing up a bit today”, until the worst case scenario occurs often at huge cost to the NHS.</p> <p>Please give “a second opinion” to the report and recommend that a screening programme for over 65s is a worthwhile investment to prevent unnecessary strokes or even death.</p> <p>Thank you.</p> <p>XXXX XXXX</p>
	<p>To whom it may concern</p> <p>Please reconsider the evidence provided by organisations such as AF Association, and recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>My husband was diagnosed with AF aged 52 and is now permanently paced, having had Sinoatrial node ablation after a long battle with AF, which has changed his life. There are so many out there who do not know the consequence of AF or how to recognise it and more needs to be done to reach them please. As retired GP I feel it important to support this request</p> <p>Yours faithfully XXXX XXXX XXXX XXXX</p>
	<p>Dear Screening team,</p> <p>As a consultant electrophysiologist I entirely agree with the decision not to roll out national screening for atrial fibrillation.</p> <p>We have no evidence of any prognostic data from screening. We also do not know whether anticoagulation will be as effective for screening detected atrial fibrillation as incidentally detected atrial fibrillation. In addition there is considerable uncertainty as to the benefits of</p>



UK National
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screening atrial high rate episodes detected on pacemakers or implantable loop recorders. This is also likely to be the case for much screening detected af. I think the current system of opportunistic screening is likely to be the best. There is also a significant risk that increased screening of atrial fibrillation will lead to a massive expansion of atrial fibrillation ablation for asymptomatic or minimally symptomatic atrial fibrillation which would be extremely expensive. Screening for atrial fibrillation should only be introduced if there were clear randomised trials showing a significant benefit in terms of reducing strokes or mortality

Yours sincerely

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XXXX XXXX

Consultant Cardiologist

As somebody who by accident I found out I had AF it is vital that a national screening is brought in
It would save the NHS so much money in the long run.

XXXX XXXX

Dear Sir/Madam

enclosed is an e-mail I sent to XXXX XXXX regarding the AF Association letter regarding AF- related strokes. Being a Dr (now retired) and a sufferer from permanent AF myself and had a small TIA 17yrs ago as a result of it, I am strongly supportive of the use of anticoagulation in patients with this condition - a large percentage of people over the age of 65yrs will suffer from this condition and need to be screened regularly and treated appropriately - to improve their health and reduce subsequent cost to the health service. Do not take this medical service away from patients.

XXXX XXXX

-----Original Message-----



UK National
Screening Committee

From: . . XXXX XXXX
To: XXXX XXXX
Sent: Fri, 14 Jun 2019 16:12
Subject: Re: YOUR HELP IS NEEDED - UK NSC consultation open: screening for atrial fibrillation

Dear XXXX XXXX

Thank you for your e-mail regarding AF. I am a retired Consultant Cardiologist from XXXX XXXX - retired at age of 70yrs 6 years ago. I have suffered from Permanent AF for 25 years -had a very mild TIA in 2001 as not taking medication appropriately. I take warfarin and diltiazem and am fine. You are absolutely right in what you say and patients must be screened very exactly for this condition particularly in individuals over the age of 65 years. When practising I was adamant about this and advised all my patients about this as well as colleagues, GPs, and the Trust. Patients come first not money or the service. We as Drs know what is best for patients particularly with AF.

I am right with you - feel free to pass on my thoughts to who ever you wish and think appropriate to try and rectify this nonsense

My very best wishes

XXXX XXXX

to prevent

Dear team

I currently manage podiatry services in Torbay and South Devon and have set up with the support of the AHSN a pilot for screening podiatry patients over 65 for Atrial Fibrillation.

I am aware that in 2014 the National Screening Committee (NSC) refused to support a national screening programme for AF for a number of reasons – and there is now an updated review for consultation, asking interested parties to comment on current thinking.



**UK National
Screening Committee**

I believe the consultation document has made a recommendation not to set up a national screening programme, even though it is considered to be cost-effective.

I completely disagree with this and urge the NSC to reconsider the evidence provided by organisations such as Arrhythmia Alliance and AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.

We each have a 25% chance of developing AF in our lifetime so this affects me, my family, friends and colleagues.

The NSC recommendation goes against the recommendations in the recently announced NHS long-term plan which has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe.

There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.

The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.

The results of the podiatrist undertaking screening using a single lead device results after just 2 weeks is already providing data as to the benefits of screening for AF.

Of 29 (patients over age of 65) that were screened using the AliveCor Kardia atrial fibrillation detection device 8 patient had a detected abnormal rhythm.

X 1 had confirmed diagnosis and was anticoagulated x 2 had taken themselves off anticoagulants but still had AF

We appreciated that this is not a confirmed diagnosis and further investigation and a 12-lead ECG is required but this shows the potential for picking up AF and thus if medicated preventing strokes and the resulting implications and cost associated with this.



**UK National
Screening Committee**

In light of this very early data collection that shows the benefits of cost effective screening using podiatrist that are already routinely checking foot pulses.

Please could the group consider a reversal of the recommendation not to implement a national screening programme.

Remembering the people/patients that this affects and putting them at the centre of this-

I am both personally and professionally in a position to comment on the devastating effect a stroke has on a person and their family. I saw first-hand the life limiting and devastating impact a stroke had on my father in law who had undetected AF. Not only did this stroke limit his life, it limited his remaining quality of life and it was a huge emotional and financial burden on his wife and children.. My father in law had a 5 month hospital stay at huge cost to the NHS , was unable to return home, family home had to be sold for more suitable accommodation for wheel chair user and a person who was no longer able to feed or wash themselves or communicate. There was a huge cost to social care for modification of the house to accommodate his needs.

Hi stroke was potentially preventable along with many others and I therefore urge the group to reconsider its recommendations.

Kind regards

XXXX XXXX
XXXX XXXX

XXXX XXXX
XXXX XXXX

XXXX XXXX
XXXX XXXX
XXXX XXXX
XXXX XXXX
XXXX XXXX



UK National
Screening Committee

XXXX XXXX
XXXX XXXX

Dear Sir or Madam,

I have recently been contacted by the Arrhythmia Alliance with regard to a National Screening Program. I have a story that may help to convince you that a screening program is necessary, has you seem to have taken the strange position that such a program is not necessary.

I have suffered with high or elevated blood pressure all my adult life. It was first note at medical examination for a university application. At that time, I was not overweight, did not drink and have never to this day smoked. No treatment was offered at the time. I passed through university (degree & PhD), my next real medical check was when commenced my post doc. work at the XXXX XXXX (XXXX XXXX), this was carried out by an army doctor, who concluded it was a lack of fitness. I was sent to complete a battlefield fitness test, under to auspices of a PTO who through the rugby club knew who fit I was and showed some degree of distain that I had to prove my fitness. Having proved my fitness, my care was passed to the NHS and my local GP.

My GP put me on β blockers, this resulted in me suffering asthma, a now know side effect of such drugs. I was immediately switch to calcium channel blockers. All was left in abeyance until I as a result of much drinking was put under the care of the herpetologists at XXXX XXXX XXXX XXXX. Post-transplant under their care my high blood pressure continued to remain very high, so much that they where considering adding a third additional drug in addition to my existing Ramipril & amlodipine. Then very suddenly my bp dropped to within a normal range and remained there stubbornly on subsequent visits to my GP.

I suffered a broken jaw, during my prep. For surgery it was necessary to pause for a more experienced anaesthetist, has I had been diagnosed with Arterial Fibrillation. I subsequently suffered a very minor TIA.

A short story that shows the need for a national screening service. People from all sectors of society and every demographic must be represented and this is best served by a national screening service.

Your faithfully



UK National
Screening Committee

XXXX XXXX

Dear National Screening Committee,

Following your updated review for consultation I would like to express my worries with what you have outlined.

It concerns me that despite knowing the facts and figures plus confirming that setting up a national screening programme would be cost-effective that you have put out this updated review for consultation. Not only that but with AF as one of the NHS long-term plan priority areas, calling for 89% of people out there with unknown AF to be diagnosed by 2029, how will this be achieved without a national screening programme? A simple pulse check is all that it takes. The fact that the review is over two years late is absolutely outrageous by all means; think how many lives could have been saved during this time?

I for one certainly do not want to see myself or someone I know develop AF or even suffer an AF-related stroke which as you know can be debilitating or in some circumstances life threatening.

There are so many organisations out there such as Arrhythmia Alliance (www.heartrhythmalliance.org) and AF Association (www.afa.org.uk) focusing on raising greater awareness of AF yet the NSC for AF seem to not be keeping up, why is?

I really do hope you re-consider your decisions.

Kind regards

XXXX XXXX

XXXX XXXX

XXXX XXXX

Arrhythmia Alliance



**UK National
Screening Committee**

Dear National Screening Committee,

I am writing to express grave my concern of the document on screening for atrial fibrillation.

The suspension of reviewing this is upsetting, as it could be years until the next review. This makes me question how many people may suffer an AF-related stroke, and could die as a result of the lack of screening for AF.

Your review claims this will be far too much for the NHS to afford is nothing more than absurd, if you look at the cost of the care needed following an AF related stroke far outweighs the cost of a simple pulse check. There are 1.5 million people in the UK with AF, and this is set to rise with an aging population, it is estimated that there are a further 500,000 that are still undiagnosed but have the condition. If screening for AF was routine, a high percentage of these people living with this unknown condition would receive the treatment they deserve, it also reduce the like hood of an AF related stroke by receiving on anticoagulation therapy, saving the NHS millions.

Once AF is detected, a person is five times more likely to suffer an AF-related stroke. This is something that is not only a vast burden to the NHS, but a disaster for the person and their carer or family. A person with AF is also 2 times more likely to suffer sudden death, and is three times more likely to develop dementia. With an aging population, not screening for AF will cost the NHS billions, which is completely preventable as the solution to this problem is so simple. Once a person has been screened and diagnosed with AF, they would be prescribed with an anticoagulant, which is fairly inexpensive, particularly compared to the cost of caring for a person who has suffered an AF-related stroke.

If a simple pulse check became a normal part of a GPs/ doctor's routine, thousands of lives could be saved.

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

Has this evidence plus NICE HTA been reviewed and considered prior to the consultation document being published by NSC for AF not recommending screening for AF?



**UK National
Screening Committee**

Given that the NSC has the power to save the NHS millions, and has the opportunity to save the lives of thousands, I ask you to reconsider the evidence.

Remember, that you and your family members may be one of the 25% (possibly 50%) of people that may develop AF, and possibly suffer an AF-related stroke. What would you want for yourselves and your family members?

Thank you for reconsidering.

XXXX XXXX

XXXX XXXX

AF Association

Dear National Screening Committee,

I am writing to express my concern of the document on screening for atrial fibrillation.

Firstly, the delay in reviewing this is alarming, as it could be years until the next review. This makes me seriously question how many people may suffer an AF-related stroke, and possibly even die in the meantime due to a lack of screening for AF.

Your review claims that the cost of doing this will be far too much for the NHS, however the cost of care and hospital admissions for the many people who have suffered an AF-related stroke that may have been avoidable will be far higher. There are 1.5 million people in the UK with AF, and it is estimated that there are a further 500,000 that are still undiagnosed but have the condition. If screening for AF was commonplace, a high percentage of these people living with this unknown condition would not only be aware of their AF, but also would be able to avoid an AF-related stroke by being put on anticoagulation therapy, saving the NHS millions. Surely the cost of screening would be far, far lower, than covering the costs of these potential stroke patients. Not only this, but 75% of AF sufferers would avoid having a devastating AF-related stroke.



**UK National
Screening Committee**

It is well known that 1 in 4 people will develop AF, and this figure is set to double unless something is done about this frightening fact. Once diagnosed, a person is five times more likely to suffer an AF-related stroke. This is something that is not only a huge burden to the NHS, but a tragedy for the person and their carer or family. A person with AF is also 2 times more likely to suffer sudden death, and is three times more likely to develop dementia. With an aging population, not screening for AF will cost the NHS billions, which is completely avoidable as the solution to this problem is so simple. Once a person has been screened and diagnosed with AF, they would be prescribed with an anticoagulant, which is fairly inexpensive, particularly compared to the cost of caring for a person who has suffered an AF-related stroke.

If a simple pulse check became a normal part of a GPs/ doctor's routine, thousands of lives could be saved.

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

Has this evidence plus NICE HTA been reviewed and considered prior to the consultation document being published by NSC for AF not recommending screening for AF?

Given that the NSC has the power to save the NHS millions, and has the opportunity to save the lives of thousands, I ask you to reconsider the evidence.

Remember, that you and your family members may be one of the 25% (possibly 50%) of people that may develop AF, and possibly suffer an AF-related stroke. What would you want for yourselves and your family members?

Thank you for reconsidering.

Best Wishes

XXXX XXXX

XXXX XXXX

AF Association



**UK National
Screening Committee**

Dear National Screening Committee,

After reading the consultation document on AF, I am deeply concerned as to why there should be a delay in reviewing the need for screening in the UK as many people may suffer an AF related stroke, heart failure or even die due to the lack of screening.

Why is this not being recommended?

There are 1.5 million people in the UK with AF, and it is estimated that there are a further 500,000 that are still undiagnosed but have the condition. If screening for AF was commonplace, a high percentage of these people living with this unknown condition would not only be aware of their AF, but also would be able to avoid an AF-related stroke by being put on anticoagulation therapy, saving the NHS millions.

The review claims that the cost of doing this will be far too much for the NHS, however the cost of care and hospital admissions for the many people who have suffered an AF-related stroke that may have been avoidable exceeds the cost of screening and greatly reducing the cost to Government and UK Tax payers. Surely the cost of screening would be far lower than covering the costs of these potential stroke patients. Not only this, but 75% of AF sufferers would avoid having a devastating AF-related stroke.

It is well known that 1 in 4 people will develop AF, and this figure is set to double unless something is done about this frightening fact. Once diagnosed, a person is five times more likely to suffer an AF-related stroke. This is something that is not only a huge burden to the NHS, but a tragedy for the person and their carer or family. A person with AF is also 2 times more likely to suffer sudden death, and is three times more likely to develop dementia.

With an aging population, not screening for AF will cost the NHS billions, which is completely avoidable as the solution to this problem is so simple. Once a person has been screened and diagnosed with AF, they would be prescribed with an anticoagulant, which is fairly inexpensive, particularly compared to the cost of caring for a person who has suffered an AF-related stroke.

If a simple pulse check became a normal part of a GPs/ doctor's routine, thousands of lives could be saved, why cannot this be implemented ?



**UK National
Screening Committee**

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

Has this evidence plus NICE HTA been reviewed and considered prior to the consultation document being published by NSC for AF not recommending screening for AF?

The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?

Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?

Given that the NSC has the power to save the NHS millions, and has the opportunity to save the lives of thousands, I seriously recommend that the evidence is reconsidered

Please remember everyone has a 25% chance of developing AF, five times greater chance of suffering an AF-related stroke, twice the chance of sudden death and three times greater risk of dementia – all due to AF. Surely you would want yourself and your family screened. A simple pulse check is all that is needed as a recommendation.

Please again may I ask that you take the time to reconsider the facts act to make screening happen.

Kind regards

XXXX XXXX
XXXX XXXX
XXXX XXXX

Arrhythmia Alliance



UK National
Screening Committee

	<p>I write in support of a national screening programme for atrial fibrillation which is a major cause of strokes. I believe a cost effective screening programme should be implemented by GP nurse practitioners when health checks for hypertension and other conditions are carried out. This would help to save lives and reduce the devastating effects of major strokes.</p> <p>Sincerely XXXX XXXX</p>
	<p>I am currently working as an Arrhythmia Nurse Specialist in a XXXX XXXX and see patients with AF on a daily basis.</p> <p>I recently saw a 55year old XXXX XXXX who was completely asymptomatic with AF. XXXX XXXX suffered a significant lacunar infarct and spent 3 months in hospital recovering.</p> <p>XXXX XXXX is now no longer capable of working as a painter and decorator and has anxiety issues related to being unable to provide for XXXX XXXX family.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>I wholeheartedly support the AFA campaign to push the need for a national screening programme.</p> <p>Kind Regards</p> <p>XXXX XXXX XXXX XXXX</p>



UK National
Screening Committee

BHF Arrhythmia Nurse Specialist

XXXX XXXX

XXXX XXXX

XXXX XXXX

XXXX XXXX

XXXX XXXX

Dear National Screening Committee (NSC),

My name is XXXX XXXX. Attached is the consultation document which recommends to not set up a national screening programme for atrial fibrillation (AF). This is not something I agree with; we need a national screening programme for AF for people over the age of 65, who have a 1 in 4 chance of having AF. We each have a 25% chance of developing AF in our lifetime, so this affects each and every one of us, our loved ones, friends and colleagues.

The recently announced NHS long-term plan has AF as one of its three priority areas and is calling for 89% of people with AF to be diagnosed within this time frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening AF-related stroke. The only way this ambitious target will be met and significant lives saved is through a national screening programme, which is an absolute must.

Many thanks,

XXXX XXXX

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| XXXX XXXX

XXXX XXXX

Dear National Screening Committee (NSC),



UK National
Screening Committee

My name is XXXX XXXX

Attached is the consultation document which recommends to NOT set up a national screening programme. This is not something I agree with, we need a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. We each have a 25% chance of developing AF in our lifetime so this affects each and every one of us, our loved ones, friends and colleagues.

The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.

The only way this ambitious target will be met, and significant lives saved, is through a national screening programme which is an absolute must.

Many thanks,

XXXX XXXX

Dear National Screening Committee,

I recently attended an event during Heart Rhythm Week 2019 and was informed of the consultation document (attached), which recommends that a national screening programme is not set up. Having been informed of the evidence from leading experts in the field this is something I completely disagree with. Each of us have a 25% chance of developing AF in our lifetime, which means that AF is likely to impact on each and every one of us in some way. I have friends and family members who received delayed diagnosis of AF, and without a screening programme in place people are at increased risk of suffering an AF-related stroke.



**UK National
Screening Committee**

	<p>The NHS recently announced a long-term plan, with better AF diagnosis being one of the priorities. This target can only be met through the introduction of a national screening programme.</p> <p>Many thanks,</p> <p>XXXX XXXX</p>
	<p>Dear National Screening Committee (NSC),</p> <p>My name is XXXX XXXX</p> <p>Attached is the consultation document which recommends to NOT set up a national screening programme. This is not something I agree with, we need a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. We each have a 25% chance of developing AF in our lifetime so this affects each and every one of us, our loved ones, friends and colleagues.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this timeframe. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme which is an absolute must.</p> <p>Many thanks,</p> <p>XXXX XXXX</p>
	<p>Dear National Screening Committee,</p> <p>Thank you for sharing the consultation document for AF.</p>



UK National
Screening Committee

With AF being such a common condition, it is extremely important to use all methods of screening to be able to detect AF in the approx. 500,000 individuals that are currently undiagnosed and are therefore at a 5x higher risk of having and AF-related stroke.

With an ever-increasing ageing population, it is paramount that we work together and strive towards the detect, protect, correct and perfect process, with screening being integral to allow for appropriate treatment and care pathway to be delivered for all.

Providing free and accessible healthcare for all, regardless of wealth or circumstance is the absolute guiding light of the NHS, which we know comes to a great cost. However, the early detection, prevention and management of AF could also save an individual from being 3x more likely to be hospitalised from the condition.

The strain of post-stroke care must also be considered when assessing the need for screening. The cost and resource of healthcare professionals and carers whom will often see patients daily, not to mention the emotional toll that care can play on the family members looking after a loved one who has had an AF-related stroke, or who has developed dementia of heart failure due to AF. Surely it is beneficial to do all we can to prevent this from happening, and to enable individuals to lead an active and full life?

1 in 4 of us will develop AF, with arrhythmias and sudden cardiac death being the leading cause of death in the UK, and so I urge you to please reconsider your stance on screening. Screening is essential to identify the undiagnosed person, allowing for the correct treatment and management pathway to be put in place earlier, so that the individual can carry on living a healthy life.

Thank you for your time.

XXXX XXXX

Gentleman

I consider that I am very lucky to be alive. Following a successful operation to remove part of my colon and cancerous growth in August,2017 I was diagnosed with heart disease/atrial fibrillation. The XXXX XXXX and XXXX XXXX worked very hard to sort out this condition, including an AT Ablation and fitting a pacemaker. I now feel fine.



**UK National
Screening Committee**

	<p>However, I do worry that I may have had a stroke before the Atrial Fibrillation was known about. Many years ago my mother died suddenly with a stroke, age 69 years.</p> <p>I do hope that you will look favourably at a National Screening Programme of Atrial Fibrillation for people over the age of 65 years.</p> <p>Sincerely, XXXX XXXX</p>
	<p>I am writing to ask you to please reconsider supporting a National Screening Programme for AF.</p> <p>I have recently been diagnosed with AF and had previously been unaware of the condition. It is life changing and the dangers of having a stroke are very real if you are undiagnosed. I am now taking beta blockers and blood thinning medication. Surely a screening programme would be life saving and cost effective.</p> <p>Yours sincerely, XXXX XXXX</p>
	<p>Hello</p> <p>I am writing to you in support of a National Screening Programme for those at risk of Atrial Fibrillation. Having seen the evidence presented to me I feel that this is a matter of the greatest importance. I believe that this is essential if the NHS is to achieve its target in this area.</p> <p>Kind regards XXXX XXXX</p>
	<p>I would like to support the Arrhythmia Alliance in its support for a national screening program for A/F.</p> <p>I was diagnosed with arrhythmia after 24 years of complaining about what I now know as pre-syncope. At one stage my General Practitioner told me to "clear</p> <p>off out of his surgery, stop wasting his time and find myself another Practitioner". I signed up with another G.P and saw a consultant but still no diagnosis. When I told the consultant that I am a XXXX XXXX he said there is nothing he could do for me and walked out of the room.</p>



UK National
Screening Committee

	<p>Had I been screened I may have been diagnosed and not had a heart attack at the age of 54.</p> <p>Had I been screened and diagnosed perhaps appropriate medication could have prevented it.</p> <p>At the age of 65 I was pulled out of a swimming pool unconscious. I was kept in xxxx xxxx for two days and then sent to the xxxx xxxx at xxxx xxxx. Within minutes xxxx xxxx diagnosed fibrillation and sent me to London where I had an I.C.D. fitted.</p> <p>Moreover I would not have had sudden bouts of tiredness and feelings of depression which came more often the older I got and was occurring sometimes twice a day. It could be over in minutes other times a sleep was necessary to recover.</p> <p>YES I fully support and request a national screening programme for A/F</p> <p>xxxx xxxx</p>
	<p>Dear Sir/Madam</p> <p>As a sufferer of AF. I am calling on the National Screening Committee to reconsider the evidence provided by organisations such as AF Association, and to support a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long term plan has AF as one of its three priority areas- and is calling for 89% of people with AF to be diagnosed within this time frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF - related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Yours sincerely</p> <p>xxxx xxxx</p>
	<p>I am a portfolio GP with a long-standing interest in Cardiology. I also work as a clinical assistant in Cardiology at xxxx xxxx. My mother suffered a disabling CVA in her 80s having had not a single day in hospital or taken medication in her whole life despite having three children (all delivered at home). Her CVA was caused by undiagnosed AF and her parents had similar CVAs in their later lives which may well have also</p>



UK National
Screening Committee

been caused by AF considering its high prevalence in the elderly. As is well recognised the disability from CVAs secondary to AF is more disabling than from other causes.

A CHA2DS2-VASc score of one for a man and two for a woman qualifies patients for anticoagulation in the face of AF and age 65 instantly achieves this score for both genders. The yield of AF in the over 65s makes it a cost efficient screening process.

In my county of **xxxx xxxx** there are likely 5000 patients with undiagnosed AF at risk of CVA and other cardiovascular consequences.

Early detection of AF is the way forward and management with speedy anti-coagulation along with rate limitation where necessary. This is very easy medicine to conduct with excellent outcomes. Above all such a screening program would be cost-effective as we have shown in detail in Suffolk for example (I would be happy to supply the maths).

So convinced am I of the benefit of such a screening program that I truly believe any arguments against it fall completely flat.

Please reconsider your conclusion and set up such a national screening program for the over 65s at the very least.

xxxx xxxx BSc(Hons) **xxxx xxxx**
xxxx xxxx

Dear Sir, Madam,

It was many years ago that I was called in to my local surgery to have my pulse taken at an annual 'flu jab and check-up. The nurse at that time took my pulse; refused to give me my injection and advised me to see our doctor. As a result I was immediately sent to **xxxx xxxx xxxx** **xxxx** and spent the next 2 days there.

I have been on medication ever since then. I have had several operations over the last 15 years including 2 hip replacements - all successfully completed. I am now exercising regularly with the **xxxx xxxx** and live an active life at age 83.



**UK National
Screening Committee**

	<p>It was sheer chance that I was diagnosed with AF. and it may well have prevented my having a stroke. I feel very fortunate and it is for this reason that I feel a national screening scheme could prevent much hardship among sufferers and carers alike.</p> <p>Yours sincerely,</p> <p>XXXX XXXX</p>
	<p>I wish to express my support for a national screening programme for AF.</p> <p>I am writing as someone who was diagnosed with AF in 2015 and found to have already developed blood clots in the heart, with a consequent high risk of stroke. My AF was totally 'silent' and only discovered when I presented with the symptoms of congestive heart failure.</p> <p>A year later, in light of my experience, I suggested that my sister have her heart rhythm checked. She too was found to have developed AF of which she was totally unaware!</p> <p>I feel it is most important that a national screening programme for AF be put in place so that any risk of stroke can be addressed early and progressive damage to the heart avoided.</p> <p>Yours faithfully,</p> <p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>Dear whom it may concern,</p>



**UK National
Screening Committee**

I am writing to you on behalf of **xxxx xxxx**, to oppose the current UK NSC policy which recommends that screening for Atrial Fibrillation should NOT be offered by the National Health Service in people over 65 years of age.

There are currently half a million people in the UK, unaware that they have AF and are therefore at risk of suffering a debilitating or life-threatening, AF-related stroke. Furthermore, AF is one of three priority areas in the NHS long-term plan and is calling for 89% of people with AF to be diagnosed within this timeframe. The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.

With this in mind, we, therefore, urge you to reconsider the current decision and evidence provided by organisations such as the Arrhythmia Alliance and AF Association and to recommend a national screening programme for AF for people over the age of 65 years.

Kind Regards,

xxxx xxxx

xxxx xxxx

xxxx xxxx

xxxx xxxx

xxxx xxxx

Please, please screen people for AF, all my family have it and are or have been on Warfarin or generic.

We need your research!

We are falling like flies!!!

xxxx xxxx

SENT ON BEHALF OF **xxxx xxxx**

Dear National Screening Committee



Re: Screening for Atrial Fibrillation in Adults

I have studied with considerable care your consultation document on the subject of Atrial Fibrillation (AF) in the adult population of the United Kingdom. In consequence, I am writing to urge you to reconsider your position and to approve screening for the aforementioned group.

It almost goes without saying that the presence of a simple test in the diagnostics used by NHS staff and other professionals, to screen patients who are showing symptoms of AF is potentially of great importance; to patient, doctor and the health service as a whole. The absence of such screening will, in many cases, result in serious consequences that will be damaging to health and wellbeing of patients and, by extension, their families, so often the bearers of the burdens of long-term care where catastrophic malfunction has occurred. An assertion based in fact is that patients suffering from Atrial Fibrillation are at a massively increased risk of suffering an AF-related stroke, heart failure, dementia and even sudden death.

The cost to the NHS of screening, when compared to the cost of managing the treatment of patients who suffer AF related stroke or heart failure, or are diagnosed with likely AF related dementia, would be the most cost-effective strategy, and this strikingly obvious preventative measure is surely signposted as the way forward. An example of prevention at its most effective, in both cost and human terms, is acting immediately on a screening outcome by the prescription of anticoagulant therapy. It is a valid assertion that 75% of those suffering the symptoms of Atrial Fibrillation will avoid AF related stroke. The cost of non-screening will continue to adversely impact NHS budgets, preventing the saving and reallocation of potentially billions of pounds.

The statistic that should make even the most cynical amongst us take notice is that 33% of patients who are diagnosed at an early stage with AF are less likely to die suddenly. Once again, the critical importance of screening is obvious.

The United Kingdom, thanks mainly to its outstanding health service, has an increasingly aged population. With this in mind, figures have shown that Atrial Fibrillation occurs in the following:

- 10% of people over the age of 70 years



**UK National
Screening Committee**

- 20% over the age of 80 years
- 50% over the age of 100 years

The ease of diagnosis and subsequent management of the condition is imperative to saving lives and money.

The condition can be detected by a simple pulse check and/or mobile ECG. Using anticoagulation therapy, the patient will, in a high proportion of cases, be protected. An irregular heart rhythm can be treated with a number of options, the detail of which doesn't require expansion here. With the pointers highlighted by screening, the patients are, more often than not, able to return to an active work and social life, and be able to manage their condition with little assistance from the NHS.

I have read in the consultation document the assertion that an ECG is not hazard free and could lead to over-investigation. Surely, if an ECG shows an abnormality, the patient should be investigated in order to diagnose and treat any further complications before those complications manifest themselves in a more serious and potentially long-term medical condition, putting further strain on the NHS.

I have in all sincerity attempted an diligent study of the consultation document, but am at a complete and utter loss to understand the rationale the National Screening Committee has used to arrive at the conclusion that a simple screening process would be an unacceptable commitment to a preventative measure that could revolutionise diagnosis and treatment of Atrial Fibrillation. Whilst on the subject of statistics, it should be noted by the National Screening Committee that at least 500,000 people in England alone live with the condition.

The recent publication of the Long Term Plan by Public Health England (PHE) has a target for increasing detection of AF to 84% by 2029. This will be impossible to achieve if the screening is not approved by the National Screening Committee.

The NHSE, in its constant endeavours to reduce costs through greater efficiencies, wish to detect far more potential AF-related stroke cases. Once again, the application of relatively simple detection techniques beg to be approved and adopted.



**UK National
Screening Committee**

I urge you to reconsider your decision and embrace AF screening. It would be one of the most logical and potentially beneficial practices to be adopted within the NHS.

Yours faithfully

XXXX XXXX

XXXX XXXX

XXXX XXXX

XXXX XXXX

XXXX XXXX

I write in support of AF screening. I am sure my case will not be unusual but I feel the drama of my diagnosis could have been prevented by earlier screening.

Having read an article in the Times about the signs and symptoms of AF I went to my GP following regular episodes of breathlessness and palpitations.

BP readings were taken together with my radial pulse rate and I was told I did not have AF. Within a few weeks I was having severe palpitations and my breathlessness had increased. On visiting the GP I had an ecg which showed severe AF. An ambulance was called and I was taken for the first of many hospital admissions. I strongly believe that if specific screening were available that my treatment could have been undertaken with far less trauma to myself and family and hospital admissions reduced if not negated. The need for A & E use dramatically reduced, if not proving totally unnecessary.



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	<p>I wish you all success in your work in support of AF screening. It can not only save many lives but prevent AF related strokes and other long term related cardiac damage.</p> <p>XXXX XXXX</p>
	<p>Please reconsider your decision not to provide screening for the over 65s for AF. We are desperate for this to go through to save the lives of people who may be unaware they have the condition.</p> <p>Thank you</p> <p>XXXX XXXX</p>
	<p>National Screening Committee Evidence Team</p> <p>I understand that in 2014 the National Screening Committee recommended not to set-up a national screening programme, even though they considered it to be cost-effective.</p> <p>I completely disagree with this view and would like the NSC to reconsider the evidence provided by the AF Association and recommend a national screening programme</p> <p>for AF for people over the age of 65 who will have a 1 in 4 chance of having AF.</p> <p>XXXX XXXX</p> <p>Member - Poole Heart Support Group</p>
	<p>I kept getting dizzy spells and feeling dreadfully at times for some years and was not until I finally collapsed that it was discovered I had A.F. I think it is essential that everybody over 65 should be screened XXXX XXXX</p>



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	<p>A national screening program is the way forward to combat a life changing risk of AF. For many AF sufferers the first they know if the problem is when they are admitted to hospital having sustained a - stroke. A devastating prognosis for such an easy treatable condition. Maintaining Sinus Rhythm is the gold standard but taking either Warfarin (the cheapest of drugs) or a Noac to prevent stroke is the long term treatment . Who wants to have a stroke ? But if you are one of the thousands who have no symptoms from being in AF how are you meant to know you need urgent preventative medical treatment- a national AF program.</p> <p>A life changing event or death or a National NHS Government AF program.</p> <p>There is only one choice on a cost basis alone a - National NHS - AF Government Program</p> <p>XXXX XXXX</p>
	<p>There is a need for a national screening programme for atrial fibulation to prevent/ reduce AF related strokes.</p> <p>From my own experience of having been made aware of AF, I can now self check and therefore able to take the necessary action/ advice to prevent serious AF related illness.</p> <p>Sadly there are many people who are unaware especially in the over 65 age group who have a 1 in 4 chance of having AF</p> <p>We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Regards XXXX XXXX</p>



*UK National
Screening Committee*

My atrial fibrillation was only picked up by chance when I had a bee sting.

It had certainly been present before.

Had a screening programme been in place I would probably have had the opportunity for a successful ablation, now not recommended because of the delay. Consequently a lifetime of expensive drugs as well as periods of feeling poorly. And greater stroke risk, which is expensive if the victim lives.

A national screening programme is essential.

Regards

XXXX XXXX

XXXX XXXX



**UK National
Screening Committee**

I write along with GP colleagues and am happy to have my name published
best wishes

Margaret McCartney

Response to UK NSC consultation on AF screening
June 2019

We strongly support the position of the UK NSC to not recommend screening for atrial fibrillation.

1) The most compelling concern is the lack of trials studying people who are screened as opposed to people who are symptomatic or who have incidentally found AF.

This is of critical importance given the known potential for side effects from treatments and the lack of evidence on benefits of the treatments in this group. The most ethical way to reduce the uncertainty as to whether screening for atrial fibrillation benefits patients more than it harms them is to do a high quality RCT. We look forward to the SAFER study and encourage and support it.

2) A contemporary presentation is likely to occur due to smart watches purporting to detect AF in very small paroxysmal quantities. This is effectively a new category as there is no equivalent of this population being identified (healthy, asymptomatic people having continuous monitoring) and studied, and no trials to suggest whether they are more likely to benefit or be harmed from intervention. It would be useful for the UK NSC to comment specifically on this and make it clear to the public that health devices performing this function are offering a test which actively not recommended by the NHS.

3) It is worrying that screening for AF is already being done within the NHS primarily via Academic Health Services Networks.

It is almost certainly being done 1) without fully informed consent and 2) without independent ethics committee oversight.



It is deeply ironic that the SAFER study have had to go through ethics committee approval and approval of consent documents prior to offering patients to take part in an RCT of screening. The results will be monitored and the study stopped early if there is concern about harm. However this is not taking place in the unregulated screening currently taking place. Indeed there is a concern that contamination of the trial may occur if patients in the control group are screened via AHSN projects. It is suggested that the AHSN are preferably told to stop screening until the trial is complete: as a last resort they should at least stop screening so that the SAFER trial can be safely completed. This double standard is concerning and it would be useful if the UK NSC would make the potential for harm clear particularly while we await the SAFER study.

Additionally, it is concerning that promotion of screening for AF is occurring in a haphazard, evidence-free route littered with conflicts of interest. For example, the Academic Health Services Network works in partnership with the Arrhythmia Alliance, who are funded from pharma, and the AHSN themselves, for example, UCL Partners encourage "screening initiatives in GP practices to identify and target specific at-risk populations for AF screening" which is sponsored by the Arrhythmia Alliance (Bayer) Anticoagulation UK (Bayer plc, Daiichi Sankyo, Leo Pharma UK/IE, The BMS:Pfizer Alliance and Roche Diagnostics), Atrial Fibrillation Association (Bayer) The Stroke Association (Boehringer Ingelheim, Ipsen, Pfizer/BMS Alliance, Bayer PLC, The Medtronic Foundation, Fresenius Kabi and Allergan) and Thrombosis UK (Alexion, Bayer, Bristol Myers Squibb, Daiichi-Sankyo, Isobar Compression Garments, Leo Pharma, LumiraDX, Oberoi, Pfizer, Roche, Sanofi) British Heart Foundation (Bayer).

It is often hard to locate conflicts of interest on individual AHSN webpages, for example, Lincolnshire AHSN returns no search results on 'Bayer' and Yorkshire and Humber only on searching for the keyword 'Bayer'. The sponsorship is only made clear from Bayer's own disclosures, via the Bayer website.

It is very unlikely that patients are aware of this arrangement. Fully informed consent should mean that they are. As experts in this area, it would be helpful if the UK NSC reminded professional standards organisations of the need for informed consent in screening - including fair information about funders.

- One trial is cited as showing AF screening as being cost effective. However this assumes the effectiveness and balance of risk/versus harm is favourable in this population and it is therefore unsafe to assume true cost effectiveness. Moreover, the estimate is of a Number



Needed to Screen of 170 to find one person with AF. If we consider that the number needed to treat AF in the screened population but likely to be from a lower risk population, and that the NNT for incidentally/symptomatically found AF is in the region of 25-104, the NNS which results in benefit is likely to be at least 680 and potentially up to 1700. Since the NNH is 60-150, it is crucial that patients have rational offers of screening made to them with high quality information about the ratio of risk to benefit. The side effects of DOACs include gastrointestinal and cerebral haemorrhage. The risk of side effects are likely to remain the same while treating a lower risk population will lead to diminishing returns and potentially more harm than good. An editorial in the American Family Physician, using data from the Swedish STOPSTROKE study, has estimated that 10,000 people must be screened in order to prevent one stroke in an older population. The cost was estimated to be 5.5 million US dollars to prevent one stroke. Of course we do not know the individual who will benefit thus leading to treatment for all. This group will not benefit and can only be exposed to side effects. This is why informed consent is vital.

There are further concerns. A real world study (<https://doi.org/10.1136/bmj.k2505>) has found that the DOACs rivaroxaban and low dose apixaban are associated with increased mortality. This should be a red flag, especially when we consider the enormous increase in DOAC prescribing, and highlights the need for high quality RCTs.

The other concern is regarding the best use of resources. A screening programme for AF would have the well defined cost implications on primary care the NIHR report describes. In our experience, even screening programmes which are administered outwith general practice often have significant opportunity costs, for example assessing ECGs, with effects on resources in general practice, for queries, issues, problems, questions, side effects and concerns. A modelling study is not best equipped to study this. A further issue is the opportunity cost. Is this the best use of resources in primary care?

We therefore endorse the UK NSC position on screening but ask for statements to clarify the screening happening elsewhere, given the lack of independent ethics oversight, lack of standardised informed consent, and lack of facility to stop proceedings, as there is no monitoring of whether it is doing more harm than good. We also urge citizen-centred, evidence based information regarding AF screening via technology devices.

Margaret McCartney

XXXX XXXX

XXXX XXXX



UK National
Screening Committee

	<p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>My comments about your consultation are based on my experience as a patient who suffered a stroke which was caused by previously undiagnosed atrial fibrillation (AF). I am not qualified to comment on the technical quality of your review or the evidence you cite from various studies. Nevertheless, I hope my comments are of use.</p> <p>XXXX XXXX</p> <p>Response to consultation on Screening for Atrial Fibrillation in Adults</p> <p>My comments are based on my experience having suffered a stroke caused by undiagnosed Atrial Fibrillation (AF). I have no specialist knowledge and will refrain from commenting on technical matters concerning quality of evidence or results of clinical practice.</p> <p>General Comment</p> <p>A recurring reason for not recommending screening is the lack of evidence about key issues. If nothing else, I hope this review will prompt further studies, particularly about the effects of population-based as against opportunistic screening.</p> <p>A potential, indirect, benefit of screening would be to raise awareness among the public and NHS practitioners. I had not heard of AF and was unaware of the dangers and possible symptoms. With hindsight, there were indications that, if I had the knowledge, could have prompted me to consult a doctor. Since my stroke, I have realised that AF is not widely known about. I have even had to explain it to some NHS staff, who assume that my stroke was due to high cholesterol.</p> <p>Have there been any studies of the impacts of monitoring programmes on patients self-reporting symptoms? For example, the bowel cancer screening programme has made me more aware of this condition.</p> <p>4. Have randomised controlled trials (RCTs) demonstrated a benefit of screening for AF over and above diagnosis of AF only through clinical practice?</p> <p>Opportunistic monitoring through clinical practice would be welcome but would it be biased towards those with other pre-existing issues? I can only speak through my personal experience. Prior to my stroke, I was a fit and healthy person who rarely visited the doctor. My only regular screening was for bowel cancer, a self-administered test sent out every 3 years to people aged 60+. A neighbour who has several</p>



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	<p>health issues was diagnosed with an arrhythmia, which was picked up during a regular visit to the surgery. He was put on medication and has not had a stroke.</p> <p>Is there any evidence about the prevalence of AF-related strokes among people who are otherwise fit healthy? In terms of the NHS budget, this could be significant. I have gone from a net contributor, through taxes, to a dependent requiring services, drugs and support through Attendance Allowance.</p> <p>Is there relevant evidence from other medical conditions which are included in monitoring programmes, both population-based and opportunistic?</p> <p>xxxx xxxx xxxx xxxx 24th June 2019</p>
	<p>Dear National Screening Committee,</p> <p>Thank you for sharing the consultation document on AF which was due for review in 2017. I do have few questions below regarding this:</p> <p>1.Countless lives are being lost or at least affected by an AF-related stroke, heart failure, dementia, sudden death. The evidence is there proving that screening is beneficial, simple and cost-effective. Is there any reason for the delay and reluctance to recommend?</p> <p>2 NHS England, through the AHSN's, distributed 6000 mobile ECG monitors. The data has and is continuing to be collected proving cost-effectiveness of screening. In some areas there is already evidence of reduced number of AF-related strokes.</p> <p>The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.</p> <p>Can you tell me if this evidence plus NICE HTA had been reviewed and considered prior to the consultation document being published by NSC for AF not recommending screening for AF?</p> <p>3 The consultation states that 'an ECG is not hazard free' and that it might find something else resulting in 'over-investigation'. Surely if something else is found that needs a diagnosis and possible treatment then it is worth it?</p>



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4 With organisations such as Arrhythmia Alliance (www.heartrhythmalliance.org) and AF Association (www.afa.org.uk), raising greater awareness of AF, providing information, support and education to the public, healthcare professionals, governments, NHS, PHE, NICE, professional bodies and most importantly to patients and carers, people are becoming more aware of the importance of keeping healthy, monitoring our heart through pulse check and generally keeping ourselves well - Why is it the National Screening Committee for AF behind in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?

I am asking for the sake of hundreds of thousands (minimum 500,000 in England alone) will the NSC for AF please reconsider the evidence, the facts and the response from those who live with AF on a daily basis. There is no reason not to recommend screening for AF.

The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can any of this be achieved if screening is not approved by the NSC for AF?

Why are the two public bodies above calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?

I cannot be the only one who believes all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF.

Something to maybe think about - you and the committee reading this have a 25% chance of developing AF, five times greater chance of suffering an AF-related stroke, twice the chance of sudden death and three times greater risk of dementia – all due to AF. I am sure there is no doubt you, your family and loved ones would want to be screened.

I hope these questions can be answered and that maybe this could be reconsidered.

Kind regards,



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	<p>XXXX XXXX Heart Rhythm Alliance</p>
	<p>Thank you for sharing the consultation document on AF which was due for review in 2017.</p> <p>With Atrial Fibrillation being such a common condition, it is extremely important to use all methods of screening to be able to detect AF. If AF is detected and anticoagulated 65-75% of AF Patient reduce the risk of suffering an AF-related stroke. NHS England through the Academic Health Science Network distributed 6000 Alivecor ECG monitors which has helped highlight a cost-efficient way of screening. Alongside the work of the Arrhythmia Alliance and the AF Association who throughout the year run their Know Your Pulse Campaign – which highlights the importance of public awareness and education for how easy it can be to screen.</p> <p>With an ageing population, it is essential that we work together and strive towards the Detect, Protect, Correct and Perfect steps with screening, the appropriate treatment and care pathway being delivered for all. The NHS was created to provide free and accessible healthcare for all, regardless of wealth or circumstance, which we know to come at a great cost. However, the early detection, prevention and management of AF could also save an individual from being 3x more likely to be hospitalised from the condition.</p> <p>The strain of post-stroke care must also be considered when assessing the need for screening. The cost and resource of healthcare professionals and carers whom will often see patients daily, not to mention the emotional toll that care can play on the family members looking after a loved one who has had an AF-related stroke, or with dementia or heart failure due to AF. Surely it is beneficial to do all we can to prevent this from happening, and to enable individuals to lead an active and full life?</p> <p>1:4 of us will develop AF, with arrhythmias and sudden cardiac death being the leading cause of death in the UK, and so I urge you to please reconsider your stance on screening for AF. Screening is essential to identify the undiagnosed person, allowing for the correct treatment and management pathway to be put in place earlier, so that the individual can carry on living a healthy life. I think it is important to highlight, as a committee reading this there is a 25% chance of one of you developing AF.</p> <p>It is difficult for me to understand why the National Screening Committee for AF seems to be way off the rest of the world on encouraging the public, healthcare professionals and communities to recommend and highlight the essential need for screening for AF.</p>



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I do hope that you will reconsider the evidence, facts and responses from those who live and suffer from AF each day and for the individuals who are not yet diagnosed.

Thank you for reconsidering and I hope for a positive outcome.

Kind regards

XXXX XXXX

RESPONSE FROM ARRHYTHMIA ALLIANCE

Dear National Screening Committee

Thank you for sharing the consultation document on AF which was due for review in 2017. I am unable to respond on the document you sent as it states it is for Still Birth and deadline 10th May 2019.

I wonder if you could perhaps provide answers to the below:

1. Why is the review two years+ after the due date?

2. If it was due in 2017, it should be reviewed again in 2020, due to the delay it could be a further 4-5 years before the next review – countless lives will have been lost or devastated by an AF-related stroke, heart failure, dementia, sudden death. Evidence already exists to prove screening is beneficial, simple and cost-effective – why the delay and reluctance to recommend?

3. The consultations states that you need more evidence to demonstrate screening is cost-effective.

- NICE HTA has confirmed that screening is highly likely to be cost-effective



• Two studies are currently being undertaken over a 5-10 year period. In Sweden the STROKE STOP study; in UK the SAFER Study being led by Jonathan Mant in Cambridge and I am one of the co-authors. This study will screen 40,000 people for potential AF and a further 80,000 will not be screened but followed to compare outcomes. Both studies will be invaluable however time is not on our side and we cannot wait 5-10 years for the results to be published.

We know from PHE figures that 500,000 people in England alone are walking around with undetected AF, many of whom will only discover they have AF when they are on a stroke ward following an AF-related stroke. Some will never know because they will have died due to an AF-related stroke. Some will need long-term care in a care home, some will remain in hospital and die within 12 months, some will return home but need care 24-hours/7 days a week by paid carers and family members who will no longer be able to work. The state will be paying these costs which far outweigh the costs of screening and anticoagulating.

4. Atrial Fibrillation – the facts:

- AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.
- If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.
- 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.
- 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.

- AF is a common condition, which can be managed easily if

DETECTED – with simple pulse check and/or mobile ECG (very little cost)

PROTECT – with anticoagulation therapy (NOT aspirin as per NICE CG180)



CORRECT – when appropriate the irregular heart rhythm can be treated with appropriate treatment options

PERFECT – the patient pathway enabling the patient to return to being a person better able to manage their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS and society in general.

- AF occurs:
- 10% of people over the age of 70 years
- 20% > 80 years of age
- 50% > 100 years of age
- AF is associated with:
- 5 x likelihood of suffering an AF-related stroke
- 2 x likelihood of suffering sudden death
- 2 x all-cause mortality
- 3 x hospital admission due to AF
- 3 x developing dementia

With an aging population AF will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. A few require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.

In 1750 it was thought that taking the pulse of patients by the GP was a very scientific approach. Until 1980's a pulse rhythm check was accepted as normal procedure as you walked into your GP surgery, no matter what the reason for your visit. In 2019 rarely does a GP automatically feel the pulse of their patients and yet it costs nothing and one minute of their time to detect a deadly condition. The majority will have a normal, healthy heart rhythm. For those with AF this simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.



5. NHS England, through the AHSN's, distributed 6000 mobile ECG monitors (mainly AliveCor Kardia Zenicor). The data has and is continuing to be collected proving cost-effectiveness of screening. In some areas there is already evidence of reduced number of AF-related strokes (Bradford, Yorkshire etc)

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

Has this evidence plus NICE HTA been reviewed and considered prior to the consultation document being published by NSC for AF not recommending screening for AF?

6. The consultation states that 'an ECG is not hazard free' and that it might find something else resulting in 'over-investigation'. Surely if you find something that needs a diagnosis and possible treatment then it is worth it? Arrhythmia's and sudden cardiac death is the leading cause of death in this country (70-100,000 deaths annually). Yet with diagnosis and appropriate treatment studies have shown that 80% of these deaths could be avoided. Perhaps screening for AF will lead to a greater reduction in the number of sudden cardiac deaths – which can only be a good thing. The majority of these deaths are in the young (under 55 years of age) who if detected and treated can go on to lead active, productive lives and contribute to society.

7. With organisations such as Arrhythmia Alliance (www.heartrhythmalliance.org) and AF Association (www.afa.org.uk), raising greater awareness of AF, providing information, support and education to the public, healthcare professionals, governments, NHS, PHE, NICE, professional bodies and most importantly to patients and carers, people are becoming more aware of the importance of

- Keeping healthy
- Keeping ourselves well
- Monitoring our heart through simple pulse check, mobile apps, even watches and Fitbits are routinely being used for the individual to monitor their heart rhythm and heart rate
- Digital Technology is improving daily – there are new apps coming that will be able to detect AF through the camera on mobile phones – reading the heart rhythm through your iris and retina. There is even one that can detect AF from your voice.
- Your heart beat and rhythm regulates everything you say and do.



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Why then does the National Screening Committee for AF lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?

Please, for the sake of hundreds of thousands (minimum 500,000 in England alone) will the NSC for AF please reconsider the evidence, the facts and the response from those who live with AF on a daily basis, whether as a healthcare professional seeing patients daily, a stroke physician managing victims of an AF-related stroke daily, carers having to change, feed, clean a victim of an AF-related stroke daily, a loved-one/carer having to look after a relative with dementia/AF-related stroke/heart failure due to AF. Evidence exists; demand exists; workforce exists; cost-effectiveness exists; simple, inexpensive equipment exists. There is no reason not to recommend screening for AF.

The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?

NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can this be achieved if screening is not approved by the NSC for AF?

Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?

Surely all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF.

Please remember you and the committee reading this have a 25% chance of developing AF, five times greater chance of suffering an AF-related stroke, twice the chance of sudden death and three times greater risk of dementia – all due to AF. Surely you would want to be screened and your family and loved ones too. A simple pulse check is all that is needed as a recommendation.

Thank you for reconsidering.

With Best Wishes



UK National
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	<p>XXXX XXXX Founder and Trustee</p>
	<p>To whom it may concern</p> <p>Regarding the consultation on AF screening, my opinion is that this should not be recommended on the basis of current evidence. Anticoagulant treatment is not without risks, particularly in older adults, and I would be concerned that a broadening of indications for in such treatment is not supported by trials at present.</p> <p>Kind regards</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>Please consider screening for A. F.</p> <p>XXXX XXXX</p>
	<p>I believe there needs to be a screening programme for AF because it's inexpensive and will ultimately reduce the number of strokes in the uk.</p> <p>This is a cost effective use of my taxes and I thoroughly support this initiative.</p> <p>XXXX XXXX</p>
	<p>I request that the decision not to screen for AF be rescinded, I was a healthy 59 year old, and suffered a TIA, luckily I survived and then discovered I had AF. I am lucky it wasn't a full blown stroke, but it could have been.</p> <p>Regards</p>



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	XXXX XXXX
	<p>AF screening</p> <p>Dear sir/madam</p> <p>I would like to add my support to a reconsideration of AF screening. I have an arrhythmia, not AF, but getting a diagnosis took ages . I had to make a complaint about lack of help and had to my own equipment . The delay in diagnosis cost me a lot of misery and injuries caused by passing out cost the NHS a great deal of money. Surely picking up AF early will be better for people's quality of life and could be cost effective if it avoids strokes</p> <p>Your faithfully,</p> <p>XXXX XXXX</p>
	<p>Please do reconsider your decision not to screen for Atrial Fibrillation; it is key that we do everything possible to prevent/treat conditions and risks, such as stroke, in our ageing population. It makes no sense to ignore measures that can assist in early detection and monitoring or prevention.</p> <p>Regards</p> <p>XXXX XXXX</p>
	<p>Dear Sir,</p> <p>It was to my great surprise and consternation that I heard that the National Screening committee had turned down the proposal for national screening for atrial fibrillation. I am a consultant cardiologist and electrophysiologist working in Congenital Heart Disease. Although I am not directly involved in atrial fibrillation ablation, I work closely with colleagues who are. However, my thoughts were focussed recently when a very close friend of mine (aged around 67yrs) who is a member of my church over 50's football team, had a dense stroke attributable to undiagnosed atrial fibrillation. I have checked most of my friends for this condition using the readily available, inexpensive Kardia ECG app. Indeed most of our football team had been assessed. Sadly this chap was away that day. His life has been transformed from an active</p>



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	<p>member of society who spent his retirement providing voluntary optician services to the local prison population, to a man who can barely speak or walk. Thankfully he is making some progress but he will never work (or play football) again. I urge you to reconsider this rather short sighted approach. The consequences of undiagnosed atrial fibrillation can be a personal disaster as well as having huge economic repercussions for the NHS.</p> <p>yours sincerely</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>My wife had a stroke three weeks ago, precipitated by atrial fibrillation. If a screening process had been in operation this may well have been avoided. Please rethink your recommendation on this subject.</p> <p>XXXX XXXX</p>
	<p>Dear NSC,</p>



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I have been a consultant cardiologist for 17 years and practising medicine for 29 years. I see the consequences of atrial fibrillation every single day of my life. 1 in 4 men over the age of 40 and 1 in 5 women will get atrial fibrillation at some stage in their life. Many patients are unaware of symptoms initially and may only present with the devastating effects of a stroke or become symptomatic when it is too late to reverse the process of atrial fibrillation.

Screening for atrial fibrillation is a simple process and has the opportunity to prevent many strokes and reduce the morbidity associated with atrial fibrillation. Many of my patients with AF have numerous days off work due to symptoms of AF that could be avoided if this condition was recognised early.

I would therefore urge you to reconsider the decision to not support a national screening programme for atrial fibrillation.

Regards

XXXX XXXX

XXXX XXXX

Consultant Cardiologist & Electrophysiologist

XXXX XXXX

XXXX XXXX

Please take into consideration:

That screening for AF is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.

AF patient

Kind regards

XXXX XXXX



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To Whom It May Concern,

Dear Sirs,

In the past couple of weeks, I have met two individuals who have each suffered hugely debilitating strokes before being diagnosed with AF, the primary underlying cause of their life long severely diminished well-being. One individual was 49 years old the other, a gentleman in his late 70's. The latter has had an emergency operation which included the insertion of a pacemaker.

Various sources estimate that the number of undiagnosed people with AF in the UK is in the order of 500,000. 1 in 4 of those individuals aged 65 or over are likely to develop or have AF. Whilst not losing site of the impact on patients, carers, families, think of the cost savings to an incredibly under resourced NHS were these people to be screened. Pro-active monitoring versus reactive hugely expensive intervention has to be the way forward for the NHS in the face of an expanding population and increasing life expectancy.

It is quite frankly, unbelievable that the National Screening Committee continues to ignore the evidence, financial, economic and social, especially when the organisation already acknowledges the financial gains. The NHS long-term plan now includes AF as one of its three priority areas. Why is the committee's thinking not aligned?

The current views of the National Screening Committee place a large brick-wall in the path of progress. As one of those fortunate enough to be diagnosed early (21 years ago, by chance, by my then student doctor daughter!) and subsequently prescribed appropriate medication (I also since have a Pacemaker inserted) I have managed to live well with AF and hope to do so for a number of years to come. How can you not give that same, level-playing field, opportunity to all?

Please examine your consciences and rethink your position and give the chance for those still undiagnosed to live a long largely unimpaired life versus one debilitated by a life-threatening stroke. It really is a no-brainer!

Thank you in anticipation of your support.

Kind Regards



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	<p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>Good morning,</p> <p>I am supporting the need for a national screening programme for Atrial Fibrillation and therefore I would request for a reversal of the decision of not to recommend screening for AF.</p> <p>Many thanks XXXX XXXX XXXX XXXX Arrhythmia Nurse Specialist</p>
	<p>It is vital that screening is done to prevent more people from having strokes. Please reconsider your decision</p> <p>XXXX XXXX</p>
	<p>Hello,</p> <p>I am an AF sufferer, and I did black out some years ago because no one knew I had AF, me, my doctor, no one because I did not know that I was ill or had AF.</p>



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	<p>Once I was in hospital and they hooked me up for an ECG, I was diagnosed, now gone through treatment and I am, I consider a healthy person able to continue work.</p> <p>So please re-consider your decision.</p> <p>Best Regards XXXX XXXX XXXX XXXX</p>
	<p>Hello,</p> <p>I was diagnosed with AF just 6 months ago and if I hadn't gone to the Doctor's because of my sometimes racing heart who knows if I would still be here? I am a 67 year old woman in fairly robust health, eat healthily and exercise regularly. Had heard of AF but didn't know the full facts, now know and it is disturbing! 2 close friends have suffered strokes in the year and I count myself lucky that I am not number 3. Screening is essential for early detection, we are successfully screened for other life threatening and life changing illnesses, why not AF? Social care in the U.K.is under threat of a complete meltdown, by not acting now to assess the potential risk to the population at large, we could be adding to the burden.</p> <p>I do hope that there will be a positive outcome to this consultation as the quality and longevity of lives might be at risk without real interventions.</p> <p>Yours sincerely, XXXX XXXX</p>
	<p>In this age of relatively low-cost and simple screening techniques which save many lives I am very disappointed that you have not recommended screening for AF. This lets down the many people who will die from AF strokes, and to add insult to injury, will possibly cost the country more in care for the survivors than the screening would have.</p>



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	<p>Yours sincerely</p> <p>XXXX XXXX</p>
	<p>I am writing in support of the recommendation and need for a national screening programme for Atrial Fibrillation (AF).</p> <p>I can only speak from the experience of requesting an ad hoc ECG, following an episode of a very fast pulse, and symptoms that suggested all was not as it should be. My visit to the doctor's surgery led to an unplanned visit to the hospital and an overnight stay. Atrial flutter was diagnosed.</p> <p>My thoughts dwelled on the danger that I could have ignored the symptoms, as I am sure many men would have, and potentially suffered a stroke, from the result of clotting.</p> <p>Generally, people are lazy and need to be "encouraged" to undergo screening for a variety of conditions, and I for one, have taken advantage of all that is available to me, but I only know what I know.</p> <p>With this in mind I would strongly suggest that reconsideration is given to a national screening programme for AF.</p> <p>Best regards</p> <p>XXXX XXXX</p>
	<p>I confirm need for national screening for AF</p> <p>Dear organizer</p> <p>Yes I confirm need for national screening for AF.</p> <p>In Egypt president Elsisy started national project for screening for</p>



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	<p>Hepatitis C virus</p> <p>Diabetes</p> <p>Hypertension</p> <p>Obesity</p> <p>And now they will start screening for breast cancer</p> <p>The WHO recommended and appreciated this action and advised to be model to other countries.</p> <p>Screening for atrial fibrillation sure is a cost effective program.</p> <p>XXXX XXXX XXXX XXXX</p> <p>XXXX XXXX</p>
	<p>Having suffered with Af for the last 12 years I am disappointed to learn that Af is being excluded from your screening program. All Af sufferers will be so disappointed with this decision . When I was diagnosed with this heart disease I was totally unaware that I had a problem. Thankfully my GP diagnosed the symptoms and I have been on treatment ever since. It is very important for any sufferer to be on AntiCoagulant.</p> <p>Yours</p> <p>XXXX XXXX</p>
	<p>I was in Af for 8 months without knowing, I had gone into heart failure, I definitely support an AF screening, possibly if there had been I would not have gone into heart failure,</p> <p>XXXX XXXX</p>



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	<p>Evidence is clear in all the relevant documentation that lives will be saved if screening is introduced. Whilst acknowledging that money will be needed to set up a programme savings in the long term from not having to treat as many stroke victims would benefit the NHS in general.</p> <p>It is difficult to understand therefor why this proposition has been rejected.</p> <p>Yours sincerely xxxx xxxx - One who is lucky enough to have been diagnosed with AF and to be receiving appropriate treatment before the likelihood of suffering a stoke.</p>
	<p>Please reconsider your decision on screening for AF.</p> <p>I believe a general screening would save many lives, and quality of life for many, as well as saving the NHS £millions in the future.</p> <p>I was fortunate, in as much as, my AF was very evident and painful, and I was given the anticoagulant medication whilst treatment was being worked through. Some are not so fortunate and their AF goes undetected.</p> <p>The world is changing fast and we need our thinking and action process to catch up. Prevention is always better than cure, simple.</p> <p>Issues that can be dealt with quickly, easily and are cost effective should be given utmost priority, no time to waste.</p> <p>xxxx xxxx AF patient 👍</p>
	<p>Hi,</p> <p>I am xxxx xxxx</p>



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I support the need for a National screening programme, as AF, and similar conditions are life threatening, very debilitating, and caused me personal stress, with such an irregular heart beat that I had to give up working on a job that I loved undertaking- important work on Fuel Poverty, carbon foot print, and reduction in Fuel use, by increasing the energy efficiency of existing homes. Looking at alternatives to need for fuel at all... This work still needs completing , and the target has just been lifted in terms of performance by the Prime Minister- impossible to achieve, as the 85% reduction was proving difficult enough, I did set out plans for the programmes of work for East Riding of Yorkshires property, and Housing stocks 11500 units, Nationally not many people actually understand that without this work further health issues abound, AF, Strokes, General Health issues such as Arthritis, poor circulation, Rheumatics, falls etc... because people do not understand links to health atmosphere, comfort, and not overwarming which will bring its own heart attacks other health issues such as Pneumonia Bronchitis etc..

I am awaiting remedy of my AF, and it has taken 5 consultants to prove that which I suspected, no real interest in people == written off as 'old' not good enough I still have more go than many younger persons-

I would if fit again carry on working I am now 68 + and had to give up work at 65 and a bit, but do undertake some charity work- free to keep mindset active.

So to reiterate a NATIONAL PROGRAMME, of Heart health testing is absolutely essential in that the problems will become much worse, I know, as I am a grafter, love working can do , many people will see this as their excuse to stop working early in life, as can't do. I have been suffering these conditions for 6 years now, and hate being incapacitated as I said before I like work, I like assisting and hopefully leaving the world a better place... not so many do... please reconsider your decision that seems to go against real health needs, and utilisation of Assets the people of the UK.

XXXX XXXX XXXX XXXX

Hi,

I was disappointed to hear that the national screening programme for Atrial Fibrillation (AF) has been rejected.



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Recognising that AF is a significant contributor to strokes, and I understanding the cost the NHS of the later is typically £30K per patient, I'm surprise your committee have not supported the screening programme.

In view of the above, and the reduction of distress resulting from strokes to both patients and families, never mind the NHS cost, I would be pleased if you were to reverse your decision.

Regards,

XXXX XXXX
XXXX XXXX
XXXX XXXX

Hello

I am writing as (XXXX XXXX, XXXX XXXX), the patient arm of the British Cardiovascular Society to protest the decision not to recommend national screening for AF, especially with so much undetected AF in the community.

As patients we read the Long Term Plan as an indication that more energy would be applied to addressing cardiac related issues that had been relatively neglected in recent years. If we are to impact mortality rates and damage there has to be a step change in prevention, as well as care. The evidence seems to be that prevention attracts lip service, rather than action, so we would urge you to reconsider your position.

Regards

XXXX XXXX

XXXX XXXX
XXXX XXXX



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	<p>Dear Sir/Madam,</p> <p>I am writing to join the campaign to ask you to rethink your policy on AF screening.</p> <p>I speak as someone with “mild” AF who nevertheless was kept in hospital for several days recently (under unrelated circumstances) as staff were concerned to ensure that I was not in imminent danger and/or needed medication. It was very reassuring to know that my condition is not problematic (at this time) and I would hate to think what might have happened if the condition had been more serious and undiagnosed.</p> <p>The evidence I have seen is quite clear: the potential health benefits AND savings in NHS and other medical/other costs of treatment or death far outweigh the costs of a suitable screening programme.</p> <p>I urge you to listen to the AF Association, other interested bodies and the many individuals writing to you, and reverse this decision. You will save many lives from death or severe long-term damage, and save the country significant sums of money in the wider picture and in the longer term.</p> <p>Regards,</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
	<p>Good morning,</p> <p>I would like to support a national screening for AF, in my particular case the condition was detected in a routine check up at my local doctors surgery when I was given an ecg check for the first time at age 65.the irregularity was identified and I was prescribed a blood thinning agent</p>



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Apixaban which, I am sure, is preventing any catastrophic events taking place and allowing me to lead a normal life. A screening programme would be a very cost effective and life saving plan to implement.

Regards

XXXX XXXX

XXXX XXXX

XXXX XXXX

XXXX XXXX



191.	<p>Dear Sir/Madam,</p> <p>As one who has suffered from Atrial Fibrillation(AF) I am very disappointed that the National Screening Committee are not recommending a screening programme for AF. In one way I was lucky in one way in that my AF was what the doctors called “highly symptomatic” – it was very obvious that something was wrong. I had excellent NHS treatment (Catheter Ablation)and for the last 4 years my heart has been in the proper rhythm. But many do not have symptoms but are still subject to a risk of strokes many times that of someone without AF. Suitable anti coagulation can considerably reduce the risk but only if the AF has been detected.</p> <p>As I am sure you are aware the Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org -has published evidence of the effectiveness of public awareness, education and screening for AF. I hope you will give this evidence full and careful consideration.</p> <p>Please re-consider your recommendation and allow screening for AF to save lives and save the NHS and the Care system money by reducing strokes.</p> <p>Yours sincerely</p> <p>XXXX XXXX XXXX XXXX</p>
192.	<p>I was told I had AFib 1 1/2 years ago.</p> <p>I had a pre-op for a shoulder spur removal in December 2017. Because I was only 63 I wasn't checked for AFib. Two months later I accompanied my partner to a sanatorium in Russia and when I went to request a swimming pool past a doctor checked my heart rate and said there was a problem. I am extremely glad to know that I have AFib so that I can take steps for my long term health. I think that greater public awareness of this condition would be helpful and individuals should be encouraged to have checks.</p> <p>XXXX XXXX</p>



	XXXX XXXX XXXX XXXX XXXX XXXX
193.	<p>I am writing with regards to the National screening programs decision not to recommend screening for AF.</p> <p>I recently attended an X-IMPACT conference around improving medical practice for anti-thrombotic therapy and am leading on a local project in Haringey to increase detection rates of AF in GP practices as well as optimise treatment with appropriate anti-coagulation.</p> <p>Detection of AF is very important and even though in General practice one is able to opportunistically screen patients there is a cohort of patients who could be at risk and do not routinely present to GP.</p> <p>BME communities will not necessarily be captured either.</p> <p>Some statistics suggest that in the over 65 patient population- it could take 60 opportunistic pulse checks to detect 1 AF .</p> <p>Important to tap into the patient population and screen in settings other than general practice.</p> <p>Please reconsider your decision.</p> <p>XXXX XXXX XXXX XXXX</p>
194.	<p>Hi as A AFA Aware patient from 2017 and Again in 2019 from XXXX XXXX,i would like to say Screening is the best way forwards and urge you to Sreen</p> <p>the UK for this as a way forwards and stopping this at the root and actually reliving the NHS of the extra workload before this a screening would be most beneficial in reducing overall costs to</p>



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	<p>the NHS and reducing the workload in the future. yours sincerely XXXX XXXX</p>
195.	<p>I write as a retired GP to urge that the decision not to recommend screening for AF be reconsidered.</p> <p>I have been involved with teaching primary school, secondary school and several youth and adult organisations the rudiments of First Aid, "How to Look after your Self" and CPR .</p> <p>The very simple instruction on how to check your pulse engages pupils and can potentially save lives by early diagnosis.</p> <p>I strongly support AF screening.</p> <p>Sincerely XXXX XXXX XXXX XXXX</p>
196.	<p>I am shocked to learn that the screening committee has decided against AF screening and urge that this decision is reversed. AF strokes are some of the most debilitating in clinical practice and the costs to social care and NHS for non-fatal severely debilitating strokes is enormous.</p> <p>Surely an urgent review is needed here?</p> <p>Kind regards, XXXX XXXX XXXX XXXX</p>
197.	<p>Dear National Screening Committee,</p>



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	<p>I write in support of a national screening program for atrial fibrillation. I am at a loss to understand why you are not recommending this.</p> <p>The prevention of strokes should be one of your major priorities and failure to prevent strokes by AF screening is a calamity for victims.</p> <p>I was diagnosed with AF and I am astonished by the number of my friends who also have AF.</p> <p>Perhaps fear of the truth is your motive – not knowing the true scale of atrial fibrillation leads to blindfolded decision-making. Ignorance is no basis for policy decisions.</p> <p>Failure by you to find out betrays the people of England.</p> <p>A national screening program for atrial fibrillation should be one of the pillars of disease prevention.</p> <p>Yours faithfully,</p> <p>XXXX XXXX</p>
198.	<p>Please reconsider national screening for AF</p> <p>My husband and I both have this condition and are on, what we consider to be, life saving or at least, stroke risk reducing medication. I have recently had an Ablation for Atrial Flutter and this has made a huge difference to my quality of life</p> <p>The cost of caring for stroke patients is huge and screening would greatly reduce the effect of caring for stroke patients on the NHS.</p> <p>Regards</p> <p>XXXX XXXX</p>
199.	<p>Given the demographic of an ageing population and a cash limited NHS, there is clearly a need for greater emphasis on preventive action of all kinds. Sometimes this means strong factual education as with air pollution and smoking, sometimes preemptive screening.</p> <p>AF is a known precursor of particularly disabling strokes causing great cost to all NHS services, not to mention the cost in life or quality of life for survivors and their families.</p> <p>Screening for AF would involve little organisation and cost and could be practice nurse led.</p>



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	<p>I cannot understand why this preventive measure has not already been undertaken and urge that further consideration should lead to rapid implementation.</p> <p>XXXX XXXX</p>
200.	<p>Dear Sir/Madam,</p> <p>I understand that there is to be a recommendation by your committee that national screening for AF should not happen.</p> <p>Now, aged 72 years, I was diagnosed with AF at age 69 years. I am now on a NOAC - anti-coagulant. AF has an association with the ageing process. The UK has an ageing population. The costs of dealing with (previously) undiagnosed AF and consequent Strokes etc are likely to be an increasing additional burden on an already underfunded NHS.</p> <p>Prevention is better than cure. The comparative costs of prevention v cure are normally weighted in favour of the former.</p> <p>I trust that the committee will recommend that national screening for AF is implemented as a priority.</p> <p>Your sincerely,</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
201.	<p>Hi</p>



	<p>The reasons I would support screening for AF would be to reduce the number of deaths and strokes caused by AF but also to educate people who are found to be suffering from the condition on how to manage their condition so as not to cause undue distress to their loved ones, when attacks occur.</p> <p>My personal experience of AF has resulted in fainting episodes which at the time caused great distress to my family and me as I had no idea I was suffering an AF episode to cause this. Only after several months of tests did it come to light that these episodes were caused by AF.</p> <p>I can now manage myself in such a way that does not require ambulance journeys in the middle of the night to A&E and all the disruption caused to my own family, in addition to the burden I was placing on the NHS.</p> <p>Please give this some consideration in your decision.</p> <p>Best regards</p> <p>XXXX XXXX XXXX XXXX</p>
202.	<p>Hi,</p> <p>This email is to ask that you reverse the decision not recommend national screen for AF.</p> <p>Screening for AF does not cost a lot, it helps to save lives and stop stroke as a result of AF, diagnosing AF can save the NHS millions as result of reduction in strokes occurring. I see on a daily bases the devastation strokes cause to patient and their families. Please reverse you decision and RECOMMEND a national screening for AF.</p> <p>Regards</p>



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	<p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
203.	<p>To whom it may concern</p> <p>Please reconsider your decision.</p> <p>I am a 53 year old woman.</p> <p>I have suffered with AF since I was in my late teens and only diagnosed a few years ago. I have had AF for as long as I can remember.</p> <p>I am waiting for a second ablation as the first one didn't work. I am now in AF every day or night for upwards of 6 hours and heavily medicated which makes me utterly exhausted and struggle to keep up at work.</p> <p>For someone like me that that could now have the opportunity of any early screening and diagnosis it will be a life changer.</p> <p>PLEASE RECONSIDER YOUR DECISION.</p> <p>Thank you</p> <p>with kind regards</p> <p>XXXX XXXX</p>



204.	AF SCREENING. XXXX XXXX
205.	Hi, This is a simple email with a simple analogy. I am calling for regular screening to prevent more AF-related strokes. In 2012 I was diagnosed with Breast Cancer. This was picked up ONLY by a Breast Screening Unit, as I had no symptoms whatsoever. The treatments could then commence. In 2014 I was diagnosed with paroxysmal atrial fibrillation. I was symptomatic, but for years this was put down as menopausal palpitations. Fortunately for me a new doctor pressed my case to achieve the correct diagnosis. As AF can often be asymptomatic and can only be determined by testing, many patients are not aware of the dangers of AF, if left undiagnosed. Please reconsider your initial decision, because all preventative medical screening saves lives. Thank you. Best Regards, XXXX XXXX XXXX XXXX



	XXXX XXXX
206.	<p>I have just heard that National Screening Committee are not recommending screening for AF. As a healthcare practitioner who has worked in the field of anticoagulation for over 20 years I would strongly urge the NSC to re-consider the recommendation and reverse their decision not to advocate screening for AF. Over the years I witnessed many cases where a simple pulse check could have averted a catastrophic stroke which is devastating not just for the individual but also is a great burden for the family and others.</p> <p>Whilst in our community for example, significant inroads into increasing anticoagulation uptakes rates in patients already diagnosed with AF, there is considerable variation in detection rates that needs urgently addressing. Many patients with AF are asymptomatic and completely unaware they have AF until they have a disabling stroke. Moreover the incidence of AF increases with age – lifetime risk of developing is 1 in 4 over the age of 40 with an incidence rate of over 10% by the time a patient reaches 80years – ie 1 in 10 chance.</p> <ul style="list-style-type: none">· 1 in 5 strokes are due to AF.· AF related strokes are more severe, are associated with higher disability, morbidity (e.g. Heart failure, dementia) and mortality rates than in non AF related strokes.· The rate of death within the first year of suffering an AF related stroke is 68%· 50% of patients that survive an AF related stroke need long term residential care. <p>Pulse screening is a simple and cost effective approach that needs to be included as part of core general practice screening in the same way as blood pressure monitoring for hypertension.</p> <p>Those patients that will derive the greatest benefit from pulse screening are those at greatest absolute risk of stroke ie those aged over 65 years and/ or have diagnosis of diabetes and/or hypertension and given anticoagulation cover. These groups in particular should all have pulse check screening with access to mobile ecg devices such as Alive Cor as part of routine monitoring in primary care.</p> <p>AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing of anticoagulation therapy, more than 65% of AF sufferers will avoid an AF-related stroke.</p>



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	<p>Kind regards</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
207.	<p>Sadly an increasing percentage of the population are suffering a stroke as a result of undetected atrial fibrillation. Current systems in cardiology do not detect asymptomatic paroxysmal af. Detection is often left to the busy GP who has no time or ability to check asymptomatic people.</p> <p>My mother died of stroke due to undetected af. There were numerous opportunities to diagnose af that were sadly missed. Screening would have saved her life. Anticoagulants are cheap. The long term cost of disability from stroke is high.</p> <p>I would ask you to reconsider screening.</p> <p>XXXX XXXX</p>
208.	<p>I am contacting you to ask that you lend support to the national screening for AF. As someone who fortunate enough to have been diagnosed with AF after a TIA I understand the need for a more proactive approach.</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
209.	<p>Dear Sirs,</p> <p>I am writing in regard to the National Screening Committee decision not to recommend screening for AF.</p>



I offer my story as evidence for the need for such a service.

In November 2016 at the age of 49, I found myself near to death due to being diagnosed with Congestive Heart Failure caused by Atrial Fibrillation.

How did this happen? I had visited my GP several times over the previous two years complaining of palpitations and extreme tiredness. I was sent for blood tests on several occasions and each time my results came back clear. I was told it was my weight, my age and the approach of my menopause.

Not once in any of my visits did a GP take my pulse. It was not until I had an emergency appointment with a locum GP attached to the local A&E that he put a small device on my finger which registered my heart rate at 185 bpm and irregular. I was instantly admitted to the Coronary Care Unit where my Heart failure was diagnosed. Had he not done this, I would be dead!

I finally had to undergo ablations on both sides of my heart and am happy to say I am returned to fitness and am capable of taking my own pulse and have made the small investment in the equipment I need to screen myself. Had this been caught sooner a Cardioversion may well have corrected at a fraction of the cost to the NHS.

Even visits to my GP since, seeing my history, I have yet to have any of the ones that I see take my pulse!

It really does amaze me that such a simple task is missed within a GP or any medical appointment, and yet it has the power to improve the lives of many. I myself now educate as many people as possible about how important it is to check one's pulse!

I truly hope that you take this story and think again about introducing screening for patients.

Should you wish to contact me further to discuss any of the above I am available on:

XXXX XXXX

XXXX XXXX



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	<p>I look forward to a response.</p> <p>Kind Regards, XXXX XXXX</p>
210.	<p>Dear Colleagues,</p> <p>In 2005, my XXXX XXXX XXXX XXXX suffered a severe stroke which was caused by an undiagnosed AF-condition. I awoke in the early morning to find XXXX XXXX lying on the floor, semi-conscious and badly paralysed all down her left side including XXXX XXXX facial muscles. Prior to that fateful day XXXX XXXX had been a fit 63 year old who ran 15-20 miles a week and led a full and active life. Very fortunately XXXX XXXX made a good partial recovery after intensive physiotherapy. However, the stroke forced XXXX XXXX into early retirement and life has been much more limited since that life-changing day 14 years ago.</p> <p>There is no doubt that a comprehensive screening for undetected AF would have been hugely beneficial in XXXX XXXX case and we both strongly support the current campaign to introduce a regular screening programme.</p> <p>XXXX XXXX</p>
211.	<p>Please re- consider and approve screening for Atrial Fibrillation which will save many lives, suffering and will save the NHS money in the end.</p> <p>Regards</p> <p>XXXX XXXX</p>
212.	<p>I had undected AF for 30 years , which has caued heart failure</p> <p>Please reverse your decision</p> <p>XXXX XXXX</p>
213.	<p>AF with high chadvasc = increased stroke risk.</p> <p>I analyse many ECG recordings after strokes for ?PAF, closing the gate once the horse has bolted.</p>



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	<p>Early anticoagulation means less strokes, so SCREENING would prevent strokes, save lives, and increase many people's quality of life. Please reconsider.</p> <p>XXXX XXXX XXXX XXXX</p>
214.	<p>Please can you reconsider your decision to stop screening for AF , a simple pulse check by a trained healthcare professional can save lives and prevent people having a life changing stroke which then has huge cost implications to the NHS. My grandmother had a massive stroke at the age of 71 due to undetected AF ,she died one week later. Thirty nine years later I am still a cardiac physiologist working in the NHS analysing ECG s and tapes trying to prevent other families going through the grief of losing a loved one too early when a simple pulse check may prevent this.</p> <p>Yours Hopefully</p> <p>XXXX XXXX</p>
215.	<p>It is of utmost importance that the population is screened for AF as without this more people will die or suffer more devastating strokes. As a sufferer of AF I find it incomprehensible this screening is not done routinely. Please reconsider this decision not to screen and help our population to avoid untimely death and life changing quality of life that strikes can inflict.</p> <p>Thank you XXXX XXXX</p>
216.	<p>Had there been a national screening process my AF would have been discovered a year before I was admitted to hospital as an emergency following a major incident at home. I ended up having an operation to correct the serious problem I had. Up until the admission to hospital I had been going back and forth to my Local GP Surgery complaining of shortness of breath, lack of energy, tiredness and at no stage was a simple test carried out that would have detected the real problem.</p> <p>How many more people are there like me that currently are told they have a virus infection when in reality it is their AF that is the cause of the problems. A simple test would save time and money and prevent something treatable becoming an emergency.</p>



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	<p>Regards</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
217.	<p>I suffer with Atrial Fibrillation and find it very worrying. There is great need for screening for this condition. I feel it is treated too casually and we definitely need screening for it.</p> <p>XXXX XXXX</p>
218.	<p>Dear team.</p> <p>I am appalled the National Screening Committee (NSC) have made the decision NOT to recommend screening for AF?</p> <p>It does not make any sense at all. It is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <p>The real benefits of screening are to real people. If you ask people 'If they would like to be screened for atrial fibrillation'. Im sure 100% of people would like to be screened. Would you like to know if you had AF? To make treatment choices which would prevent preventable death and/or disability?</p> <p>Then why suggest it doesn't matter?</p> <p>Many thanks for your consideration.</p> <p>XXXX XXXX</p>



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	<p>Arrhythmia Nurse Specialist Health and Community Services XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
219.	<p>Dear Sir or Madam</p> <p>I am concerned to learn that your current view is not to screen for AF. This may be because an episode of AF is not considered to be life threatening in itself – but this view totally ignores the extreme increased risk of a stroke. It therefore seems to make sense to screen for AF and, if diagnosed, prescribe a drug like Apixaban This would greatly reduce the risk of a stroke and avoid the long term cost to the NHS of treating the stroke victim.</p> <p>So would you please include the AF screening and avoid all the unnecessary costs and suffering, now?</p> <p>Yours faithfully XXXX XXXX</p>
220.	<p>Dear sir,</p> <p>I am concerned that the screening for atrial fibrillation, is not being taken as a serious preventative measure.</p> <p>AF has had a serious impact on my family and friends. The costs to both the NHS and my family have been high. The emotional impact can not be described.</p> <p>My XXXX XXXX who underwent a total 8 ablations and two cardio versions over a period of ten years . Could the impact and costs to the NHS have been reduced by early intervention (XXXX XXXX now leads a completely normal life)? I left a very well paying job (six figure</p>



	<p>income) to support my xxxx xxxx. I contributed to exports for this country in the many millions of pound plus paid considerable amount of tax. I am now no longer able to go back to my previous occupation due to the time I spent supporting my xxxx xxxx. Its about people you see who make sacrifices off their own back !</p> <p>A friend of the family suffered atrial fibrillation. xxxx xxxx suffered a stroke, the cause of the stroke was attributed to AF, needing treatment on a stroke ward for a number of weeks. this again put a high burden on the NHS . It also reduced the quality of life for a very independent xxxx xxxx, who required assisted living until xxxx xxxx death, (xxxx xxxx struggled every day placed on xxxx xxxx by the effects of the stroke). Again I ask what the direct and indirect costs of my friends stroke. Again if early intervention through screening, how much saving could have been achieved for the NHS and to the council who had to accommodate xxxx xxxx in supported living.</p> <p>Early intervention in medical treatment is life saving, it is also cost saving directly and indirectly! Have you taken into account the indirect costs to society, such as the PIP payments for the people who have suffered strokes combined with ESA, the cost of more supported living for those who have suffered strokes, the loss of taxes and national insurance from those who can no longer work?</p> <p>The costs are not just to the NHS, they are to the councils, the families and to society.</p> <p>Please reconsider your decision on the screening of AF. Dont just measure this by direct costs and using a box ticking process, but consider all the costs!</p> <p>Regards xxxx xxxx</p>
221.	<p>Good morning</p> <p>I do not understand your reason for not recommending national screening for AF. As a sufferer I would dearly have loved to have had it picked up before my episodes which were frightening as well as life threatening. By comparison with other screening it is comparatively cheap and in the long term will save the NHS millions.</p> <p>Please reconsider your decision</p>



	Regards XXXX XXXX
222.	<ul style="list-style-type: none">· AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.· 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.· If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.· 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK. <p>AF is a common condition, which can be managed with four simple steps:if.</p> <ol style="list-style-type: none">1. DETECT: with simple pulse check and/or mobile ECG (very little cost)2. PROTECT: with anticoagulation therapy (NOT aspirin as per NICE CG180)3. CORRECT: when appropriate the irregular heart rhythm can be treated with appropriate treatment options4. PERFECT:



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the patient pathway enabling the patient to return to being a person better able to manager their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS and society in general.

Consider when the patient feels able to return to 'normal' listen to them and test out when they may come off medication, which continued medication use may in some cases result in debilitation / extreme tiredness and unpleasant side effects in trying to go about your daily living.

<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>

Why do we need screening?

<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>

With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.

For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

- Why does the National Screening Committee for AF lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?



	<ul style="list-style-type: none">· The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?· NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can this be achieved if screening is not approved by the NSC for AF?· Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?· Surely all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF. <p>XXXX XXXX</p>
223.	<p>There should be national screening for AF – it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <p>The NSC need to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Please reconsider.</p>



	<p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
224.	<p>Dear Screening Committee, The Committee's decision NOT to recommend screening for AF has been brought to my attention by the Arrhythmia Alliance.</p> <p>I write to you as a retired cardiologist and as a person who has experienced an episode of paroxysmal AF.</p> <p>There is no question in my mind that if I were to have persistent or permanent AF I would wish to receive anticoagulants.</p> <p>In your June 2014 document 'Screening for atrial fibrillation in the over 65s' is the statement:</p> <p>"screening is not recommended as it is uncertain that it will do more good than harm to people identified during screening for AF".</p> <p>The document calls for "Better evidence about whether AF detected at screening carries the same long term risk of stroke as AF found in the context of other conditions."</p> <p>In the current NSC consultation document it is stated:</p> <p>"There is some recently published good quality evidence to suggest that population screening for AF is cost-effective "</p> <p>May I ask you as individuals to consider whether, if a friend or relative of yours over the age of 65 were to be discovered to have asymptomatic AF (i.e.persistent or permanent), you would encourage them to receive A/Cs? If, like me, the answer is "yes" I would implore you to reverse your decision not to offer simple screening.</p>



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	<p>Yours sincerely,</p> <p>XXXX XXXX</p>
225.	<p>I strongly urge you to reconsider your decision and support the need for a national screening programme for Atrial Fibrillation (AF). This will save thousands of people from stroke and will save the NHS money in the long run. It is cheap and easy to do. A simple pulse check by a nurse would be a good start.</p> <p>XXXX XXXX</p>
226.	<p>Please please consider the lobbying done by AFA and others such that screen might happen in the not too distant future. I know two very strong 'young' cyclists who are no longer with us - perhaps screening would have saved them.</p> <p>Regards,</p> <p>XXXX XXXX</p>
227.	<p>Good morning</p> <p>I was diagnosed with Atrial Fibrillation by my local health centre after a routine screening pulse check prior to a flue jab. Being prescribed an anti-coagulant has enabled me to avoid a significant risk of a stroke and may have saved my life.</p> <p>My screening certainly benefited me and I am sure it was a cost effective procedure for the NHS to undertake.</p> <p>With kind regards</p> <p>XXXX XXXX</p>
228.	<p>Dear Sir/Madam,</p> <p>I understand that you reviewed the need for a National AF Screening programme, but do not support a national programme, however I would urge a reconsideration.</p>



	<p>A national screening programme if combined with current NHS health checks/ face to face would help to minimise 'extra expenditure' and it would only be those patient that did not engage would need specific targeted assessment.</p> <p>The minimal investment would be countered by the cost savings when compared against the burden of strokes and mortality.</p> <p>Kind Regards,</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
229.	<p>Dear Sirs</p> <p>When first diagnosed with AFib, I had no idea that the condition existed. I went to my Doctors concerned that I was suffering from symptoms of a heart attack, very fast heart rate, feeling dizzy and breathlessness. My GP prescribed Glyceryl Trinitrate spray and I was told that if I was to have another episode after using the spray 'to get myself straight to hospital'. After suffering for another 4 days, my daughter rushed me into hospital, where I was admitted and diagnosed with this condition. Four months later i had the first of 2 cardioversions.</p> <p>That was almost 4 years ago, and I still find that there isn't enough information about this condition, and that reconsideration should be taken about withdrawal of screening.</p> <p>Thank you</p>



	XXXX XXXX
230.	<p>I am supporting the call for screening for AF.</p> <p>My husband has AF. He had no obvious heart symptoms, just felt anxious and generally unwell. It took nearly 2 years to get a proper diagnosis by which time quite a lot of damage had been done to his left atria. The GP seemed clueless about the condition, and didn't do basic investigations that could have detected it sooner. If there had been screening test we might not be in the position we are now. He has lots of medication as he is in permanent AF, which must be very expensive for the NHS. If diagnosed earlier, it might have been reversible.</p> <p>Thanks</p> <p>XXXX XXXX</p>
231.	<p>I strongly object to the decision not have national screening for AF and I urge the Committee to reconsider. I had an AF related stroke in 1998, which has left me with limited mobility and dexterity. Since 1998 I have been a constant burden on the NHS. Had I been screened before the stroke, my AF would have come to light and been simply treated. My stroke could, therefore, have been avoided, to the benefit of both myself and the NHS.</p> <p>Regards</p> <p>XXXX XXXX</p>
232.	<p>Good morning,</p> <p>Last December I was about to board a flight to Germany within a few hours, but all night I had suffered from atrial flutter (as the hospital later diagnosed). My brother took me to A&E, where several hours of tests didn't uncover anything serious and the heart rhythm stabilised after I took my usual medications (I had a triple heart bypass in 2013).</p>



	<p>But it was very worrying. I was discharged from the hospital about six hours after arriving, but I was too exhausted to proceed with my flight. The hospital's cardiologist changed one of my medications, daily aspirin, to rivaroxaban, which I've been on ever since without any negative side effects.</p> <p>Since that event I have had no recurrence of atral flutter or AF, but that's not to say it won't happen again. I have racked my brains as to what might have triggered it last time, whether it was the couple of glasses of red wine I drank, or possibly a Chinese takeaway we ate that had too much MSG in it. I no longer drink alcohol.</p> <p>Because of my heart bypass I see the practice nurse at my local GP surgery once a year for a general cardiac checkup. Perhaps this is where at least patients with a history of heart disease could receive an additional check for AF.</p> <p>Yours sincerely,</p> <p>XXXX XXXX XXXX XXXX</p>
233.	<p>Dear Sir/Madam,</p> <p>I have worked as a pharmacist in primary care carrying out health improvement work across GP surgeries in west Hampshire to reduce AF-related strokes for several years now.</p>



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	<p>Recently I used an AliveCor device and diagnosed AF in my 88-year-old Mum who had attended the GP surgery on several occasions lately but never had her pulse checked. Fortunately she is now on appropriate treatment to prevent stroke and bring down her heart rate. My Mum is by no means an exception, as many GP surgeries do not routinely look for AF in high-risk individuals. I have urged many practices to consider doing a pulse check in their flu clinics but many say they are too busy to contemplate this.</p> <p>If we want to make a difference reducing strokes and saving lives, we need to have a consistent approach to screening for AF in high-risk elderly populations. Please would you reconsider your decision not to proceed with a national AF screening programme?</p> <p>Best wishes, XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
234.	<p>I was very disappointed to learn of your decision not to screen for atrial fibrillation. This is a condition that often leads to strokes and subsequent disabilities in many people who otherwise would have led independent lives.</p> <p>The savings in the cost of care are self evident and would offset the much smaller cost of screening.</p> <p>Please reconsider your decision.</p> <p>You may yourself have this condition and thus might become a victim to a life changing disabling stroke.</p> <p>Yours sincerely XXXX XXXX</p>



235.	<p>Good morning</p> <p>Fortunately I have received an ablation for my AF that seems to have sorted it out.</p> <p>However i had to get to the point of passing out before diagnosed i had never heard of AF prior to this.</p> <p>My daughter i believe suffers from AF symptoms so i am going to get her to see her gp.</p> <p>Screening though is something i feel that should take place.</p> <p>Would you please consider this when making your decision.</p> <p>Thanks</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
236.	<p>Dear Sir/Madam,</p> <p>I am writing to ask for a reconsideration of the decision to not screen for AF in adults.</p> <p>My reasons are the health of our people and the cost effectiveness that screening would help.</p> <p>It is inexpensive to implement and execute.</p> <p>It can be life-saving.</p> <p>It would save our NHS money as AF strokes would be reduced.</p>



	<p>Prevention should always be tried, it can be the cure.</p> <p>I urge you to reconsider this decision.</p> <p>You, yourselves could be saved by this screening one day.</p> <p>Regards,</p> <p>XXXX XXXX</p>
237.	<p>I suffer from atrial fibrillation which was discovered after I suffered a TIA. Had screening been available this may have been avoided and saved a lot of NHS time and money. And anxiety for myself and my family. Screening would I understand be comparatively cheap.</p> <p>XXXX XXXX</p>
238.	<p>I urge you to reconsider and make screening as a normal thing. My life has been devastated by this condition which now to me was evident several years ago and would have had a better outcome if it had been picked up earlier. If screening was introduced it would not only save lives but also would be cost effective in terms of treatment. As it happens now I am incapacitated from this despite the standard treatment and during the test at the hospital a pulmonary clot was found and took two years to resolve. I have lost three years of my life and maybe my future to this condition.</p> <p>XXXX XXXX</p>
239.	<p>I had a stroke in 2002 and had to go to hospital for several weeks. This happened whilst I was on holiday in XXXX XXXX local doctor came out to me and said it was a virus infection. Symptoms did not improve so rang health line number who confirmed doctors diagnosis. So laid in bed for five days thinking I was dying. Wife had to drive home and a car hit us up back. When we got home to XXXX XXXX our doctor came out as I could not walk and sent me off to XXXX XXXX they kept me in because I had had stroke. Was in hospital for seven weeks. On discharge I had physio for several weeks. Had to learn to walk and drive again before I could go to work again. Doctor checked pulse and found I had AF so off to XXXX XXXX again to be dosed up with warfarin. This must have cost NHS a lot of money. A</p>



	<p>simple screening test could have stopped the stroke happening and the subsequent hospital visits and lost time at work. I am still on eight different tablets today which also must cost a fortune. Another vote for AF screening XXXX XXXX</p>
240.	<p>Hi</p> <p>I work on a stroke ward and I see daily the consequence of individuals not being anti-coagulated with their AF. Many arrive without having being diagnosed and others were in the process of being diagnosed but had not yet been anti-coagulated. I find it hard to believe that the cost benefit analysis of simple screening would not be less than the NICE QALY of £20-30,000/QALY.</p> <p>Having looked at your supporting documentation I find the following:</p> <p>Summary of Findings Relevant to Question 5, Criterion 14: Criterion met</p> <p>5. Is screening for AF in adults cost-effective?</p> <p>One study in a UK setting reported on the cost-effectiveness of screening for AF. This study was considered to be at low risk of bias, and the results can be used to draw out four key findings on the cost-effectiveness of AF screening in the UK:</p> <ol style="list-style-type: none">1. Screening for AF, whether opportunistic or population-based, is likely to be cost-effective;2. Some form of simple initial diagnostic test before confirmation with 12-lead ECG is likely to be more cost-effective than ECG testing alone;3. Repeat screening at five-year intervals appears to be cost-effective compared to no screening, but relative cost-effectiveness compared to single screening has not been determined;4. The evidence of the relative cost-effectiveness of population-based screening against opportunistic screening is weak.



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	<p>Despite this you are not recommending screening for AF.</p> <p>I would strongly urge you to reconsider this. Stroke is a very devastating life changing event for the individuals and families concerned and cost the NHS and social care a great deal. We have the ability to diagnose AF and to prevent many of the AF related strokes - why are you not supporting this simple life saving/QALY saving intervention?</p> <p>Thanks. XXXX XXXX</p>
241.	<p>Please reconsider your decision NOT to recommend screening for Atrial Fibrillation(AF). In my case I had a heart attack in 2003. It was several years later that a cardiac consultant concluded that it was in fact AF that had caused my heart attack. Screening for AF would save lives and save the NHS a considerable sum of money, far more than screening would cost. It is therefore cost effective. Thank you.</p> <p>Yours sincerely XXXX XXXX</p>
242.	<p>My husband died v suddenly at the age of 33 leaving me with 2 small children had screening been available he would still be here I myself have AF which rules my life evan on my medication it's v scarey please please screen everyone and save Lives</p> <p>XXXX XXXX</p>
243.	<p>Dear Colleague</p> <p>I would be grateful if you could reconsider the recommendation from the 2014 the National Screening Committee to NOT support a national screening programme for AF for a number of reasons.</p> <p>The evidence is overwhelming to screen for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p>



	<p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>There are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?</p> <p>In my opinion the NSC and PHE and NHSE should be working together to identify patients with AF to cut morbidity and mortality from AF which costs the NHS vast sums of money each year.</p> <p>Furthermore we lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?</p> <p>Please change the decision and support national screening for AF for people over the age of 65.</p> <p>You would be doing the UK public a great service in doing so.</p> <p>Kind regards</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
244.	<p>Please would you support the introduction of screening for AF as I feel it is vital that this condition is dealt with proactively and not left to be found when it may be too late to stop a devastating stroke or worse. My own experience of AF at the age of 56 means that I know first hand the effects it can have. Fortunately I did not have a stroke, but had AF been found earlier it would have helped me to seek treatment before the symptoms got bad. Regards, XXXX XXXX</p>



245.	<p>To whom it may concern</p> <p>I am one of the unfortunate people who has a partner with AF. I had never heard of this condition when a doctor announced it to me at 2 am one morning. Most people who we describe it to have never heard of it. I now understand that it greatly increases the chances of me losing my partner early, and we try to address our life style accordingly to reduce the risks.</p> <p>A friend also was diagnosed with AF in her early 60's and likely for her the ablation worked and she is now recovered and enjoying life again. But again reports a lack of knowledge even amongst medical staff about the condition.</p> <p>As I understand many people can benefit from the ablation operation, reducing the effects and costs of strokes or early deaths. A simple test can identify the condition. It seems a no brainier to me that a testing scheme should be introduced as soon as possible. This could reduce overall costs to the NHS, the human cost to patients and their families and increase awareness of the condition both in the general population and for medical staff. Even in cases like my partner were ablation does not help awareness is essential to knowing to adapt lifestyle.</p> <p>I must state however that 65 is too old in the cases I know off.</p> <p>I really hope you agree to a national uk wide testing program.</p> <p>XXXX XXXX</p>
246.	<p>To Whom it may concern,</p> <p>I am writing to ask the NSC to reconsider the evidence provided by organisations such as the AF Association.</p> <p>In line with the latest NHS plan we should be recommending a national screening programme for AF for people over the age of 65 years.</p>



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	<p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>Those over 65 years of age have a 1 in 4 chance of having AF and should be screened via a national programme.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed.</p> <p>The only way this will be met, and significant lives saved, is through a national screening programme.</p> <p>Please listen to the voices of those working with patients at risk of developing AF and agree to a National Screening Programme.</p> <p>Many Thanks</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
247.	<p>AF related CVA [iatrogenic stroke] is usually severe form of stroke, Hospital bed occupancy is much prolonged. On discharge patient may be bed ridden for life,requiring 24 hrs care by Dist Nurse/ repeat GP visit. AF SCREENING shall reduce the misery</p> <p>XXXX XXXX</p>
248.	<p>To Members of the National Screening Committee.</p> <p>I write to you to ask you to revisit your decision on not recommending screening for AF.</p>



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	<p>Screening for various conditions takes place across the spectrum of the NHS and the particular screening that would take place for AF would be inexpensive, cost-effective, life saving and potentially save the NHS millions.</p> <p>As you well know AF is a common condition but is not managed efficiently enough by our Health Service as being someone who suffers with AF can testify. The detection and protection against AF is relatively easy eg pulse check, ECG and then the treatment to the person who has been diagnosed can be appropriate with ultimately a better lifestyle for that person and hence savings within the NHS budget.</p> <p>Thanking You, I am,</p> <p>Yours Sincerely, XXXX XXXX</p>
249.	<p>As an AF sufferer (going through an episode as I write) I cannot see a valid reason not to introduce screening for this condition. I am diagnosed but I worry about those who are not.</p> <p>XXXX XXXX</p>
250.	<p>Hi,</p> <p>I had a mini-stroke early in my retirement years and my Doctor sent me for a CTI scan; presumably to search for blood clots. No blood clots were found so, as a precaution, I was put on various Beta-blocker tablets. At a routine health check some years later, carried out by a practice nurse at my Doctors Surgery; it was discovered that I had an abnormal pulse beat. I was sent to a Heart Specialist who diagnosed me with ATF. Consequently I am now prescribed APIXABAN.</p> <p>The point I'm making is: had there been a National Screening for ATF, maybe my condition could've been discovered before I experience my min-stroke.</p> <p>I therefore I strongly disagree with your decision not to recommend a NATIONAL SCEENING for ATF</p>



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	<p>Your Sincerely XXXX XXXX</p>
251.	<p>Dear sirs,</p> <p>I am writing to protest against your recommendation not to screen the population for atrial fibrillation. I understand screening to be inexpensive and easy to carry out. The management of AF when diagnosed with suitable anticoagulation will prevent a great many damaging life-changing and expensive strokes. The cost of these strokes of which atrial fibrillation sufferers are particularly liable, is huge in both financial and personal terms.</p> <p>Yours faithfully, XXXX XXXX</p>
252.	<p>I am very surprised that the NSC has decided not to screen all over 65 year olds for AF and write to encourage and, even, plead with them, to reverse that decision.</p> <p>I was diagnosed with AF when I was 24, some 56 years ago. It was not called that then and very little was known about it. I can remember my GP saying, after I had tests in the District Hospital (no ECGs in surgeries then!), "There really is something the matter with your heart"!! I think he thought I was a malingerer. I am deeply thankful for the efforts made over the years to keep me well. This has largely been by medication to try and restore rhythm, but also by cardioversion at the National Heart Hospital many years ago and more recently locally. My symptoms when the heart is irregular are always very debilitating. Various drug regimes have caused awful problems but then Flecainide was tried and this kept it in rhythm for 30+ years. Then a couple of years ago Flecainide ceased to work and following several cardioversions which did not hold, I was recommended to have an ablation. This was carried out about six weeks ago and I am waiting, and hoping, to see if it has been successful. I am even more thankful that an ablation is now available, even for an 80 year old!</p> <p>I am giving you this potted history simply to show I have experience of AF over many years. For most of those years it was not a complaint anybody had heard of. What amazes me now is the number I meet with the complaint but more seriously the number who have been totally unaware that they had it. This must mean that many are at risk of an AF related stroke as they are not on blood</p>



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	<p>thinners. Surely doing a simple and inexpensive ECG on those at risk must reduce the risk of stroke and even of death? Not only that, but also reduce the trauma caused to the families of the victims as well as pressure on the NHS.</p> <p>PLEASE reconsider your decision and introduce the screening programme recommended by the professionals as soon as possible.</p> <p>With many thanks</p> <p>XXXX XXXX</p>
253.	<p>Good morning</p> <p>I am writing to urge you to reconsider your decision to not have a national programme to screen for AF. I have suffered AF myself twice in the last 6 years and in view of the fact that screening is inexpensive and cost effective the savings to the NHS would be significant as the number of AF related strokes would be reduced.</p> <p>Please reconsider your decision and help save lives.</p> <p>Kind regards</p> <p>XXXX XXXX</p>
254.	<p>Dear Sirs,</p> <p>I am writing to add my voice the many who are asking for national UK screening for AF to help reduce the burden of AF related stroke and the human and economic impact on our NHS services.</p> <p>We believe that national screening for AF – it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <p>I hope you will change your minds and that my voice may contribute to this very worthy cause.</p>



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	Kind regards XXXX XXXX
255.	<p>Good morning.</p> <p>I am very disturbed to hear that the NSC is not recommending that there should be screening for Atrial Fibrillation.</p> <p>As someone who suffers from this debilitating and upsetting condition, I am sure that had I been diagnosed earlier, then my own case would have been easier to treat. Screening would have picked it up earlier.</p> <p>In the event it took 10 years till I was diagnosed by which time I had developed persistent AF and found it hard to leave the house because of the symptoms and also the associated anxiety.</p> <p>After a 3 month wait to see a consultant and a five month wait for a cardioversion it was it was eight months (too long!) from diagnosis to when I had a first ablation. But the AF returned, which is common with persistent AF. So 16 months later, after another wait, I had to have second.</p> <p>Had the condition been treated at the paroxysmal stage the statistics suggest the first ablation would have been more successful. That would have saved money for the NHS.</p> <p>One in five strokes are associated with AF. This risk of stroke with AF surely merits a more proactive approach to treatment, and screening should be a part of that.</p> <p>Regards, XXXX XXXX</p>
256.	Dear Committee,



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	<p>As a 76 year old male only recently been diagnosed with Af, I urge you to reverse your decision not to screen for this life-threatening condition if remained undetected.</p> <p>I suffered palpitations previous to being diagnosed and could so easily have put this down to numerous reasons such as stress. But to remain undiagnosed could have so easily have resulted in a stroke which as a laryngectomee may have been a life sentence due to incapacitation.</p> <p>Yours sincerely, XXXX XXXX</p>
257.	<p>Dear sir/s, I have been an A .F. sufferer for many years. I understand that not everyone knows when they are suffering from this erratic heartbeat even though they feel unwell. I am grateful that I was aware of my symptoms and was able to seek medical Intervention. I think it would be shortsighted to cease screening which would undoubtedly result with more strokes or worse.</p> <p>Sincerely yours XXXX XXXX</p>
258.	<p>There should be national screening for AF – it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <p>My AF went undiagnosed for 55 years exposing me to a strong likelihood of a life changing stroke which would have been as costly as it would have been devastating.</p> <p>I beseech you. Please Recommend Screening for AF.</p> <p>Yours sincerely XXXX XXXX</p>
259.	<p>I read with great interest your e-mail on AF. I was diagnosed 4 years ago, not by screening but visiting my local surgery on several occasions regarding the amount of palpitations I was getting, which made me very light headed and feeling as though I was going to</p>



	<p>pass out. If there had been screening available my diagnosis would have been earlier but I have to say once it became clear I was put on Apixaban, Beta blocker and Statins.</p> <p>I fully believe it is important to have the screening before patients have strokes, which as you say in your e-mail, treatment for stroke patients would be a greater cost to the NHS etc.</p> <p>I hope the above will go some way to promote the nation screening.</p> <p>Kind regards XXXX XXXX</p>
260.	<p>I would urge you to introduce screening for AF. I was diagnosed when having a routine bp test. I now lead an active normal life. Its a no brainer.</p>
261.	<p>am a member of the AFA - atrial fibrillation association and a sufferer of AF, albeit paroxysmal.</p> <p>Because of the paroxysmal nature of my AF I was very aware whenever I went into AF. However in my experience as a GP (now retired) many patients didn't present until something more drastic happened, a TIA or stroke. They were unaware of their AF.</p> <p>Screening could have saved this incidents.</p> <p>XXXX XXXX</p>
262.	<p>Dear Sirs,</p> <p>As a long-term sufferer of the condition Atrial Fibrillation, I was very disappointed and shocked to hear that initial proposals to screen adults over-65 for this condition are to be shelved.</p> <p>It seems to me that some of the conclusions you reach in your (UK NSC) summary on this topic are deeply flawed. For instance, we all know that AF is a condition that can dramatically increase the risk of Stroke and cause untold damage to lives, while adding significant</p>



cost burdens to the NHS, but your summary found no evidence on the effect of treating AF sufferers who had been identified by screening. No evidence of what please? This is not a logical interpretation of the facts or findings, but looks more a contrived presumption to me. If a screen were to identify an individual as suffering from AF, whilst it might not be possible to treat the AF itself in a successful manner, the knowledge that the patient was indeed a sufferer could make a vast difference to their outcome - perhaps thinning being recommended, or other simple and effective treatments that could make a significant improvement to their life chances.

I would like to see a screening programme for an even broader section of society (I have suffered with the condition since my teens and am now 53), but the over-65's are a very obvious slice of the population where a screen has a 25% chance of being positive and could be a very timely and thus cost effective intervention that could head off far more unpleasant outcomes.

You conclude (Point 2) that there is no benefit to treating screen-detected AF, not because there is evidence of this as fact, but rather because there is no evidence either way. I think this is most unsatisfactory and would urge that if there really is no study data that can be assessed, then it would be a jolly good thing to commission such a study so that there is! To conclude simply that a lack of any evidence at all supports the assertion that if there were it would be negative is not at all an appropriate way to interpret this. I would liken it to the existence of a genuine alibi for an alleged criminal. If he can prove that he was somewhere else at the time of the crime then that is fair and relevant evidence, but if there is no record whatsoever of his whereabouts then this is hardly supportive of a claim to innocence. You cite in the report an absolute lack of evidence as supporting your case, when in fact it supports nothing.

Again you conclude in Point 4 that a lack of evidence supports your assertion that screens have no added benefits over clinically diagnosed AF. I'd refer you to my alibi analogy above and make the same point.

You concede (Point 6) that screening is broadly cost-effective. However, you go on to say that the uncertainty over other areas such as whether formal screening beats opportunistic screening makes it not possible to recommend a screening programme at this time. You seem to me again to be missing the point. An opportunistic screening programme presumably relies on having a potential sufferer in front of a clinician, presenting for some form of illness or symptoms and I can understand that to test for AF when presented with this would be desirable. However, what about the countless thousands of potential AF sufferers not regularly seeing their doctors? These people are ticking time-bombs and waiting for them perhaps to be screened opportunistically may well be too late and they may first present with a Stroke, at which point it is frankly too late. Again, comparing opportunistic screening against formal seems to me to be a



	<p>null comparison. Sure, opportunistic is fine, but by definition it only reaches those whom you've had the opportunity to test. What about the others?</p> <p>The report looks to me as if care has been taken to sift evidence and find factors that would perhaps support a screening programme, such as the cost-effectiveness. However, it is most unsatisfactory then to recommend against any such scheme, based on an apparent lack of other evidence, much of which I would assert is irrelevant in any case. The fact is that there should be a screening programme for the over-65's and to miss the opportunity to instigate one immediately is a huge missed opportunity. The missing of this opportunity will cost lives and blighted lives. I don't have the figures as that that is no my business, but I am sure that you do. The death and disability that can and will ensue from undiagnosed AF sufferers in precisely the age group you consider in your report will be very costly, will represent countless personal tragedies and would, in my opinion be largely avoidable by the adoption of a screening programme and relevant treatment for those identified as needing it.</p> <p>I would therefore urge you to reconsider the findings of the report and look once more at the public health benefits that such a programme might deliver.</p> <p>Yours faithfully,</p> <p>XXXX XXXX</p>
263.	<p>I am writing in support of the need for a national screening programme for Atrial Fibrillation (AF). The National Screening Committee's lack of support flies in the face of ALL the incontrovertible evidence. Such screening cannot be left to routine GP appointments, as GPs do NOT routinely check the pulse of patients. The practise needs to be formalised to be effective. At the least, the reasons for NOT supporting screening for AF should be made public as it defies reason.</p> <p>XXXX XXXX</p>
264.	<p>Dear Sir/Madam,</p> <p>I wish to give my support to the National Screening Committee to heartily recommend screening for AF patients.</p>



	<p>Yours sincerely</p> <p>XXXX XXXX</p>
265.	<p>Dear Sir/madam</p> <p>As a practice Nurse I see patients who have had Strokes as a result of undetected AF. Please would you continue to screen for this condition. When people see their practice Nurses for a review of their AF then it is a time to address the related lifestyle factors which can improve the outcome of peoples lives, enforce the importance of medicines adherence and help prevent new CVEs.</p> <p>Kind regards XXXX XXXX</p>
266.	<p>I am a XXXX XXXX leading on Cardiology for XXXX XXXX with a focus on atrial fibrillation (AF) and stroke prevention. My interest in stroke prevention is further enhanced by the experience of XXXX XXXX and XXXX XXXX both of whom suffered disabling strokes in later life, my XXXX XXXX stroke at age 70 was caused by undiagnosed AF and left XXXX XXXX wheelchair bound and in need of continuous care for the remaining seven years of her life, with massive impact on our family's quality of life. Many people have strokes in their later lives caused by AF considering its high prevalence in the elderly. As is well recognised the disability from stokes secondary to AF is more disabling than from other causes.</p> <p>A CHA2DS2-VASc score of one for a man and two for a woman qualifies patients for anticoagulation in the face of AF and age 65 instantly achieves this score for both genders. The yield of AF in the over 65s makes it a cost efficient screening process. In West Suffolk there are an estimated 2000 patients with undiagnosed AF at risk of stroke and other cardiovascular consequences. We have been targeting detection in the over 65s and our current yield is 4%.</p> <p>Early detection of AF is the way forward and management with speedy anti-coagulation along with rate limitation where necessary. This is very easy medicine to conduct with excellent outcomes. Above all such a screening program would be cost-effective as we have shown in detail in Suffolk for example. The system savings in health and social care are massive, and with consideration of the impact of families, friends and carers in my view makes this a priority.</p>



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	<p>Please reconsider your conclusion and set up such a national screening program for the over 65s at the very least.</p> <p>Best Wishes</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX</p>
267.	<p>Please support the need for a national screening programme, this would beyond doubt, save the lives of a large number of people and help eliminate the pain, suffering and consequences of people who suffer from a stroke and of the families and friends involved, a simple test could prevent this from happening,</p> <p>I suppose it is all about the cost, well you should be lobbying the government, the members of parliament for this screening programme to be funded, if it's done now the savings in the future outweigh the cost of the programme and help prevent the possible death or disability of many people,</p> <p>Please support the screening programme,</p> <p>Regards XXXX XXXX</p>
268.	<p>Dear sir or madam,</p> <p>I was found to have AF some time after being hospitalised with pneumonia. As a consequence and prior to an accurate diagnosis of AF I was subjected to a whole series of tests and hospital visits at considerable cost to the NHS.</p>



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	<p>I eventually decided to go private in order to get the necessary assessment and in the meantime I had to close my international consultancy business in the oil and gas sector due to poor health.</p> <p>This all started in in 2010 and I closed my business in 2012 and I finally got an ablation at xxxx xxxx in 2017 which has truly turned my life around.</p> <p>I would strongly urge you to rethink your decision not to recommend screening for AF. If I had received the necessary screening support I may still be paying my income and corporation taxes and not drawing on my pension.</p> <p>Yours sincerely,</p> <p>xxxx xxxx</p>
269.	<p>Dear Sirs,</p> <p>I would strongly urge the National Screening Committee to recommend screening for Atrial Fibrillation as a national urgency. It does not take me as a lay person to point out the millions of pounds the NHS will save in funding and caring for those suffer an AF-related stroke. Screening is so simple, such an easy way of detecting AF with the ability to treat inexpensively which in turn reduces the huge risks posed to the sufferers. We as a nation are poised on the threshold of loosing the brilliant service the National Health gives through many problems, the greatest of which is lack of adequate funding. Here is a god-given opportunity for the Screening Committee to help hugely towards keeping the NHS viable.</p> <p>Lastly, I am aware that human life and quality of life sometimes falls away from monetary decisions, here is a blindingly obvious way of the two working together.</p> <p>Yours faithfully,</p> <p>xxxx xxxx</p>



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270.	<p>I am concerned that the National Screening Committee are not recommending screening for Atrial Fibrillation. Both my husband and I were fortunate as our AF presented symptomatically. My husband is in permanent AF but at least was diagnosed and given appropriate anticoagulants. He has other conditions that also increase his risk of stroke. Had he not been treated his overall cost to the NHS if he had a stroke would have been huge.</p> <p>I have paroxysmal AF and am receiving appropriate treatment.</p> <p>It is imperative that a pro-active approach to health is adopted . The tests for AF are cheap and accurate, unlike the present screening for Prostate Cancer (PSA) which ends up with thousands of worried well. I am sure a more accurate test will come on line in time.</p> <p>A pulse test for AF is cheap quick and can be performed initially by an HCA (Health Care Assistant). What's not to like?</p> <p>Best wishes</p> <p>XXXX XXXX</p>
271.	<p>Dear Sir/Madam,</p> <p>You can save lives by screening for AF. Do the responsible thing and reverse your decision not to include screening to INCLUDE AF screening.</p> <p>Kind regards</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>
272.	<p>Please reconsider</p> <p>XXXX XXXX</p>
273.	<p>Will you please reverse your decision not to recommend screening for AF.</p>



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	<p>I have been a sufferer of AF for many years and know how vital it is to all future sufferers to be screened. yours, XXXX XXXX</p>
274.	<p>To whom it may concern, I object to the National Screening Committee (NSC) decision NOT to recommend screening for AF. In my own case I was diagnosed with AF following surgery for an unrelated issues at the age of 50 years at which time I was very active in the field of Judo, completely unaware of the potential risks that I was taking. Additionally the cause of my fathers death was related to undiagnosed AF, he was aged 66 years at the time of his death, in two months from now I hope to be celebrating my 66th Birthday.</p> <p>I urge you in the interest of the general population and the obvious cost saving to the NHS to reconsider and I make this comment as an individual former NHS clinician newly retired</p> <p>XXXX XXXX</p>
275.	<p>I think your decision no to screen people for AF flawed please review you decision for the future generation.thank you Regards XXXX XXXX XXXX XXXX</p>
276.	<p>Dear Sir/Madam,</p> <p>Please reconsider your actions of not recommending screening for AF. It's a false economic decision as many of these people, who are walking around today without the knowledge that they have A Fib could have a stroke (like myself)& cost the N.H.S. a fortune let alone the personal horror to themselves, their family & destruction of their productive lives for this country's coffers.</p> <p>Yours sincerely,</p> <p>XXXX XXXX</p>
277.	<p>Dear Sirs</p> <p>My AF was detected by chance by my GP when I saw her because I was feeling lethargic and my self check of BP was very low.</p>



	<p>I have been on anticoagulants ever since, had 3 years on Flecainide which then stopped working and subsequently had two cardiac ablations.</p> <p>My AF was not totally debilitating but having previously enjoyed good health all my life I was quick to see my GP when feeling below par for no good reason.</p> <p>I believe that the acknowledged low cost, non invasive nature of AF testing plus the lifestyle and lowered stroke risk benefits of early detection justifies you reversing your decision to not recommend routine screening.</p> <p>Kind regards XXXX XXXX</p>
278.	<p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>XXXX XXXX</p>
279.	<p>Good morning ,</p> <p>I am writing today to urge you to support the need for a national screening programme for Atrial Fibrillation (AF) .</p> <p>The Evidence Summery for Screening in Adults for AF are :</p> <p>Atrial Fibrillation (AF) : THE FACTS</p>



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- AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.
- 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.
- If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.
- 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.

AF is a common condition, which can be managed with four simple steps: if :

1. DETECT:

with simple pulse check and/or mobile ECG (very little cost)

2. PROTECT:

with anticoagulation therapy (NOT aspirin as per NICE CG180)

3. CORRECT:

when appropriate the irregular heart rhythm can be treated with appropriate treatment options

4. PERFECT:

the patient pathway enabling the patient to return to being a person better able to manage their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS and society in general.

Thank you for your attention

Your Sincerely ,



	XXXX XXXX
280.	<p>As an AF sufferer I am writing to ask you to reverse your decision not to screen for AF. Screening is a simple process and Im sure would benefit the many people who develop AF symptoms.</p> <p>Thank you</p> <p>XXXX XXXX</p>
281.	<p>We need a national screening programme rolled out for AF. From XXXX XXXX</p>
282.	<p>I consider that screening for A/F should be mandatory.</p> <p>All evidence demonstrates that screening is low cost versus huge cost to the NHS incurred when having to look after stroke victims, strokes that are caused by A/F.</p> <p>Please take into account my views</p> <p>XXXX XXXX</p>
283.	<p>As a Stroke Physician every week I see at least one patient with undetected AF and unprotected from stroke – they are admitted to our Stroke Unit with frequently disabling and life-changing strokes which could have been avoided had the AF been found by screening.</p> <p>Please take the first step to end this state of affairs by reconsidering your decision not to recommend screening. My colleagues on the stroke unit, doctors of all grades, nurses and therapists, all add their voice to mine.</p> <p>The cost saving, as you acknowledge, justifies it. I see the potential saving not only in economic terms but in human lives, of patients, their families and carers.</p> <p>Yours sincerely</p> <p>XXXX XXXX XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>
284.	<p>To whom it may concern,</p>



	<p>I am lucky.</p> <p>I am a professional referee with the Rugby Football Union. During a fitness test, a medic noticed my heart rate was racing way before it should be.</p> <p>It had happened numerous times before, but I had just assumed, I had drank too much coffee, not eaten enough or was just fatigued. I had never shared these “occurrences” with anyone as I did not feel they were relevant.</p> <p>Following the fitness test, I was diagnosed with AF, undertook an ablation operation and 9 years later, I am symptom free and still refereeing International matches.</p> <p>As I said, I am lucky.</p> <p>I understand that a national screening programme would be inexpensive and cost-effective as it would save the NHS millions as the number of AF-related strokes will greatly be reduced. Most importantly though, is that it will be life-saving.</p> <p>I hope you reconsider your decision.</p> <p>Regards</p> <p>XXXX XXXX</p>
285.	<p>As a practice nurse I would just like to express the importance of detecting Atrial Fibrillation (AF).</p> <p>It is a simple test, something which I do every day at work to help find those individuals who have an irregular pulse which could possibly be undiagnosed AF. As we know AF is a common precursor to stroke. It can be easily detected & treated therefore avoiding a potential stroke which not only ruins someone’s life but can also cost the NHS huge amounts in the after care for these individuals. I have seen many patients who have had strokes that could have been potentially avoided if they had been screened for AF.</p>



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	<p>I feel a National Screening Programme for AF is essential in diagnosing the condition therefore preventing unnecessary strokes.</p> <p>Kind regards</p> <p>XXXX XXXX</p>
286.	<p>I am emailing to ask you to reconsider your recent decision NOT to screen the over 40's for A/Fib.</p> <p>I am 63 and have just been diagnosed. I recently went for a routine blood test at my GP's surgery and the nurse also took my blood pressure. She found my resting heart rate to be 120bpm. An ECG followed. Within hours I was diagnosed as being in A/Fib. Put straight onto anti-coagulation medication and prescribed medication to regulate my heart rate.</p> <p>I was very fortunate! I am so thankful for this nurse's care.</p> <p>I didn't feel unusually ill as I always feel ill. I have other health conditions.</p> <p>Now my heart rate is being monitored and I've been for my Heart Echo Test.</p>



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	<p>So sometimes we don't feel anything unusually 'wrong' with our heart rate which doesn't mean that all is well. Please reconsider the decision NOT to routinely screen the over 40's for A/Fib.</p> <p>Thank you.</p> <p>Kind regards,</p> <p>XXXX XXXX</p>
287.	<p>Hello,</p> <p>I am perplexed as to why your recommendation has been not to screen people for AF. It is well recognised that the devastating impact of a stroke is both costly in terms of care and in disruption of families. The cost of screening is, by contrast, far less, and treatments are effective.</p> <p>As someone working to identify undiagnosed patients with AF, I find your decision extraordinary, and ask you to reconsider it.</p> <p>Kind regards</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>
288.	<p>I was disappointed to find out that the National Screening Committee had decided not to recommend national screening for AF.</p> <p>It is estimated that over 500 000 people over the age of 65 have undetected AF. It is a very simple procedure to check and screen for AF and the treatment costs of the screening, anticoagulation and rate and rhythm control is very small compared to the costs of managing</p>



	<p>and treating stroke, not to mention the debilitating effect and trauma to the patients and families. There is a tremendous amount of evidence demonstrating that AF related strokes can cause a seriously debilitating stroke, which costs the NHS millions of pounds in additional treatment costs. With the growing population of people aged 65 and over these related costs are obviously set to rise in time and in fact will have already risen since this decision in 2014.</p> <p>The good news is that it is recognised as such and the long-term plan to detect AF is a priority, but to put this plan into action requires a commitment to nationwide screening. I urge you therefore to reconsider the National Screening Committee's decision and pave the way to save many people's lives.</p> <p>I can see no reason why this decision should not be reversed. Again, please review and reconsider and work closely with PHE and NHSE to make this happen.</p> <p>Best regards,</p> <p>XXXX XXXX</p>
289.	<p>Dear Sirs</p> <p>Screening for AF seems to satisfy all the Wilson criteria for a good screening program and its introduction is surely therefore a "no brainer".</p> <p>The alternative, an embolic stroke, is on the other hand a "no brain".</p> <p>I very much hope you will reconsider your decision on its introduction.</p> <p>XXXX XXXX XXXX XXXX and Fibrillator for 30 years.</p>
290.	<p>Was diagnosed With AFIB in 2015.</p> <p>I was paroxysmal. However I was totally asymptomatic. I only got diagnosed as I had bought a Garmin HR monitor and it showed I was at 165Bpm sat STILL. I rang 111 for advice and they sent an ambulance. I could have had a stroke only for that chance happening.</p>



	<p>There should be screening for AFib. XXXX XXXX</p>
291.	<p>Dear Sir</p> <p>Reconsider the screening for A F, it will be beneficial to so many.</p> <p>It's easy for Atrial Flutter and Atrial Fibrillation to be missed.</p> <p>Concerned.</p> <p>Yours Faithfully XXXX XXXX</p>
292.	<p>Good Afternoon,</p> <p>I hear that you are not willing to screen for AF.</p> <p>I urge you to reverse this decision.</p> <p>The cost of preventing AF strokes must be insignificant compared to the cost of immediate treatment and ongoing rehabilitation and care costs.</p> <p>I was lucky in that AF was diagnosed after a rapid heart beat episode. However many will be unaware that they have a problem or have "hidden AF".</p> <p>With an ageing population and statistics showing that 1 in 4 (a quarter of the population), possibly 1 in 2, will develop AF, it is irresponsible not to screen.</p>



	<p>Please think again.</p> <p>XXXX XXXX</p>
293.	<p>Hi,</p> <p>I am responding to a mail from XXXX XXXX.</p> <p>In 2009 I had a collapse and ended up in A&E. To cut a very long story short, some 6 months later I arrived in Cardiology. Later I was being prepped for a cardioversion when the Cardio nurse saw a T-wave inversion in my ECG. I had a angioplasty. Subsequently I have regular checks and my daily dose of warfarin.</p> <p>This must have cost the NHS a fair amount of money. Yet I feel most of it was avoidable. I had visited my GP in 2006 complaining of fatigue. The GP said I had stress. I got worse, more visits to my GP but no action. I gave up full time work in 2007 because I was slowly getting worse - still no action.</p> <p>In 2010 my wife was diagnosed with cancer. She and I visited the hospital almost every day for about 6 months. Whilst we were waiting for appointments I would always try to talk to other patients. The one thing that stood out was that nearly every one I spoke to had a similar story to mine experience before my collapse.</p> <p>XXXX XXXX</p>
294.	<p>Hello,</p> <p>I have recently been made aware by the AF Association that the NSC have considered, but are not recommending, national screening for AF.</p> <p>As someone who is lucky enough to have been diagnosed and is being treated against the potentially devastating side effects this is a concern.</p>



	<p>As I understand it, it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced, as well as reducing the risk of AF related stroke on individuals and the effect on their families.</p> <p>I would urge you to reconsider this decision.</p> <p>Regards XXXX XXXX</p>
295.	<p>Dear Sir/Madam.</p> <p>I am writing to you as a man of 69 years age living with AF (diagnosed about 6 years ago) and daily using medication to control symptoms and avoid stroke. I live a very active life. I developed symptoms whilst cycling during cold weather and took myself to hospital, had tests, and when my heart returned to normal sinus rhythm i was allowed home, then about a month later i had another flare up and again took myself to hospital but was kept in for many hours having tests. It was this second time that the medics confirmed i had AF. The senior medic knew i was very active and stated i can continue an active life style but perhaps “not race”. Medication was prescribed and only moderated due to my reaching the age of 65. I had no idea i had AF. I had no idea that i could suffer an AF related stroke. That news was frightening.</p> <p>I feel strongly that a national screening programme be implemented for all people at the age of 65. As i said, i clearly did not know i had developed AF and so was at risk of stroke. So it will be the case that there will be many people in the mid 60’s age range at risk of stroke because they are unaware they have AF.</p> <p>It is a fact that screening for other health conditions has positive results, both for the individual, family members and also the NHS. It would seem eminently sensible that a national screening programme for AF is made available targeting people at 65 years of age.</p> <p>Yours sincerely XXXX XXXX</p>
296.	Dear Authors of the decision to 'Not screen for atrial fibrillation':



	<p>I write today to ask you to reconsider your decision. While I understand you will have criteria against which you have examined the evidence surely the evidence of the alleviation of the burden of a stroke to the patient and the financial burden to the state must carry significant weight.</p> <p>Screening, as proposed, in a tiered system starting with pulse palpation is a quick, easy and non invasive procedure that could be taught to health care assistants (backed up by nurses if needed). Follow up as appropriate by a GP with an ECG and then a cardiologist if necessary could be easily organised and a carefully researched flow diagram could predict numbers and cost.</p> <p>I was diagnosed with AF during a bout of pneumonia five years ago and am very aware of how 'lucky' I am. A neighbour has just had a debilitating stroke and in his after care was found to have AF---the family is devastated and the poor man can barely talk and is 'a different person'. This kind of tragedy can be averted with a quick, inexpensive, noninvasive screening programme and it seems a dereliction of duty not to implement one now.</p> <p>I appeal to you to change your decision.</p> <p>Yours truly XXXX XXXX</p>
297.	<p>My family and i object to the National Screening Committee (NSC) decision NOT to recommend screening for AF</p> <p>I am a 67year old male.</p> <p>By the off chance my chiropodist suggested my pulse was irregular, and recommended that i discuss with my doctor.</p> <p>My doctor was able to give me an ECG, which apparently showed signs of AF.</p> <p>I was put on blood thinner pills in case i did have AF and might suffer with a blood clot.</p>



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	<p>From there i have no further medical input or advice as to what to do, or how problematical my potential AF is.</p> <p>I purchased a self administered device which suggests everyday that i am affected by AF.</p> <p>The local cardiology department says there is a wait of in excess of 6 months to have a formal investigation.</p> <p>For the NSC to disregard the need to screen for AF which would provide the ability to provide guidance or even some form of remedial assistance, seems to be not providing for the care of the population.</p> <p>XXXX XXXX</p>
298.	<p>As a sufferer from AF and PAF, I strongly believe that a screening programme would be beneficial both in terms of improved health and management of a potentially dangerous condition and also in terms of the increased cost of dealing with stroke sufferers .</p> <p>It I surely short-sighted to ignore prevention when it is a simple test and would potentially prevent so much distress to many.</p> <p>Thank you, XXXX XXXX</p>
299.	<p>Dear Sir</p> <p>I would urge the NSC to re-consider their decision not to screen for Atrial Fibrillation.</p> <p>I discovered my own AF at the age of 72 and have no doubt that, had it been discovered earlier, I would not be experiencing the difficulties with my health that I am now. An earlier diagnosis and treatment would have undoubtedly have lengthened and enhanced the life I am currently experiencing.</p> <p>I do hope this decision can be re-considered and reversed.</p> <p>Yours sincerely</p>



	XXXX XXXX
300.	<p>Good Afternoon,</p> <p>I am emailing to request that National Screening Committee reverse their decision not to recommend screening for AF and that the committee moves to support the need for a national screening programme for Atrial Fibrillation (AF).</p> <p>National screening for AF – is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <ul style="list-style-type: none">• AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.• 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.• If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.• 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK. <p>With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.</p> <p>For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.</p>



	<p>The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.</p> <ul style="list-style-type: none">• Why does the National Screening Committee for AF lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?• The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?• NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can this be achieved if screening is not approved by the NSC for AF?• Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?• Surely all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF. <p>Sincerely, XXXX XXXX XXXX XXXX</p>
301.	<p>I am perturbed to discover that the NHS has decided not to screen for AF.</p> <p>The discovery of my AF came about coincidentally when I consulted my GP about continuing breathlessness following a cold. It was thanks to the shrewdness of my GP that he saw me quickly and immediately suspected AF as the cause of the breathlessness, instantly sending me to A and E. My condition rapidly worsened, but thanks to excellent care at A and E I made a recovery, albeit slow.</p> <p>I now understand that it is calculated that the number of cases estimated in the UK exceeds 1,000,000, of which some hundreds of thousands are undiagnosed. How many of those undiagnosed cases realise that they are strokes waiting to happen?</p> <p>It would seem to make economic sense, if you weigh the costs of treating and carryon for stroke victims, against what it would cost to screen for AF and treat to alleviate the AF and prevent consequential strokes, that screening is the sensible alternative.</p>



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	<p>I would urge you to reconsider your decision, not only with compassion for victims of AF and strokes, but also with regards to the considerations which would have coloured, and, I would suggest, misdirected your judgement.</p> <p>Sincerely,</p> <p>XXXX XXXX</p>
302.	<p>My husband and I would like to register our belief that it is ESSENTIAL to screen for Atrial Fibrillation. We are fortunate that our Gp is excellent and always takes ones pulse as part of his general consultation but this is his professionalism not a requirement.</p> <p>Surely the small amount of money it takes to screen for AF is minimal to that of the cost of potential results eg a stroke. A stroke will devastate the patient, the family and whole life style, mobility, work\ leisure and housing choices. It will cost a vast amount of NHS\community care money and time.</p> <p>Prevention of the results of AF is essential and also enhancing the life style of people with AF who may not know they have got it.</p> <p>Kind regards</p> <p>XXXX XXXX</p>
303.	<p>Hi</p> <p>I'm extremely disappointed that the decision has been taken not to screen for Atrial Fibrillation. As you are aware this is a serious health condition that can be easily screened for which may hopefully save thousands of people from suffering unnecessary strokes and allow early treatment of Afib symptoms which can totally devastate lives and destroy employment opportunities. I would have thought that screening would save the NHS a lot of money in the long run and feel the decision illustrates very short term thinking.</p> <p>Yours</p>



	XXXX XXXX
304.	Can you tell me why people with atrial fibbulation are not screened?
305.	<p>I was unwell in 2011 and eventually was diagnosed with AF, but by then the symptoms were very serious and I could not walk up stairs in my home without pausing for breath at each step! I was treated by Ablation urgently and successfully. Screening would have prevented the condition becoming urgent and I may have been able to continue Teaching Mathematics. I decided that I was likely to require considerable time off for treatment and resigned just before my 69th birthday.</p> <p>XXXX XXXX</p>
306.	<p>For the attention of the Evidence Team</p> <p>I cannot believe that a report which shows that this screening i.e. AF screening for persons 65 and over would incur little cost to do is, apparently, going to be rejected by your committee. It staggers me that when so much money could be saved preventing strokes in this vulnerable group by a 1 minute pulse check you will turn the screening down.</p> <p>We may have a National Health Service but at the moment it does not have a stellar record. For example, we waste a fortune buying medicines and supplies at greatly varying prices some hugely more expensive than if we walked into our local supermarket and purchased them because many of the purchasers have been with the NHS for years and no one has trained them in the art of negotiation. There is so much paperwork that caring for patients comes way down the line and our General Practitioners are so overworked with vast numbers of patients and copious amounts of paperwork. that many are leaving or working part time.</p> <p>Yet you are planning to turn down screening that could be done by a pharmacist when medicine is being collected or by the nurse administering the annual flu jab. The millions of pounds if not billions of pounds that would ultimately be saved by the prevention of strokes among the estimated 500,000 people in England, not the UK, walking around unaware that they have AF.</p> <p>I have discovered that the Arrythmia Alliance have actually made a video showing people how to check their pulse. When you consider how many times the advert for recognising when someone was having a stroke was shown, you cannot in all conscience not</p>



	<p>want to promote screening that ensures we remove one of the major contributing factors in a age group where 1 in 4 are at risk from AF.</p> <p>I would ask your team to do what is right and proper and establish this screening and if by any remote chance that you turn it down, then have the courtesy to write and tell me why. I cannot think of a single reason why you would turn it down, since it would save lives and save an enormous amount of money unless someone just cannot be bothered to set it up.</p> <p>XXXX XXXX</p>
307.	<p>I am disappointed to learn that you have decided not to recommend screening for AF - and I hope you will reverse the decision.</p> <p>National screening for AF would be inexpensive, cost-effective, life-saving and actually save the NHS millions.</p> <p>The number of AF-related strokes will greatly be reduced.</p> <p>Earlier diagnosis of my AF might have saved me being disabled for five years - and might have saved the NHS most of the cost of my three cardioversions and two catheter ablations.</p>
308.	<p>Hello there</p> <p>I was dismayed to read about the decision not to screen for AF. I am a long-time sufferer myself and have become aware of many other people who have symptoms but dismiss them - "just a funny turn" they say. The potential stroke risk horrifies me. My son, aged 38, has recently been diagnosed with AF after a minor stroke. He is a doctor himself and recognised the symptoms, but how many other people would know that facial paralysis for 15 seconds needed to be investigated? This is an easy condition to diagnose, but a stroke can be catastrophic.</p> <p>Please reconsider this decision. It's not just about saving money, it's also about saving families and patients the unspeakable results of a major stroke.</p>



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	<p>Thank you XXXX XXXX</p>
309.	<p>Dear madame/sir</p> <p>I am writing to ask you to review your decision not to provide screening for AF. In addition to all the evidence that screening and earlier detection and treatment of AF would help save lives and the NHS millions of pounds, I believe firmly that with the inevitable increasing incidence of AF in an ageing population, the quality of millions of lives will be affected if screening is not provided as a matter of course. As someone who has had 2 AF-related strokes plus a pulmonary embolism, I know full well what the results of lack of screening can mean to an individual and also to that individual's family.</p> <p>Looking at some of the facts surrounding this question, it does strike me that there is a lack of joined-up thinking when Public Health England and NHSE are calling for greater detection and you are not recommending a screening programme. A cost-effective national screening programme for AF is an absolute necessity and I hope that you will review your decision.</p> <p>Yours sincerely XXXX XXXX</p>
310.	<p>Dear Sir/Madam,</p> <p>I am writing to request that screening for AF be reconsidered. I have had an ablation for atrial flutter and still have paroxysmal AF so the nature of the disorder and the risks have been explained to me. Screening is inexpensive, cost-effective, life-saving and saves the NHS millions as the number of AF-related strokes will greatly be reduced as I hope in my case.</p> <p>Yours sincerely, XXXX XXXX</p>
311.	<p>The 'Evidence Summary for Screening for Atrial Fibrillation in Adults' June 2018, has been brought to my attention by the AFA Association. I can see from the research questions, and the evidence gathered and analysed, why the National Screening Committee has arrived at its conclusions. However, experience shows that merely updating a review without regard to changing circumstances</p>



	<p>within health systems, may not be helpful. Health services research notoriously lags behind pragmatic real world developments (for good reasons). This appears to be a case in point. The NHS long term plan has included AF as one of its priority areas. Waiting another 4 years to see if any appropriate evidence has been published really won't help towards meeting this need. It would seem that this is an area in which the UK NSC needs to be proactive. UKNSC could set up a pilot AF screening project which would provide much of the evidence that is lacking (apart from long term outcomes), and practical experience necessary for setting up a full national screening programme.</p> <p>With best wishes, XXXX XXXX</p>
312.	<p>With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.</p> <p>For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis. In my case, my Afib was found by a pulse check. The expense for treatment has been minimal compared to having an MI or a stroke.</p> <p>Sincerely, XXXX XXXX</p>
313.	<p>In March 2018 I was admitted to XXXX XXXX after I fell on the ice. Fortunately nothing was broken but while I was kept in overnight for observation I was diagnosed with a heartbeat in the low 30's. It was decided that I should have a pacemaker implanted, which took 30 minutes under a local anesthetic. Everything now is fine I am taking 5mg of Apixaban twice a day and leading a fairly active life for an 80 year old, attending my local Gym 3x per week and regularly walking 4 - 5 miles.</p>



	<p>I am concerned to read that the National Screening Committee is refusing to support a national screening programme for AF for people over the age of 65 years. I believe this is a short sighted decision with an ever aging population which will add unnecessary costs to the NHS when any heart problems arise.</p> <p>I believe the NSC should reconsider the evidence provided by organisations such as AF Association to screen everybody over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The longer term cost savings to the NHS must outweigh the costs of implementing this procedure now.</p> <p>XXXX XXXX</p>
314.	<p>Dear Screening Committee,</p> <p>As a person who has PAF, I ask you to reconsider the decision not to screen for AF.</p> <p>My PAF was discovered by chance after contracting a virus. Without this diagnosis I would not have been prescribed the correct medication, which without could have led to more serious problems.</p> <p>Atrial Fibrillation (AF) : THE FACTS</p> <ul style="list-style-type: none">• AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.• 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.• If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.



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	<p>Kind regards,</p> <p>XXXX XXXX</p> <p>•1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.</p>
315.	<p>Please reconsider your plan not to screen for AF.</p> <p>I'm sure that you are aware it can go undetected in many people and that it can lead to a stroke that could well be fatal.</p> <p>I was " lucky " in that mine was serious and therefore detectable. After having a cryo- ablation it is much improved however I will be on Warfarin for the rest of my life.....better than the alternative !!!!!</p> <p>Regards, XXXX XXXX</p>
316.	<p>Please reconsider not funding a screening programme. Strokes are very expensive for the health service and for the families - as we know. A screening programme will save money and lives.</p>
317.	<p>Please consider screening for AF. Screening would have helped enormously had it been in place for me.</p> <p>Thank You XXXX XXXX</p>
318.	<p>I wish to express my views regarding screening for patients with AF.</p>



	<p>I spend many volunteer hours communicating the health message 'Know Your numbers' teaching members of the public and awareness raising of identifying abnormal pulse rates. I feel I would like to put across my views that screening is needed for patients/members of the public and would strongly ask if you will reconsider this provision.</p> <p>Kind regards XXXX XXXX Place of Refuge Community Church</p>
319.	<p>Dear Committee,</p> <p>I found out that by chance that I have paroxysmal AF when I was admitted into hospital for an emergency appendectomy.</p> <p>Despite my attempts to convince my GP that I had some form of arrhythmia it was the anaesthetist who identified that I had AF.</p> <p>It appears to me that GPs do not always have the equipment or knowledge to identify and treat AF.</p> <p>From that identification I was referred to an electro cardiologist who recommended that I should take Flecainide to reduce the risks of having a stroke. I now cycle over 100 miles a week and my fitness is good for a 65 year old working man. I often find myself explaining AF to fellow cyclist. AF seems to be more prevalent than I suspected.</p> <p>I consider myself extremely lucky that my AF was diagnosed and is now managed effectively; however, how many other individuals will not be as fortunate while we count the pennies?</p> <p>The pounds will look after themselves, solely in savings for the NHS to manage stroke patients for until their demise, if you invest in a national screening programme.</p>



	<p>It will also save families much heartache if they know that their loved ones were given an opportunity to assist themselves.</p> <p>Please don't deny them that opportunity.</p> <p>Best XXXX XXXX XXXX XXXX</p>
320.	<p>Dear Sirs</p> <p>I have read with some consternation that the NSC is not going to recommend screening for AF and ask that you reconsider this decision.</p> <p>I cannot imagine a simpler, less expensive screening than asking participants to simply take their own pulse. If AF is suspected then they can be referred to a treatment centre. It is well known that early diagnosis and treatment of AF is far more effective than leaving it to become more established.</p> <p>With simple detection of AF and subsequent anticoagulation therapy (which is relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke. Without detection there is a five-fold increase in stroke risk with all the subsequent loss of life, loss of quality of life, increased cost of treatment, and a huge pull on already depleted and overstretched resources.</p> <p>Finally, imagine how you would feel if a relative of yours had an AF related stroke which could have been avoided by a simple screening test.</p> <p>I urge the NSC to reconsider their decision.</p> <p>With best regards</p> <p>XXXX XXXX XXXX XXXX</p>




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	XXXX XXXX
321.	<p>As an AF patient I am very lucky to have been treated for the condition for many years now with treatments which will help me to avoid having a stroke. I find it hard to believe that you have refused a screening program that could save lives of so many people who could have an AF related stroke. I urgently ask you to reconsider your decision not to screen.</p> <p>XXXX XXXX XXXX XXXX</p>
322.	<p>Please make sure af screening is set up for at least people of 40 yrs plus thank you</p>
323.	<p>Dear sir, Please can you explain why you are not approving screening for AF? I believe this is a very bad error of judgement. I speak with genuine interest & understanding as an AF sufferer.</p> <p>XXXX XXXX</p>
324.	<p>Dear Sirs,</p> <p>I read with dismay that you are not recommending a national screening programme for AF despite considering that it would be cost effective.</p> <p>My own case will I hope help to change your thoughts on this. I was unaware that I was suffering from Fast AF until being prepared for surgery in the operating theatre ante-room at XXXX XXXX. When coupled up to the monitors it became obvious that there was a problem & surgery was aborted.</p> <p>The cost of a neurosurgery theatre set up for my proposed operation plus the waste of time in the theatre which could have been used to reduce the waiting list, the high level staff time wasted plus time in recovery, an overnight stay in a valuable bed & time wasted in</p>



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	<p>organising & reorganising must amount to a considerable sum added to which is the stress for me & the pain I continue to feel due to being unable to have the surgery.</p> <p>The fact that I passed the pre-operative assessment may have meant that my condition would not have been picked up in a screening programme but the fact that so much was wasted in valuable resources must surely make a screening programme sensible. I assume that the programme could be carried out by relatively low level staff in simple accommodation & therefore saving just a few situations like mine plus the AF related strokes which are often the result of the condition must be eminently cost effective.</p> <p>I trust that the foregoing may help in your deliberations.</p> <p>Yours faithfully, XXXX XXXX</p>
325.	<p>Dear Sirs</p> <p>I attach a letter setting out why I think you need to re consider the decision not to proceed with a National Screening Programme for AF.</p> <p>You have 11500 plus Community Pharmacists many of whom I am sure would deliver a cost effective screening service which would be accessible to all the population</p> <p>Yours faithfully</p> <p>XXXX XXXX XXXX XXXX</p> <p> Adobe Acrobat Document</p>



326.	<p>Dear Sir/Madam,</p> <p>I am writing in response to the decision not to go ahead with a national screening program for atrial fibrillation. As a cardiologist with a specialist interest in heart rhythm disorders, in particular atrial fibrillation and stroke prevention, I would urge you to reconsider this decision. The burden of AF is likely to increase significantly as our population ages and the ramifications for those who have embolic events are clear – patients with AF related stroke are much more likely to be left with disability, have a higher mortality and are likely to present a bigger financial and resource burden to the NHS unless we screen for and treat them early.</p> <p>I would be grateful if you would reconsider.</p> <p>Yours sincerely, XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
327.	<p>I write in connection with the extremely disappointing news that the National Screening Committee are not recommending screening for Atrial Fibrillation and I wish to register my objection.</p> <p>My diagnosis, in my 40's, has had a significant impact on my day to day life but it was caught early and I was able to start life long anticoagulation therapy. This has not however cured the problem and only recent I was shocked when clots were discovered in my heart just prior to a procedure - if the ablation had preceded it is likely that I could have had an AF-related stroke but because the hospital was aware of my diagnosis preventative checks were done.</p> <p>I am lucky enough to have benefitted from the tremendous advantageous that our health service offers but I do struggle as to why your recommendation has been reversed. Public Health England have targeted the need to increase the rates of detection of AF. The cost burden of treating AF related stroke must surely outweigh the costs of this screening (it costs very little to implement a simple pulse check) and significantly improve the quality of life for individuals and their families. with an ageing population the costs of managing the consequences of treating Atrial Fibrillation related strokes will only increase.</p>



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	<ul style="list-style-type: none">•AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke.•33% of people detected and diagnosed with AF are less likely to suffer a sudden death.•If AF is detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke. <p>I completely disagree with your position and request that the NSC reconsider the evidence provided by organisations such as AF Association, and instead recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF. It will save money and it will save lives - what could be more important.</p> <p>Kind regards XXXX XXXX</p>
328.	<p>Hello Good afternoon</p> <p>I understand the National Screening Committee have made a decision not to recommend screening for AF.</p> <p>As far as I am aware AF is the most common of the arrhythmias that are found both in the UK and indeed worldwide, with the potential for stroke and the follow on costs to the NHS</p> <p>Surely it makes sense to reconsider this decision</p> <p>As a sufferer of AF, I would like to see a lot more research into AF and other arrhythmias, and this screening decision can only be counter productive in any attempts to resolve this very significanty illness</p> <p>Please reconsider this decison</p> <p>XXXX XXXX</p>
329.	To the National Screening Committee,



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	<p>Please be aware that I believe your decision not to support a national screening programme is a terrible mistake as it is so important that there should be an appropriate NSP for those over 65 years old, as they have a 1 in 4 chance of having AF.</p> <p>Previously you have said it would be cost effective, and the NHS long-term plan has AF as one of its three priority areas and wants 89% of those with AF to be diagnosed within a timeframe.</p> <p>There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Please reconsider – this is very important.</p> <p>Yours, XXXX XXXX</p>
330.	<p>I am writing to support the introduction of this program.</p> <p>I'm 72, I was lucky on two occasions</p> <p>1.Planning to cycle from John O'Groats the Lands End I bought a Garmin map device for the handlebars. It had a heart monitor function that I availed myself of. After strenuous cycling in the Surrey Hills I noticed my HR rose to 240 (I have been a keen athlete and know how to push myself through the pain barrier). I thought there was something wrong with it but my wife, a retired GP pushed me to take the trace to the GP and I subsequently had an ablation at the London Heart Hospital.</p> <p>2.Two years later whilst running about 1.5 miles to catch a train I collapsed (I have no memory of the day). Luckily for me a guy saw me collapse and gave me CPR, I survived unscathed though when I came round from a 3-day induced coma I was told how lucky I had been.</p>



	<p>There must be lots of fit people in their 60's who were keen athletes in their younger days, who cycle or fell run but who have no idea that they might have a problem.</p> <p>I would just urge you to think very carefully (for I recognise that the NHS is overstretched) before binning this proposal.</p> <p>XXXX XXXX</p>
331.	<p>Dear Sirs / Madams</p> <p>I have had on and off AF for most of my adult life, if it wasn't for the due care and diligence of our health service doctors and consulting surgeons , who in cardiac departments all over the UK deal with AF when it comes in by the hour, I have had 4 ablations and several cardioversions as well as being disabled with the crippling issues surrounding the heart failure I have .</p> <p>It is on the increase for instance in younger people particularly women.</p> <p>When presented at A & E at hospitals it is usually the first time a person knows they have the predisposition and need both medical and surgical help with an ablation or cardio version .</p> <p>If screening took place then it would speed up help and save both time and cash .</p> <p>The main reasons as to why there should be national screening for AF – is that it is relatively inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced</p> <p>Please lay a motion for debate for the much needed reversal of this decision to stop and not screen.</p> <p>Help people , help our doctors and simply help our families and prevent crippling stroke and huge expenses for life .</p> <p>Reverse the decision and make sure we screen for these problems.</p>



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	<p>Please</p> <p>Thank you XXXX XXXX</p>
332.	<p>Please consider your non screening decision.</p> <p>As I had not been screened I endured a terrifying time for myself and my family when I ended up in AE with AF. Several weeks later it was confirmed that I had had a stroke and would be on medication for life. If only I had had the opportunity to be screened this would not have happened.</p> <p>Please reconsider for all those that do not need to go through what I endured.</p> <p>Thank you</p>
333.	<p>I am writing to you to say that I strongly support a national screening service for Atrial Fibrillation. As a person with AF myself I feel concerned that many patients may go undiagnosed with the condition for an indefinite length of time, as happened in my case. Following a diagnosis I now feel grateful that my condition is being monitored and that appropriate treatment options have been prescribed for me which may help prevent an AF related stroke and which could be a very precious life-saving measure for me.</p> <p>Please re-consider your decision on the screening of Atrial Fibrillation.</p> <p>Thank you XXXX XXXX</p>
334.	<p>Hi</p> <p>It is vital that Atrial Fibrillation screening is routinely done in the United Kingdom. This will save lives in the longer term, if patients are better educated and treated by simple surveillance that will lead to longer term success rate.</p>



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	<p>It is outrageous that screening for AF is not done routinely as it is for other health issues. Too much money is being spent on the cancer related illnesses and NOT enough on the heart issues of the day.</p> <p>I myself last year had an AF related stroke and I for one, strongly condemn what is not being done to help prevent AF and therefore screening is vital.</p> <p>Man up and get this AF surveillance programme up and running please.</p> <p>XXXX XXXX</p>
335.	Screening for AF Essential !!
336.	<p>Hi</p> <p>I just wanted to add my weight to the calls for you to reverse your decision not to support a national screening program for AF, particularly in the over 65's.</p> <p>I can't believe what you were thinking. This is a cost effective, cheap and simple way to detect a potentially deadly problem.</p> <p>The effects of AF related stroke are far more devastating than with stroke from non AF causes, just ask any stroke consultant (I have).</p> <p>We have AAA screening and bowel screening, which are far more invasive and costly procedures and yet you don't think AF screening is a good idea??</p> <p>I have personally discovered at least a dozen AF patients or more, in the last year, simply by pulse checks, both manually and by pulse oximeter and sometimes via the Kardia device.</p>



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	<p>It was quick and simple and many patients have personally thanked me for my simple efforts, to discover this potentially devastating condition.</p> <p>So please, swallow your pride and admit this is a good idea and let's get on with it, for the sake of all those people out there with undetected AF.</p> <p>regards XXXX XXXX XXXX XXXX</p>
337.	<p>Dear NSC Members,</p> <p>As someone who has had an irregular heartbeat since my youth, and as the husband of a stroke survivor whose stroke was caused by undiagnosed AF, I would urge you to reconsider the recommendation and make national screening at least available.</p> <p>I am a hospital governor and also work with veterans' health issues. I am acutely aware that we have an ageing population and that, as we get older, our risk of AF increases markedly.</p> <p>We are seeking in the NHS to promote good health which is the most effective means of reducing Expenditure. XXXX XXXX XXXX XXXX, who was an old friend, spoke fervently in favour of diagnosis before the fact. I still respect XXXX XXXX views even though XXXX XXXX died last year following a stroke after a minimally invasive heart procedure.</p> <p>My Father-in-Law who is a D-Day Veteran was diagnosed with AF following my request that he be given an ECG. And I have a good friend (and know of many others) whose son died in his early teens as a result of an undiagnosed heart condition. For those reasons we support both the AF Association and CRY.</p>



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	<p>I think the balance of probability is that it will be beneficial to offer National Screening – regrettably some may elect not to take it up but any early diagnosis is likely to save the NHS costs and reduce the number of avoidable deaths. I was placed on Beta Blockers and blood thinner nearly 20 years ago by my cardiologist in Belgium and am very grateful that was the case.</p> <p>Yours sincerely,</p> <p>XXXX XXXX</p>
338.	<p>I would support applying simple screening for AF. This would help to reduce people suffering from much more serious strokes. The treatment for AF is very cheap and easy to administer and in the long term save the NHS considerable costs.</p> <p>XXXX XXXX</p>
339.	<p>Dear NHS AF Screening Group</p> <p>Offering screening to catch people with AF that is identifiable by ECG and 12 electrical nodes would be life enhancing for those who have regular AF episodes.</p> <p>In my case it would not catch the episodes as they are intermittent, and so currently have an implantable loop monitor to try and catch the erratic episodes. I go months without anything happening, then the problem starts up again, may last months, then it stops again.</p> <p>However for people who have this Atrial Fibrillation condition but may not realise it, awareness of this fact, could prevent cardiac arrest or a stroke, and a 5 year interval screening for people 50 plus should be considered.</p> <p>XXXX XXXX</p>
340.	<p>dear sir or ms i would beg you to start screening for af you may or not know what it is like to be in af i do know and it it very debilitating i am 80 years old and when i am in af i feel totally washed out and weak.Thanks to the excellent medical staff at XXXX XXXX and the I XXXX XXXX i am in synus rythm at present and am greatfull that i have less chance of a stroke thanks to medication especially rivaroxaban to thin my blood.I know screening can and will save many lives and improve the quality of life as well please reconsider and help people who have probably worked all their lives to live longer and enjoy a better quality of life yours XXXX XXXX</p>



341.	<p>Eighteen months ago I suffered a stroke which apparently was due to AF. Initially I thought that I was 'special', but was amazed to find out how many of my peers etc also had an erratic heart beat.</p> <p>I had absolutely no warning signs. I lead a very active life including running 4 allotments and attending the Gym most days, including 4 Spin classes a week. I was lucky that my husband was home, and an ambulance summoned quickly got me-to my local hospital. I 'only' lost my speech for a few hours, but that was still very frightening.</p> <p>I now lead a normal life on Apixaban and Bisoprolol medication. I feel very lucky that my AF was diagnosed. However if screening was available my diagnosis may have been a lot earlier, and the outcome may not have been as disastrous as it could have been.</p> <p>At a pre hip op assessment recently my husband has also been diagnosed with AF. Again NO obvious symptoms. He is now also on blood thinners , and hopefully any possible stroke risks averted.</p> <p>Had screening been available both our AF conditions could have been diagnosed. Relatively cheap treatment could have been applied and far more serious problems averted, saving a lot of NHS money.</p> <p>I urge the NHS to reconsider the decision to not carry out AF screening. ' A stitch in time ' , could save a lot of NHS money and distress to those affected.</p> <p>Thank you.</p> <p>XXXX XXXX</p>
342.	I feel that screening for AF is a cheap effective way of saving thousands of lives pls recommend it
343.	<p>Please start screening for AF!</p> <p>See below for supporting evidence:</p>



Atrial Fibrillation (AF) : THE FACTS

- AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.
- 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.
- If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.
- 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.

AF is a common condition, which can be managed with four simple steps:if.

1. DETECT:

with simple pulse check and/or mobile ECG (very little cost)

2. PROTECT:

with anticoagulation therapy (NOT aspirin as per NICE CG180)

3. CORRECT:

when appropriate the irregular heart rhythm can be treated with appropriate treatment options

4. PERFECT:

the patient pathway enabling the patient to return to being a person better able to manage their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS

and society in general.



Why do we need screening?

With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.

For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

- Why does the National Screening Committee for AF lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?
- The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?
- NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can this be achieved if screening is not approved by the NSC for AF?
- Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?
- Surely all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF.

Thank you



	XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
344.	<p>I ask that the decision not to implement national atrial fibrillation screening is reconsidered. I suffered a stroke - caused by AF – that led to homonymous hemianopia. I have featured in a short video for Boehringer Ingelheim on AF that is on circulation to clinicians in the UK and USA. At a GP appointment for other reasons, even a brief readout from an oximeter with a pulse trace or pleth display would be a start.</p> <p>Regards</p> <p>XXXX XXXX</p>
345.	<p>Dear Sirs,</p> <p>As a long-time sufferer of AF (ten years) I am very disappointed to hear of your decision not to recommend screening for AF.</p> <p>I urge you to reconsider your decision for a number of reasons, namely that screening is an inexpensive, cost-effective way of saving lives, and ultimately saving the NHS many millions of pounds, as the number of AF-related strokes will greatly be reduced.</p> <p>As a keen runner, about ten years ago, took to wearing a heartrate monitor whilst out running. I noticed something going on with my pulse, and I can say I have been one of the lucky ones who was diagnosed with AF and receive the appropriate treatment for this life-threatening condition.</p> <p>With an aging population more prone to AF, surely prevention of a stroke is the best solution for the individual and the NHS?</p>



	<p>A similar program with the prescription of Statins has shown to be most cost effective, surely a simple screening test will be the way to go with AF?</p> <p>I urge you to reconsider your decision, and help to reduce the cost-burden of AF-related strokes, and save much heartache to the families of those who suffer from the devastating consequences of an AF related strokes.</p> <p>Kind Regards</p> <p>XXXX XXXX</p>
346.	<p>I urge you reconsider having a national screening programme for Atrial Febrillation (AF)</p> <p>Atrial Fibrillation (AF) : THE FACTS</p> <ul style="list-style-type: none">• AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.• 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.• If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.• 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK. <p>AF is a common condition, which can be managed with four simple steps: if.</p> <p>1. DETECT: with simple pulse check and/or mobile ECG (very little cost)</p>



	<p>2. PROTECT: with anticoagulation therapy (NOT aspirin as per NICE CG180)</p> <p>3. CORRECT: when appropriate the irregular heart rhythm can be treated with appropriate treatment options</p> <p>4. PERFECT: the patient pathway enabling the patient to return to being a person better able to manager their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS</p> <p>and society in general.</p> <p>Thank you. XXXX XXXX</p>
347.	<ul style="list-style-type: none">•AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.•33% of people detected and diagnosed with AF are less likely to suffer a sudden death.•If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke. <p>•1:4 of us will develop AF, possibly 1:2of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.</p> <p>For all these reasons please reconsider</p>



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	XXXX XXXX XXXX XXXX
348.	I would respectfully ask that you reconsider your decision not to implement an AF screening programme. You have all the reasons why this should happen...do you not care? regards XXXX XXXX
349.	Hi I have read the decision of the NSC not to recommend screening for AF to the NHS. This has got to be the most nonsensical thing I have heard in a long time. How you can say there is no evidence for improving patient outcomes (and the burden on the healthcare system) by identifying patients with untreated AF at risk of stroke is unbelievable. I work with pacemaker patients and we identify and inform the GPs of AF episodes and request anticoagulants for these patients. This is standard of care in the NHS trusts I have worked in. Why should early detection and stroke prevention not be standard of care for all patients? Identification is not expensive. Regards XXXX XXXX XXXX XXXX
350.	RE: National Screening Committee's decision not to recommend screening for AF. As an AF sufferer I would ask that you seriously reconsider your decision not to recommend a National screening programme for the over 65's. I consider myself quite astute and nowadays aware of conditions that often affect older people such as dementia, heart attacks, strokes & cancer. However, until diagnosed with AF, I had never heard of it and have never taken my pulse, or even knew how



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	<p>to take it! After several episodes of a strange sensation of what I considered were palpitations, I finally went to the Doctor where, with a pulse rate of 170, I was sent straight to A & E. The rest, as they say, is history & I now take Beta blockers & anti coagulants.</p> <p>I'm certain that there are thousands of people out there who have already suffered an AF related stroke, and thousands more who will. Those who do manage to survive will require months of NHS treatment and after care, possibly living totally disabled, all of which could have been avoided by screening. They will also take up NHS resources and beds, thus preventing other patients, whose illness cannot be detected by screening, from receiving treatment they need.</p> <p>Please reconsider, it really does make sense.</p> <p>Sincerely xxxx xxxx AF Sufferer</p>
351.	<p>I would like to express my support for routine AF screening.</p> <p>I was diagnosed AF 6 years ago by way of a routine age related health check. I under went two cardio-versions, which were unsuccessful and have been prescribed warfarin on a permanent basis.</p> <p>I had no obvious symptoms prior diagnosis and but for the health check it would have continued undetected, therefore I would consider screening an important move to help reduce the possibility of AF resulting in a stroke</p> <p>Regards xxxx xxxx</p>
352.	<p>Dear to whom this may concern,</p> <p>Of course screening for AF and Atrial flutter must continue. It's simple its cost effective, only this week i have stumbled across three patients with undiagnosed AF. Pulse Check or in my case listen to heart sounds. WE must continue to teach children causes and how to detect pulse checks, etc.</p>



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	<p>Prevention or early detection is paramount to prevent debilitating strokes and Heart failure, keep encouraging screening.</p> <p>Kind regards XXXX XXXX</p>
353.	<p>Dear sir/Madam</p> <p>Three weeks ago I was diagnosed with AF ,I had no idea I had this, I found out due to having pains in my chest which I believed to be indigestion, fortunately I work in a doctors surgery and as I had been feeling this pain for three days the nurse decided to do an ECG I was then dispatched to hospital I had no idea I was at risk from a stroke!</p> <p>I am viewing this diagnosis as positive as I could have been walking around with a time bomb!</p> <p>I am a 64 year old women who saw myself as fit walk my dogs three times a day not overweight,do not smoke and drink very moderately.</p> <p>Please screen for AF as this would save the NHS money for sure.</p> <p>Regards XXXX XXXX</p>
354.	<p>Good afternoon</p> <p>I have been made aware that the National Screening Committee refused to support a national screening programme for AF following which an updated consultation document upheld this decision .</p> <p>I am writing to ask that this decision is reconsidered and recommendation given for a national screening programme for AF for people over the age of 65.</p> <p>Studies have shown that 1 in 4 over the age of 65 have a chance of developing AF with associated risks of debilitation in health and/ or AF related stroke. Many people are unaware that they have AF yet simple detection and treatment could avoid AF related stroke thus reducing the cost burden to the NHS.</p> <p>I am therefore asking that the national screening programme for AF be given priority and reconsidered.</p> <p>Kind regards XXXX XXXX</p>
355.	<p>Dear Sir / Madam,</p>



	<p>I am writing in support of initiating a national screening program for AF.</p> <p>The scientific basis for this is that - as indicated in your draft response for consultation - there is no difference in the risk of stroke comparing asymptomatic and symptomatic patients with AF. Furthermore, your report states that AF screening in the NHS would be cost effective.</p> <p>A decision to withhold AF screening until RCT evidence is available may unfortunately represent an overestimate of the ability of the planned RCT to answer every possible outstanding screening question posed by the committee. Also, and sadly, this decision will undoubtedly deny many asymptomatic individuals the potential benefit of oral anticoagulant therapy for screening-detected AF.</p> <p>I urge you to please reconsider your decision and agree to implement a targeted national screening program for AF.</p> <p>Yours faithfully, XXXX XXXX XXXX XXXX</p>
356.	<p>It is imperative that AF .screening is introduced, my husband was diagnosed 20 years ago by a particularly special G.P . Three ablations, massive doses of .Warfarin and at 80 is still going strong! Well not always strong but he's still with us and hasn't had a stroke. Many thanks to AA for your support</p>
357.	<p>I fully a support a national screening programme.</p> <p>XXXX XXXX</p>
358.	<p>hello</p> <p>I am writing to request the NSC to reconsider its decision on routine screening for atrial fibrillation.</p>



	<p>I have a relative who had a stroke which was attributed to atrial fibrillation. He was lucky to be living close to a hospital and survive but is disabled and needs psychotherapy.</p> <p>Since atrial fibrillation is a silent disease, it is imperative to screen for it. This will save lives and cost to the NHS.</p> <p>XXXX XXXX XXXX XXXX</p>
359.	<p>Dear NSC,</p> <p>I am writing to request that you reconsider your decision not to support a national screening program for Atrial Fibrillation (AF) as concluded in your consultation document.</p> <p>With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.</p> <p>For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.</p> <p>The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.</p> <p>I had the unfortunate experience of suffering heart failure (my heart stopped but thankfully I was resuscitated) whilst on holiday in Lanzarote where a pacemaker was implanted to help alleviate the problem but because of that incident I was “captured” by our NHS when I returned from holiday and regularly checked and subsequently AF was also diagnosed and treated.</p>



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	<p>Had I been screened for AF earlier (I was 60 when the incident in Lanzarote happened) my heart condition could have been diagnosed earlier and preventative action taken to assist with my heart condition.</p> <p>I hope you will reconsider your decision and introduce a national screening program to detect AF at an early stage which potentially could save our NHS a substantial sum of money as it has been proven that early treatment of AF could vastly reduce the number of patients who subsequently go on to suffer strokes etc.</p> <p>I intend to copy this e-mail to XXXX XXXX of the AF Association for XXXX XXXX reference.</p> <p>Thank you.</p> <p>Kind Regards, XXXX XXXX</p>
360.	<p>To whom it may concern</p> <p>I wish to express my disappointment that the NSC has decided to not recommend a national screening programme for AF.</p> <p>As a sufferer of AF a national screening programme if in place would have diagnosed the condition many years before it became life threatening as I like many others were not aware of the condition and the threat to life and quality of life.</p> <p>I believe the NSC needs to reconsider the decision and put in place a National Screening programme for the safety and health of the population</p> <p>Yours faithfully XXXX XXXX</p>
361.	<p>Please reconsider your decision re national screening for AF. It is inexpensive, cost effective, life saving, and will ultimately save the NHS huge sums</p>



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	<p>as the number of AF related strokes will be greatly reduced</p> <p>Regards, XXXX XXXX</p> <p>An AF patient</p>
362.	<p>Hi,</p> <p>I would ask you to reconsider screening for Atrial fibrillation. The process is simple and would ultimately save the NHS money in the long term as well as prevent a number of strokes and deaths, which could be prevented by screening.</p> <p>Kind regards, XXXX XXXX</p>
363.	<p>Please reconsider screening for Atrial Fibrillation, I truly believe it would help cut down costs to NHS in the long run I have suffered myself for years with AF and it took over ten years to be Diagnosed and I myself have told 2 people to go the the doctors as I know the signs of A F , who were then diagnosed through their doctors as having AF. I myself had a stroke due to AF not being diagnosed early enough xx</p>
364.	<p>Dear Sir /Madam,</p> <p>I am asking you to reconsider your decision not to agree to screening for A.F.</p> <p>I was diagnosed with A.F in 2007, luckily I am a RGN and was aware of this condition, and the effect it can cause on your life. if you are not diagnosed early enough. Strokes are very debilitating to oneself , and cost the NHS millions of pounds.</p>



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	<p>Please rethink your decision now.</p> <p>Thankyou XXXX XXXX</p>
365.	<p>To the National Screening Committee:</p> <p>It is quite clear that the current UK NSC policy that population screening for AF should not be offered by the National Health Service (NHS) based on the findings of an external review of AF against UK NSC criteria in June 2014 using relevant publications published until December 2011 [5] and with the last evidence review summary being conducted in May 2014 [6], should be reviewed in the light of more recent findings by the YHEC.</p> <p>XXXX XXXX</p>
366.	<p>Dear Sirs,</p> <p>I have to say that the recommendation to not set up a national screening programme is extremely disappointing and needs to be reversed.</p> <p>Having many years of working in healthcare, I have seen the devastating effects that AF related strokes have on patients and their families.</p> <p>Like many, I am also acutely aware that the NHS is under pressure to provide the best care whilst being under huge financial constraints.</p> <p>However, that being said, screening for AF is inexpensive, cost effective, life saving and will save the NHS many millions. There is a consensus that diagnosing patients earlier saves lives and so much less expensive to treat a patient earlier in their diagnosis.</p> <p>So I would respectfully ask you to reconsider your decision and look to recommend screening for AF as a matter of urgency.</p>



	<p>Best Regards, XXXX XXXX XXXX XXXX</p>
367.	<p>I understand that the UK NSC recommendation on Atrial Fibrillation screening in adults is not recommended as clinical practice guidelines are covered by NICE. I wish to formally request that this recommendation be reconsidered and list below the justification in support of my request.</p> <p>1. In February 2019 my GP referred me to the relevant department of the NHS for a possible Hip Replacement and following various consultations it was agreed that such treatment was applicable to my situation. My pre op assessment highlighted signs of Atrial Fibrillation which required a postponement for at least six weeks and a course of treatment of Edoxaban 60 mg tablets. I together with my GP were unaware of this issue.</p> <p>2. Approximately eighteen months ago my wife suffered a stroke due to Atrial Fibrillation. She had not experienced any warning signs and she and her GP were unaware of her Atrial Fibrillation condition.</p> <p>3. I am happy to provide more details of the 1. And 2. If you require.</p> <p>Both of these situations obviously had valuable NHS resource and cost implications in order to rectify the situation, and I am sure if an effective Atrial Fibrillation for adults programme was operated by the NHS, these resources would have been saved. With an aging population Atrial Fibrillation will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid related strokes.</p> <p>I trust that you will reconsider your recommendation and thank you in anticipation for your time and effort in this important issue.</p> <p>XXXX XXXX</p>



368.	<p>I contracted AF before AD2000. Intermittent attacks didn't coincide with visits to Dr. Eventually picked up from pulse " all over the place" then years of medication until stroke in 2009. Pacemaker and atrial occlusion op when warfarin conflicted with bowel bleeds. Most grateful for the wonderful work of the devoted doctors and staff of theNHS.</p> <p>AF screening in my case could have resulted in earlier diagnosis and possible treatment by pacemaker so avoiding heart damage to valves and the need for more complicated operations later , so reducing the burden on the NHS and making best use of resources. XXXX XXXX</p>
369.	<p>I would advise that screening for atrial fibrillation should be available for all in an effort to prevent strokes & the consequences of same. I feel fortunate to have been diagnosed &able to take preventive treatment .</p> <p>I do not fibrillate continuously in fact am very active & fit but know how scary & debilitating it can be. I had lots of episodes before being diagnosed in 2012</p> <p>I am a senior citizen.</p> <p>Yours Sincerely XXXX XXXX</p>
370.	<p>I am writing to ask you to reconsider your decision not to recommend screening for AF. As a sufferer myself I know how frightening it is to learn about the high risk of a stroke. The cost savings to the NHS by reducing the number of stroke victims would be vast. For that reason alone, please reconsider.</p> <p>XXXX XXXX</p>
371.	<p>Patient Representative recommendation for the introduction of systematic screening for Atrial Fibrillation - from XXXX XXXX</p> <p>I wish to add my personal opinion to the opinion expressed to me by many patients who I have spoken to in the area covered by the XXXX XXXX, and most particularly in the area served by XXXX XXXX, that a systematic AF screening programme for the population over 65 years of age should be introduced by NHS England.</p> <p>I suspect that the majority of AF patients in England, estimated at being several hundred thousands, are currently undiagnosed, especially those without those strong symptoms which would normally have triggered a visit to their GP. Even those AF patients seen by their GPs may not be recognised to be at risk of stroke or heart attack, although when ambiguous symptoms indicate the risk of</p>



	<p>heart attack, a referral by a GP to a hospital A & E department will often result in the appropriate diagnostic tests being made and appropriate recommendations made by cardiologists for a further course of treatment for the AF. Early screening for AF of the population aged 65 would pick up on all types of AF, in that it would reduce the need for referrals to A&E by GPs, and it would bring into a monitoring programme by GPs a vast number of AF patients whose increased risks of heart attack or stroke have been previously unknown. Most importantly, a NHS screening programme for AF would save many lives unnecessarily lost prematurely by undiagnosed AF patients who die from stroke or heart attack. Where AF is identified through screening and can be controlled by appropriate medication provided through Primary Care, not only are lives extended and the quality of lives improved, but an enormous cost saving is secured for the NHS by keeping such patients out of hospital for stroke or heart attack treatment.</p> <p>The case in favour of introducing a national screening programme for AF by the NHS is overwhelming.</p> <p>Best wishes,</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
372.	<p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking. The consultation document recommends to NOT set up a national screening programme, even though they consider it would be cost-effective. I completely disagree and want to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p>



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	<p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Thank you.</p> <p>XXXX XXXX XXXX XXXX</p>
373.	<p>Dear National Screening Committee</p> <p>I am writing to please encourage you to review your decision not to have a screening programme for atrial fibrillation.</p> <p>Atrial fibrillation is often a hidden condition but one that can have devastating effects if not diagnosed and treated. I feel sure that a screening programme would save lives and reduce disability from the consequences of the condition. It is likely also to save the NHS money in treating the possible consequences of atrial fibrillation when it is left untreated.</p> <p>I write this as someone in whom the condition has been diagnosed and to whom the appropriate medication has been given.</p> <p>I very much hope you will reconsider your decision and recommend a national AF screening programme.</p> <p>Yours sincerely XXXX XXXX</p>
374.	<p>Hi,</p> <p>I had SVT for 30 years and been through the procedure in John Radcliffe hospital. I feel the screening is very vital for people with AF and it's massive care which is provided to us.</p>



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	<p>Best regards, XXXX XXXX</p>
375.	<p>Screening for AT should be a mandated part of the NHS Health Check programme to enable the detection and management of atrial fibrillation (AF).</p> <p>-- XXXX XXXX XXXX XXXX XXXX XXXX</p>
376.	<p>Good morning.</p> <p>I am very keen that much better run & more widely available screening to identify hidden Atrial Fibrillation should be made available to the general public. The cost of not doing this is a failure to prevent more strokes & the consequence more disabling conditions to be suffered by mostly older people. The price is obviously much higher costs for the NHS in treating more serious long term disabling conditions.</p> <p>I am a 76 year old female patient with atrial fibrillation. My condition was discovered by my GP son in 2014 when I called in & asked him to take my blood pressure as I had heard my heart rattling along in an unusual pattern at night. I felt fit & well.</p> <p>He FELT MY PULSE & then he took me straight to A&E . A very cheap, very simple diagnosis easily done by most competent trained medical staff. As someone who very rarely went to the doctor I would simply not have thought to make an appointment for a pulse test. I had not been invited in by my General Practice for an over 60's MOT which might have diagnosed something. Such MOTs could be excellent opportunities for screening for AF.</p>



For me a long weekend in hospital for tests & heart monitoring produced a diagnosis of permanent Atrial Fibrillation and a new to me drugs regime. I came out of hospital feeling pretty scared & very unwell. The new drugs, normally used for AF patients (digoxin, bisoprolol & warfarin) made me feel very tired & very unwell.

I live by myself & so was made fearful of the stroke that might happen & the consequences.

So how to cope ? I knew I should try to stay healthy & for example go walking. We are told that walking is one of the best forms of exercise for patients with heart problems. I did not now want to walk by myself so I joined a volunteer led self help gentle walks group run by Champions Show the Way scheme, run by In xxxx xxxx. Hundreds of patients are supported by this health promotion project, dozens of patient volunteers engage with hundreds of other poorly people promoting healthy activities almost daily.

Now I voluntarily run a self help group for local people with AF on a regular basis, supported by Champions Show the Way. I have had regular contact with over 40 local patients. We share our stories & information about our medical treatments & life styles & good information & advice. Most of us live on our own.

We find that often AF is one serious condition among others that older people have , eg cancer & diabetes. I have learned that AF is quite a common condition & that most GP practices in my area have around 200 patients with AF registered with them . That could be 1000 patients in one town alone. That is without a full on screening programme to identify new patients with AF.

My researchings told me there there is also a substantial lack of good quality information for patients & the public about AF . My best source of information had become the internet where I had luckily found the website of the ATRIAL FIBRILLATION ASSOCIATION with all its wealth of information & experience of supporting AF patients. Also it's great concern that not nearly enough is being done yet to identify undiagnosed patients . I totally agree,

I became very upset that so little help & support was provided locally to newly diagnosed people with AF. One common patient response was for people having a scarily raised heart beat episode especially at night was to go to A&E or call an ambulance. There also seemed to be a lack of enough time & awareness by most busy medics to try & identify new patients who might be at risk of a stroke.



	<p>It did not seem “normal” for medical staff I met to regularly check the pulse of unwell AF people. Nowadays to save time GPs often refer people to “self help” machines in surgeries to take pulses & blood pressure on their own behalf.</p> <p>I keep coming back to the idea that a really simple & cheap manual pulse check could identify numerous hidden AF patients. I have been asking myself for 4 years now how can this be implemented ? The major health benefit for patients & the NHS would be helping these hidden patients to avoid having a stroke.</p> <p>That could really help reduce the very large numbers of UK citizens who have undiagnosed AF. These hidden patients probably receive no anti coagulation treatment & are therefore at greater risk.</p> <p>We are told arrhythmia causes 100,000 sudden cardiac deaths in the UK each year.</p> <p>Also 12,000 related strokes. The human & medical costs to us all are therefore massive & clearly unacceptable in this day & age.</p> <p>So surely it is a no brainer to bring in much better NHS simple screening services for not just the thousands of people over 65 who are most at risk but also for younger people at risk too.</p> <p>Is it not a really excellent idea to now properly “ Take the pulse of the UK”?</p> <p>I do sincerely hope things will change for the better soon for all us at risk from AF and our families, friends & the wider community.</p> <p>Sincerely XXXX XXXX</p>
377.	<p>Hello,</p> <p>Would you please be able look at the conclusion of the recommendation not to screen patients for AF.</p>



	<p>".....Overall, due to limitations in the amount and quality of literature that address screening and atrial fibrillation, screening is not recommended at this time..... "</p> <p>It does sound like the screening is not recommended a priori. Would you be able to consider wording it in a slightly different way?</p> <p>e.g.:</p> <ol style="list-style-type: none">1. we have no good evidence to express our opinion on screening for AF?2. screening recommendation is not supported by current state of knowledge/evidence, nevertheless we can not exculde possible benefits at this time. <p>Are there any reasons for making that statement negative? - ...screening is not recommended...</p> <p>I am concerned about my aging population.</p> <p>Best wishes XXXX XXXX XXXX XXXX</p>
378.	<p>Please read</p> <p>In 2014 the National Screening Committee refused to support a national screening programme for AF for a number of reasons – and have now put out an updated review for consultation, asking for individuals and organisations input to comment on their current thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p>



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We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.

The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.

The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.

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	<p>thinking. Attached is the consultation document which recommends to NOT set up a national screening programme, even though they consider it would be cost-effective.</p> <p>We completely disagree and want as many people as possible to ask the NSC to reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>WHEN WILL IT BE YOUR TURN?</p>
379.	<p>As I have been diagnosed with A.F. I am of the opinion that Screening should be continued and not shoved to one side and forgotten.</p> <p>I repeat myself that A.F. should be continued and kept going as a vital service.</p> <p>Yours Faithfully</p> <p>XXXX XXXX</p>
380.	<p>Dear sir or madam,</p> <p>I am writing in relation to the recent review (title below) which is currently out for consultation:</p> <p>Evidence Summary for Screening for Atrial Fibrillation in Adults</p>



External review against programme appraisal criteria for the UK National Screening Committee

Version: Consultation

Date: 15 June, 2018

Extract from the plain English summary:

“There is some recently published good quality evidence to suggest that population screening for AF is cost-effective. There is also evidence from diagnostic accuracy studies to suggest that pulse palpation or modified blood pressure monitors (if available) administered by nurses in primary care settings would be appropriate screening tests, followed by a diagnostic 12-lead ECG interpreted by a trained GP in those who screen positive, with referral to a cardiologist/specialist in cases in which the diagnosis is unclear. However, other results were less certain or there was a lack of information. In particular, no evidence was found on the effect of treating people with AF identified through screening, so the benefit of screening was not shown.

Although some criteria are met, screening is not recommended at this time.”

My comments:

1. It is clear from the above summary that on a “value for money” basis, screening for AF works
2. It is clear from the above summary that there is a well trodden pathway for the initial screening of individuals and the subsequent management of those identified as potentially having AF
3. It seems strange that so much importance has been attached to the need for evidence on the effect of treating people with AF identified through screening. In the context of my comments 1 & 2 above, it infers that significant numbers of people would be prepared to come forward for screening but then not follow up on the subsequent diagnostics / treatment where evidence of AF had been found through screening. As the known potential consequences of allowing AF to go untreated (stroke / heart attack) are so severe, the likelihood of individuals ignoring initial evidence of AF must, I believe, be small. Individuals having the propensity to ignore evidence of AF and its potential consequences just wouldn't take up the opportunity to be screened in the first place.



	<p>My conclusion</p> <p>Whilst I recognise that a clear case must be made for the introduction of any new national screening programme because of the pressures on NHS resources, it seems perverse that the authors of this report are still not recommending that an AF screening programme be introduced. As such, I urge the National Screening Committee not to delay further the reaping of the clear cut benefits of introducing a national screening programme for AF.</p> <p>Yours sincerely</p> <p>XXXX XXXX</p>
381.	<p>Dear Sir/Madam</p> <p>I am a Senior Nurse working in an anticoagulation service in XXXX XXXX. Most of our work entails monitoring INR's for patients taking warfarin for Atrial Fibrillation.</p> <p>I believe that we are instrumental in saving many AF related strokes from occurring by keeping the INR in range and our patients safe. In order to pick up these patient's that are most at risk we must continue screening for AF and preventing this devastating event happening.</p> <p>AF – it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <p>Talking from a personal perspective, my father suffered an AF related stroke 7 years ago and luckily he survived and has my mum to take such wonderful care of him. However if his AF had been treated with an anticoagulant this event may never had occurred and he would be continuing to live the active life he so enjoyed.</p>



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	<p>So please review the decision and continue to screen people for AF and pick it up before it has such a devastating effect on themselves and their loved ones.</p> <p>Many thanks</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
382.	<p>Dear Sirs/Madams,</p> <p>I would like to support the campaign to screen for AF – as a radiologist I see first hand devastating consequences of strokes due to undetected AF.</p> <p>Many thanks for your re-consideration.</p> <p>Regards, XXXX XXXX XXXX XXXX</p>
383.	<p>Dear National Screening Committee,</p> <p>Request for Screening for AF to become part of routine medical practice in UK</p> <p>I am writing to highlight the need for a national screening programme for Atrial Fibrillation (AF).</p>



I am 68 years old male and was very fortunate to be put on anti-coagulant medication immediately after being diagnosed with AF while on holiday in Cyprus in March 2017. This potential life-saving treatment only became possible after a routine ECG within the first hour of simple medical checks on admission to a ~~XXXX XXXX~~ after I became ill with bronchial flue while on this holiday. I count myself fortunate for falling ill while on holiday and being treated in a non-UK hospital where my ECG was easily detected within the first hour of admission. They also detected that I had a leaky valve!

I am shocked to learn of the National Screening Committee (NSC) decision NOT to recommend screening for AF. This is a VERY BAD decision, not only for the millions of people (and their families) in the UK who either already suffer or will suffer from AF, but also for the NHS and Taxpayers (as those suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions).

The facts and reasons as to why there should be national screening for AF are because it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.

Atrial Fibrillation (AF) : THE FACTS

- AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.
- 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.
- If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.
- 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.



AF is a common condition, which can be managed with four simple steps:

1. DETECT:

with simple pulse check and/or mobile ECG (very little cost)

2. PROTECT:

with anticoagulation therapy (NOT aspirin as per NICE CG180)

3. CORRECT:

when appropriate the irregular heart rhythm can be treated with appropriate treatment options

4. PERFECT:

the patient pathway enabling the patient to return to being a person better able to manager their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS

and society in general.

Why do we need screening?

With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.

For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.



	<p>The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.</p> <ul style="list-style-type: none">• Why does the National Screening Committee for AF lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?• The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?• NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can this be achieved if screening is not approved by the NSC for AF?• Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?• Surely all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF. <p>I would be grateful to receive an acknowledgement to my request, and your response to the above facts and questions. Thank you.</p> <p>Best wishes XXXX XXXX XXXX XXXX</p>
384.	<p>Dear Sir/Madam</p> <p>As I understand it there has been a decision not to put in place a national programme of AF screening.</p>



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	<p>As an AF sufferer I do not agree with this at all; we should be aiming to improve everyone's quality of life and early diagnosis of this condition will certainly achieve that.</p> <p>Additionally, my understanding is that screening is comparatively inexpensive, cost-effective, life-saving and will actually save the NHS significant expenditure as the number of AF-related strokes are greatly reduced.</p> <p>With Best Regards XXXX XXXX</p>
385.	<p>As as sufferer of paroxysmal atrial fibrillation I think it is imperative that everyone should be screened for this condition and given the appropriate medication before they have a major stroke Therefore I request that you reverse your decision not to screen for AFIB XXXX XXXX</p>
386.	<p>Hello, I have the heart condition Atrial Fibrillation and would ask you to reconsider your decision NOT to recommend the automatic screening for this condition. Luckily I was diagnosed to have AF on a routine private health checkup, possibly saving my life or at least avoiding a stroke.</p> <p>Most people have not got this private health service so it is vital that the NHS introduce this screening service ASAP.</p> <p>Kind regards. XXXX XXXX</p>
387.	<p>Dear Sir/Madam,</p> <p>I am a anticoagulation nurse caring for patients who take warfarin, the majority for Atrial Fibrillation (AF).</p>



	<p>I found it shocking that you are considering to recommend to stop screening for AF, as you know AF is a major cause of stroke and has absolutely devastating consequences on the affected person and their family. Not to mention the cost to the NHS to care for these poor people.</p> <p>Before becoming an anticoagulation nurse I worked in a Health & Wellbeing Team and all the patients we performed health checks on had their pulses checked for irregular heart beat, we did indeed identify some patients with AF and they were treated for stroke prevention.</p> <p>Such a simple procedure as checking a pulse could save a persons life, why would you advise to stop this?</p> <p>Yours sincerely XXXX XXXX XXXX XXXX XXXX XXXX</p>
388.	<p>As a long-time member of the All-Party Parliamentary Group for AF; and as someone who has spoken in Debate in the Lords on this subject, may I give my voice strongly in favour of Screening for AF.</p> <p>It is essential that we take simple preventative measures to deal with those who are or might be affected by AF. I know how devastating strokes can be, especially tragic if they can be avoided in the first place.</p> <p>There are so many reasons that screening is needed.</p> <p>If we are to meet the predicted targets for detection, as planned, that would be an essential tool in order to most readily pick up those affected.</p> <p>And it is so clearly a worthwhile investment, in order to avoid the serious costs to the NHS of those affected by AF-related strokes.</p>



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	<p>All those involved in the support of treatment for AF should be united in going down this route of systematic screening.</p> <p>And with DOACs /NOACs now being so much more simple and efficacious for treatment than previous methods, such as warfarin, the opportunity should be taken to get as many affected patients using those as soon as possible; once they are able to be identified.</p> <p>I hope that effective screening can be adopted as soon as possible.</p> <p>XXXX XXXX</p>
389.	<p>Dear colleague,</p> <p>This email is in response to the National Screening Committee (NSC) decision NOT to recommend screening for AF.</p> <p>AF – it is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced. Therefore, there should be a national screening for AF.</p> <p>XXXX XXXX XXXX XXXX</p>
390.	<p>Dear Sir</p> <p>I urge you to reconsider the decision. I believe the costs involved in screening for atrial fibrillation would be more than compensated for by the number of lives saved from stroke.</p> <p>I am a patient who travelled to the USA (XXXX XXXX, Florida) for a health check. They were the ones who advised me I had AF.</p> <p>Regards XXXX XXXX</p>
391.	<p>Dear Committee</p>



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	<p>I am writing to add my voice to the many others who live with AF, and their families, to make my objection clear, to your decision not to recommend an AF national screening program.</p> <p>Both my husband and I have AF and his was only picked up by me because I know the symptoms. But not before he had a suspected heart attack out of the blue. He is a young 72 year old who may have had AF and been at risk for some time. Clearly had there been a screening program he may have been spared the heart attack and all the expense and worry.</p> <p>Please reconsider your recommendation.</p> <p>If not please could you help implement a definite timeline plan, whilst more statistics you feel are necessary are collected. You will save countless lives and the terrible effects of undetected AF - such as Stroke, and heart attack.</p> <p>Thank you</p> <p>Yours sincerely XXXX XXXX</p>
392.	<p>To whom it may concern,</p> <p>I am writing to support the Atrial Fibrillation Association's objection to the National Screening Committee decision, not to recommend screening for Atrial Fibrillation.</p> <p>With our ageing population, Atrial Fibrillation (AF) is becoming an increasingly common condition. If undetected, there is a considerable risk of an AF related stroke, the consequences of which can be catastrophic or fatal.</p> <p>The arguments in favour of screening are simple:</p> <p>1. Detect: A pulse check and ECG are inexpensive and not time consuming to undertake.</p>



2. Protect:

Proper anticoagulant treatment, reduces the risk of Af related stroke. This could save the NHS millions of pounds, which is currently being spent on looking after patients following AF related strokes.

3. Correct:

Anti arrhythmic medication or procedures such as AF ablation, can stabilise the heart rhythm and reduce the risk of an AF related stroke.

4. Perfect:

Can help patients with AF to regain improved quality of life, through planned pathway management, to include education around lifestyle management to regain fitness and independence and also to ensure compliance with taking anti coagulation medication.

If stage one: Detect, is implemented as a screening programme, stages 2, 3 and 4 can naturally follow and many people's lives will not only be saved, but their dependence on NHS care and resources, will be greatly reduced.

I am a 62 year old patient with now well managed AF. I used to be very unwell, I was a frequent attendee at my GP surgery and also at A&E, all at a considerable financial cost to the NHS. Following a diagnosis of AF and undergoing an AF ablation, my quality of life is vastly improved. I no longer need to frequent my GP surgery and have had no need to attend A&E. Three years on, my only continuing cost to the NHS is an anticoagulant prescription.

The financial cost of my pathway could have been very much reduced if I had been screened, I also feel lucky to be alive, having not suffered an AF related stroke.

AF screening will not only save lives, but will also save precious NHS resources. I urge you to urgently reverse your decision not to recommend screening for AF.

Many thanks in anticipation of your taking note of my comments.



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	XXXX XXXX
393.	Having AF, without being aware, and a subsequent stroke, I would urge you to screen in order to save lives & expensive treatment. With grateful thanks, XXXX XXXX
394.	Please reconsider screening AF Patient this save lives from Strokes and untold effects on patient and family Kind Regards, XXXX XXXX XXXX XXXX XXXX XXXX
395.	Dear Madam, Dear Sir, AF is becoming an increasingly prevalent and significant health challenge across Europe, with numbers predicted to rise rapidly by up to 70% over the coming years. We each have a 25% chance of developing AF in our lifetime so this affects each and every one of us. I really think that we should act as soon as possible and one of the most efficient way would be to set up a national screening programme for AF in people over 65 years of age. Please, reconsider the evidence provided by organisations such as Arrhythmia Alliance and AF Association. Everyday, they are meeting patients affected by this progressive disease, for whom an early diagnosis would probably have changed their life. I am convinced that a national screening programme will definitely help saving lives. Thank you very much for your consideration.



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	<p>Yours sincerely, XXXX XXXX</p>
396.	<p>Responding to the call for feedback made by the AF Alliance.</p> <p>NSC Consultation paper on screening for Atrial Fibrillation</p> <p>The paper clearly indicates and accepts that an increase in early detection of Atrial Fibrillation would lead improved rates of intervention and improved outcomes. The position of NICE reinforces this.</p> <p>It also indicates a number of issues - that there is a lack of detailed knowledge on the significance of persistent versus intermittent AF, that there is a lack of complete studies which relate further screening to eventual outcomes, and that there are issues with successfully applying the correct level of medication and with patient compliance.</p> <p>Although these show a need for further research and education of clinicians and patients, this does not indicate any need for further proving of the basic principles – that more screening would lead to improves outcomes to a significant degree.</p> <p>It is clear that further screening should be implemented, and that work on the above issues should continue in parallel. This is clinically valuable and can be easily assumed to be economic as it requires minimal levels of time and resource to achieve a significant increase in benefit.</p> <p>The NSC should simply not completely exclude an increase in screening. It should recommend an active programme targeting the maximum benefit to each patient group. As an absolute minimum this should be done with education and guidance, and by requiring and guiding pulse checks during normal attendance at GP surgeries.</p> <p>Best regards, XXXX XXXX XXXX XXXX</p>



397.

Dear National Screening Committee,

Biosense Webster, part of Johnson & Johnson Medical Ltd, welcomes the opportunity to comment on the recommendation against the national screening programme for AF in people over 65 years.

We are concerned with the conclusion of the NSC and we are convinced that a national screening programme is an essential element of a sustainable management of AF. Please find attached our detailed arguments supporting systematic population screening. We are also including our recent “Burden of Disease” report which provides additional insights demonstrating the value of an early diagnosis of the AF patients.

With best regards,

XXXX XXXX

XXXX XXXX

XXXX XXXX

Text of attached letter

NSC Evidence Team

screening.evidence@nhs.net

Dear National Screening Committee,

As a member of the medical device industry representing the electrophysiology sector, we would like to share with you a rationale and evidence that supports a national screening programme for AF in people over 65 years:

1. Screening should constitute a key pillar of sustainable management of AF. The recently announced NHS long-term plan identified AF as one of its three priority areas and is calling for radical improvements in the rates of diagnosed patients:
 - Evidence demonstrates that education and screening programs aimed at increasing awareness and diagnosis of AF are critical to reducing the risk of stroke and death in patients with undiagnosed AF.^{1;2}



- The evidence also demonstrates that patients with AF have an increased risk for life-threatening complications and other diseases including the following:
 - 5 times higher risk of heart failure
 - 2.4 times higher risk of stroke
 - 2 times higher risk of cardiovascular mortality³
 - It is estimated that 15 – 30% of patients have a silent AF^{4;5}. A national screening programme is therefore critical as patients who do not experience symptoms of AF may be at even greater risk of complications and disease severity due to lack of treatment.
2. Early and effective treatment of AF is important, as it may improve patient life expectancy and quality of life⁶. In our opinion the NSC's negative recommendation for a national screening programme is based on an incomplete view of available treatment options and their effectiveness; it only considered anticoagulant therapy. We request it also include ablation therapy.
 3. There are numerous published studies demonstrating the cost-effectiveness of catheter ablation over drug therapy for AF⁷⁻¹³. Catheter ablation is a safe procedure, with efficacy rates as high as 90%^{14;15} and evidence shows that catheter ablation reduces overall healthcare utilisation and improves quality of life when compared to drug therapy^{14;15}. Moreover, earlier diagnosis enables earlier ablation that proves to be even more clinically effective:
 - AF becomes more difficult to treat the longer it persists as AF can result in structural remodelling of the heart.¹⁶
Paroxysmal AF ablation has been shown to result in 12-month efficacy rates over 90% with the latest technology^{15;17}
 4. NICE is in the process of updating its AF Management Clinical Guideline, which includes an evidence review of the clinical and cost effectiveness of ablative and non-ablative therapies in people with AF. We would encourage the NSC to take into consideration the NICE AF Management Guideline update, and to reflect on its decision to exclude ablation from scope of the NSC review here, in light of the significance NICE is placing on this treatment and the clear benefit for patients, as demonstrated in the published evidence.

It is now widely recognised that Pharmacists are an underutilised work force and many are now working alongside GPs in the surgery, as part of an NHS initiative. Clinical Pharmacists based in GP surgeries can effectively screen patients at risk of developing AF, using a simple pulse check*. In addition, the recent advancement of wearable technology allows patients to conduct an accurate screening for AF in their own time and then share the results with their GP or pharmacist.



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As reported by Arrhythmia Alliance, there are currently half a million people in the UK that are unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke. We kindly ask that you reconsider the evidence and review responses provided by other organisations, including patient groups such as the Arrhythmia Alliance or the AF Association. We are also enclosing, commissioned by Biosense Webster, the Burden of Atrial Fibrillation 2018 report that provides additional insights into AF. We do hope that this is sufficiently convincing evidence which will help to decide in favour for a national screening programme.

Thank you for your consideration.

Kind regards,

XXXX XXXX

Health Economics & Market Access Lead UK & Ireland
Johnson & Johnson Medical Ltd.

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4. Rienstra M, Lubitz SA, Mahida S, Magnani JW, Fontes JD et al. (2012) Symptoms and functional status of patients with atrial fibrillation: state of the art and future research opportunities. Circulation 125 (23): 2933-2943.
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398.	<p>The UK National Screening Committee (UK NSC) Re: Written response to the National Screening Committee asking for the reversal of their decision not to recommend screening for AF.</p> <p>Dear Committee Members,</p> <p>As a 60 year old patient who has suffered from symptomatic paroxysmal/persistent AF for 36 years since the age of 23 and having past experience in stroke and critical care nursing in the NHS, I would like to make a written response asking the NSC to please seriously reconsider the evidence provided by organisations such as the AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF related stroke.</p> <p>As a qualified nurse in the 80's my work often involved caring for patients who had suffered life changing debilitating strokes which required long periods of expensive rehabilitation and emotional/social/family support. These stroke patients often had previous undiagnosed ongoing AF. Anti-coagulation with warfarin was mostly not given but instead platelet inhibitors such as aspirin would sometimes be prescribed. Aspirin was seen as a safer alternative of anticoagulation than warfarin. Today we now know that aspirin is not an effective anticoagulant and warfarin along with other Novel oral anticoagulants (NOACs) is vastly more effective in preventing cardio-thromboembolic AF related stroke.</p>



I understand the serious life changing consequences surrounding the under recognition and diagnosis of AF and that my concerns regarding slow uncoordinated management of AF in the NHS is only part of a much larger problem. I do realise that organisations such as the BHF and AFA are making great strides in getting AF patients the recognition and service they deserve.

Blood pressure screening is fully adopted and regarded as an essential from a cardiovascular point of view. Patients presenting with hypertension would be immediately placed on well established anti hypertensive therapy/medication reducing the risk of CVD, saving lives with fiscal prudent long term benefits for the NHS and so reducing patient morbidity/mortality. The same should also apply to those patients presenting with atrial fibrillation, as with hypertension many of these patients are mostly unaware/asymptomatic. Those with undiagnosed AF are at an increased risk of down stream arterial occlusion from cardiac thromboembolism resulting in more severe and fatal stroke. Those surviving AF related stroke often face life changing debilitation requiring extensive rehabilitation with real long term fiscal implications on the NHS. As with hypertension very effective prophylactic life saving anticoagulation can be started once AF is diagnosed with dramatic reduction in stroke. The brain and heart deserve equal priority.

National Screening should include Paroxysmal, Persistent and Permanent AF, as rate /rhythm control is essential to helping those patients getting prompt effective relief from debilitating symptomatic AF. It should be recognised that in addition to increased AF related stroke, AF Tachycardia-induced cardiomyopathy is a reversible cause of heart failure. Being referred to Consultant Cardiologists and Electrophysiologists along a Clinical AF Treatment Pathway would be an important component of a National Screening Program.

We have a global demographic growing elderly population with endemic AF, who present with additional co-morbidity, compounding the risk of stroke surely make it essential and prudent that this 65year old high risk group is nationally screened. AF is occurring more commonly in the younger population, should we also consider more wide spread national screening for AF ?

From my own experience with NHS primary and secondary health/out patient care, when having my digital cuff pulse and blood pressure monitored, a one minute pulse check is not being carried out. The essential point is that most digital automatic BP monitors only record the heart rate not the regularity of the pulse. When talking to staff about doing pulse checks it often surprises me that pulse checks are not given the priority or basic understanding, especially when it comes to the importance of screening for AF. Health Care Assistants are often trained to carry out 12 lead ECG's they should also be made aware along with other trained staff the importance of pulse checks and if irregular a 12 lead ECG for follow up investigation. This is not time consuming or expensive to do a pulse check, but



	<p>an essential basic screening observation that all NHS staff should be doing. It is not acceptable within any health care sector especially the NHS. It doesn't come down to cost, but good management, teacher training, basic education and awareness. This is why AF national screening needs to be done in the general population along with those patients already being seen in primary, community and secondary care who are not at present being adequately pulse checked.</p> <p>The National Screening Committee recommends to NOT set up a national screening programme, even though they consider it would be cost-effective. Surely national screening doing a basic pulse check followed by a 12 lead ECG if an irregular pulse is detected would be cheap and prevent many additional admissions and deaths from AF related stroke.</p> <p>If AF is detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF related stroke.</p> <p>The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF related stroke.</p> <p>I believe the only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p> <p>Thank you for considering my written response.</p> <p>XXXX XXXX</p>
399.	<p>I am writing to ask you to reconsider not supporting screening for AF.</p> <p>In my pharmacy we have been running a screening service and in the first 3 months referred 14 patients with AF that are now on medication thus reducing their risk of stroke. It is a very well received service from our patients and also the GPs. It is quick and easy to provide within a pharmacy setting and the resulting referrals are life-saving. This would save the NHS millions if the service is extrapolated Nationwide as the number of AF-related strokes will greatly be reduced.</p> <p>XXXX XXXX</p>



	XXXX XXXX XXXX XXXX
400.	<p>I for one firmly agree that there should be a national screening program to detect people suffering from AF.</p> <p>As a normal, healthy person not having to see a doctor in years, at the age of 59 I first found out that I had AF in February 2011.</p> <p>My symptoms were a sore throat and tiredness. My job at the time was a self employed motor mechanic running my own business and working long hours.</p> <p>On my first visit to my GP I was told that I had a virus. A further visit to my GP 2 weeks later the diagnosis was still the same.</p> <p>By the time of the 3rd visit I was having great difficulty in working, I could hardly walk 50 yards without feeling exhausted. At this visit the</p> <p>GP decided it was time to prescribe antibiotics and to arrange an ECG - this was carried out and confirmed that I was in AF.</p> <p>I eventually received an appointment at the hospital and now my AF is almost under control.</p> <p>The point I would like to make is - did I actually have a virus in the first instance and how long was I actually in AF prior to visiting my GP.</p> <p>At the time I had no idea that I had a fast heart rate, there were no 'poundings' or palpitations in my chest. I do now regularly check my pulse.</p> <p>I do think that people can be unaware for sometime that they are suffering from AF and totally agree that there should be a national screening program to detect this in its early stages.</p>



	XXXX XXXX
401.	<p>screening for AF is easy, cheap and important. There are two cases of AF in my family - myself and brother in law. Both unaware of it until pulses were checked. How difficult and costly can such a simple procedure be?</p> <p>XXXX XXXX</p>
402.	<p>To whom it may concern</p> <p>I have recently received notification that AF screening has been rejected as a screening programme.</p> <p>I cannot understand the rationale for this.</p> <ol style="list-style-type: none">1. A simple pulse check takes little time, is non-invasive and could be life-saving, or prevent someone from living with the debilitating effects of an 'AF stroke'.2. Yes, and ECG may be needed if an irregular pulse is felt. As above, a simple, non-invasive procedure that could be life-saving or prevent someone from living with the debilitating effects of an 'AF stroke'.3. Yes, this may lead to a few extra ECHO scans, (again a non-invasive procedure) but only on suspicion of valvular disease or symptoms.....so more 'bangs for your bucks' - early intervention for this cohort.4. There's a higher incidence of heart failure with untreated AF, particularly with poor rate control, which is often asymptomatic until the signs of heart failure emerge. Heart failure is a life limiting illness, with a worse prognosis than most cancers. <p>I am not going to quote research or guidance, because I'm sure this has been thoroughly examined. I am choosing to word this email from the practical perspective.</p>



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	<p>AF screening is not embarrassing, non-invasive and saves lives. We already know the 'at-risk' cohort. Yet again, cardiology is the 'poor relation' when compared to oncology.</p> <p>Stroke and heart failure create an immense burden on NHS resources, both from the financial and man-power perspectives. In these days of 'prudent healthcare' this kind of prevention is a perfect example of a cost-effective, evidence-based programme.</p> <p>It has been tried as 'add-ons' to flu clinics; incentives from weekly promotions of 'know your pulse' initiatives etc., but there is no structure and no planning to create a meaningful impact on health outcomes.</p> <p>Surely this would be measurable, easily implemented and bring us back to preventative instead of reactionary care.</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
403.	<p>Good afternoon!</p> <p>I sincerely hope that you could make time to read and consider this missive!</p> <p>Thank you.</p> <p>I am aware that you have decided not to recommend that AF Screening be carried out on at risk adults.</p> <p>As a stroke patient I am aware that I was very lucky to only have a minor stroke with no life altering lasting effects.</p> <p>However many thousands of people have strokes that end their lives and/or cause significant problems and much distress for their families.</p>



	<p>An individual case that I am very aware of is one where an active lady had a stroke during the night!</p> <p>Her husband who is a dementia patient had no real understanding of the situation so did not call for help.</p> <p>The result of this was the that the lady in question died after spending many months in an institution.</p> <p>The husband who was left behind and has dementia has since spent many months moving from one care home after another in view of his disruptive behaviour!</p> <p>I urge you to consider all the facts again taking into account that stroke patients are real people with often complex lives which are are often ruined!</p> <p>Screening for AF would save many lives and prevent affected families being torn apart.</p> <p>Such a screening program would save £millions for the NHS which could then be spent improving the excellent but 'stressed' service that the NHS provides.</p> <p>Thanks and kind regards</p> <p>xxxx xxxx</p>
404.	<p>Good evening,</p> <p>My name is xxxx xxxx I am 85 years old, a non smoker, and have Parkinson's. In April of last year I had a fall in my house, paramedics were called, and after examination carried out an ECG, following which I was admitted to hospital, where I was detained overnight. Further ECG were carried out and blood taken. I was informed by the Consultant that I had AF, and was prescribed Digoxin and Apixaban. up to that point I had no knowledge, signs or symptoms of AF. I could therefore, in theory have suffered</p>



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	<p>a stroke at any time. The saying that prevention is better than cure or if not cure timely diagnosis as a result of screening would save on hospital time and possible stroke leading to disablement or possibly death. The success of breast screening is a good example where a condition if caught early treatment can save lives.</p> <p>I REQUEST THAT YOU RECONSIDER YOUR DECISION AND IMPLEMENT A NATIONAL SCREENING PROGRAMME.</p> <p>Yours faithfully,</p> <p>XXXX XXXX</p>
405.	<p>I request that the National Screening Committee reverse its decision not to recommend screening for AF. It is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p> <p>Regards</p> <p>XXXX XXXX</p>
406.	<p>Sirs</p> <p>Assuming that you are a committee chosen for your understanding of atrial fibrillation and appreciation of how an AF-related stroke can affect the lives of those it strikes, I am totally at a loss to understand why an inexpensive, cost effective, life saving and simple procedure of screening should be refused.</p> <p>I can hear your mutterings of cost but this must surely have been considered in relation to the huge cost involved to provide treatment and long time care of those who experience such a stroke. There can be no comparison. Screening for breast cancer has more than paid for itself in early detection and avoiding invasive surgery and the treatment that involves.</p> <p>Please salvage your reputation as a committee of medical experts with an appreciation of AF- related strokes and an ability to persuade the NHS Purse-keepers, to reconsider and bring in national screening for AF-related strokes. It will be money well spent, I promise!!</p>



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	<p>Yours faithfully</p> <p>XXXX XXXX</p>
407.	<p>Please find attached my submission in addition to the brief submission I made two days ago. Please acknowledge receipt</p> <p>Dear National Screening Committee</p> <p>I am writing as an AF patient, member of the AFA, sometime consultant economist with some interest in health economics, participant in the Google Heartland project to develop a wristwatch with an AF monitor (a) , and participant in Biobank. In the 1970's I authored a report,(b) which inter alia, emphasised the importance of medical research planning giving some priority to conditions that impose long term care costs, using MS as an example.</p> <p>I am very concerned by this report. Trudi Lobban for the AFA has spelt out the issues within it eloquently, and I won't reiterate them, but totally support them. In particular, given the scale of AF, the two year delay in the review represents poor management of priorities.</p> <p>I would comment that it is unacceptable and unprofessional for a public body to issue directly contradictory policy reports. The PHE national target of detecting 84% by 2029 cannot possibly be met without a screening programme of some kind. It shows sloppy management, at best, and given that NICE has, at some public expense, estimated that screening is cost effective, a waste of public resource. If the authors disagree, it is incumbent on them to show how the target can be met without a screening programme, or PHE will be seen as having "fake targets".</p> <p>The basic numbers are so clear cut that this report seems to be simply an attempt to avoid the NHS dealing with the short term costs of detecting more AF, despite the much greater long run costs.</p>



I would strongly query the ethics of objection to screening on the grounds it may uncover other conditions that need attention. Have you sought the views of medical ethicists? In any event, it seems most unlikely that these would constitute a major burden or issue. (and a huge clinical benefit to those identified).

I would also strongly query the ethics of any trial that involved not offering screening to participants as seems to be recommended, when screening is effective at identifying the condition. Overall, this seems to be suggesting using drug appraisal methodology in the wrong context.

There seems to be no reference to experience abroad. A policy report should always check on this.

What is really needed is a review of the best ways to reach a large section of the population economically, which means consideration of the different segments, and how to reach them. Surgeries aren't always ideal, a significant number of people won't go near them, especially without symptoms. The UK historical model for large scale adult screening is surely the mass X-ray programme for, mainly, TB in the 1950's, the huge public health programmes in the South in years gone by, mosquito spraying against malaria etc. In our area a few years back there was a private scan service in a van outside the supermarket. It offered DEXA etc, and another in a church hall offered a range of scans. I used both. It's entirely possible.

There are a whole range of resource issues that a programme would raise, and a proper review would address. Could pharmacists be trained to do the ECG? Should some anticoagulants be available OTC? After all, some statins and Viagra effectively are. If there are regulatory issues they could be identified and addressed.

Tesco has BHF as its charity of the year. Both have presence on every high street. Between them they could organise and support a pilot screening programme. Have you asked if they would consider it?

If the review report isn't addressing such issues because it wasn't in the terms of reference it is a serious failing of the management that wrote the terms and commissioned it.



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	<p>I am looking for a reasoned response from yourselves to my concerns, and those from the AFA, before escalating my concerns. You should strongly consider withdrawing it for further consideration, in the light of these, and I suspect other, critical comment.</p> <p>Yours faithfully</p> <p>XXXX XXXX</p> <p>(a) As a test user I'd say this last is a while off, and the largest target group the over 65, are unlikely to buy these in numbers any time soon, though there is certainly a place for this approach with the fitness conscious, e.g. cyclists, who I believe have elevated risk.</p> <p>(b) "Care with Dignity" for Action Research, in 1972.</p>
408.	<p>Dear Sir/Madam,</p> <p>I totally disagree with the NSC denying a national screening programme for AF for people over the age of 65 years. I work within cardiology as a qualified nurse, I have previously worked for many years within cardiac rehabilitation and have seen the impact on quality of life that AF can have on individual's.</p> <p>In the long term, it would be more cost effective for the NHS to pick up AF early. The huge cost of managing an individual's care after AF has been well established which can lead to reduced LV function and atrial enlargement and/ or "after developing a debilitating or life - threatening AF related stroke".</p> <p>Please reconsider the evidence provided by organisations such as AF Association, and to recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>"The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke".</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p>



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	<p>Yours faithfully XXXX XXXX</p>
409.	<p>Atrial fibrillation is an increasingly common arrhythmia with an incidence increasing with age. A proportion of people who develop atrial fibrillation remain asymptomatic and their first presentation may well be with a stroke. Screening will help to detect AF early and possibly reduce the rate of complication by allowing earlier appropriate intervention and reducing future health care costs. The option of screening is being increasingly adopted by cardiac societies across the world.</p> <p>Accordingly, I would strongly support the use of screening for atrial fibrillation, particularly in people over the age of 40yrs.</p> <p>XXXX XXXX</p>
410.	<p>Dear Sir/madam,</p> <p>As a health professional working in the community with Cardiorespiratory members, I am writing to express my concern at the decision NOT to implement a national screening programme for the detection of AF which would be inexpensive, cost-effective, life-saving and actually save the NHS millions of pounds as the number of AF-related strokes will be greatly reduced.</p> <p>AF related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet, with simple detection, and prescribing of anticoagulation therapy (which is relatively inexpensive) up to 75% of AF sufferers could avoid an AF-related stroke. This, in turn, would greatly reduce the cost burden to the NHS, governments and the tax payers.</p> <p>With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and ability to lead 'normal' active, independent lives.</p>



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	<p>For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse, sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check ,a simple ECG recording will confirm a diagnosis.</p> <p>The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?</p> <p>I strongly urge you to reconsider.</p> <p>Yours sincerely XXXX XXXX XXXX XXXX</p>
411.	<p>Dear screening committee</p> <p>It was unfortunate that in 2014, the National Screening Committee (NSC) refused to support a national screening programme for AF.</p> <p>I hope the screening committee reconsider the evidence provided by organisations such as AF Association, and recommend a national screening programme for AF for people over the age of 65 years, who will have a 1 in 4 chance of having AF.</p> <p>The current position of NSC is somewhat not aligned with that of the NHS. The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and unfortunately, for many the only time we will diagnose AF as once they have their debilitating or life-threatening, AF-related stroke.</p> <p>The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.</p>



There have been two key developments since the previous negative response. A big improvement in anticoagulation rates nationally with the latest QoF figures suggesting that 84% of patients on AF register are anticoagulated. Second, the exponential development of mobile technology enabling the ability to detect AF whilst the person waits, whether that is in the waiting room to see their GP or for their medicines in the community pharmacy. Such is the innovation of mobile ECG technology that one innovation was included as part of the NHS innovations accelerator programme and subsequently adopted by all 15 AHSN's as part of the national initiative to detect more AF.

This has led to many examples of pathway implementation to successfully detected new cases of AF that may otherwise not be detected.

As an example, we utilized mobile ECG technology to detect AF in community pharmacies. We recruited pharmacies to undertake pulse checks and utilised the Kardia mobile device to detect possible AF. This initiative enabled any person walking into a community pharmacy aged ≥ 65 years to be 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.

Using this pathway, we were able to recruit 672 people with an average age of 69 ± 3.5 years and 58% female ($n=389$). 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. All cases of new AF were prescribed anticoagulation by the one stop clinic in accordance with guideline recommendations. (publication in print and accepted for abstract)

The use of mobile ECG technology dramatically reduces the cost, and importantly, utilises the un-tapped skills of community pharmacy to deliver pulse checks. Examples like this could provide remote triage at scale and help address the missing people with undiagnosed AF by opening new channels for identification by healthcare professionals managing long term conditions who traditionally may not have been considered suitable healthcare professionals due to lack of an established pathway for confirming the potential diagnosis of AF.

Recognising the investment within the NHS to utilise mobile technologies to detect more AF, I hope the national screening committee becomes aligned with the rest of the NHS in addressing the unmet need of undiagnosed AF.



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	<p>I look forward to hearing from you</p> <p>Best wishes</p> <p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
412.	<p>Please screen all the people for irregular heartbeat and if they have it,they can get treatment thereby saving themselves from possible stroke</p> <p>Thanks XXXX XXXX XXXX XXXX</p>
413.	<p>Hi,</p> <p>Can you please reconsider offering a national screening programme for Atrial Fibrillation (AF).</p> <p>Atrial Fibrillation (AF) : THE FACTS</p> <ul style="list-style-type: none">•AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.•33% of people detected and diagnosed with AF are less likely to suffer a sudden death.



• If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.

• 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK.

AF is a common condition, which can be managed with four simple steps:if.

1. DETECT:
with simple pulse check and/or mobile ECG (very little cost)
2. PROTECT:
with anticoagulation therapy (NOT aspirin as per NICE CG180)
3. CORRECT:
when appropriate the irregular heart rhythm can be treated with appropriate treatment options
4. PERFECT:
the patient pathway enabling the patient to return to being a person better able to manager their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS

and society in general.

My 83 year old nan has AF and had a stroke years ago due to her condition. My mum also has the butterfly feelings in her heart so I fear she could be next & I will follow suit - I'd like the screening to be made a national programme so I can protect my daughter.

I hope you will consider looking into this again.



	<p>Kind regards</p> <p>XXXX XXXX</p>
414.	<p>I work as a Cardiology Nurse Practitioner seeing patients admitted for AF ablation and other cardiac procedures, soon I will be returning to an Arrhythmia Nurse Specialist role and trust that you will ensure screening for AF is a must nationally as early detection and protection against stroke is paramount to ensure quality of life is maintained and people do not experience debilitating symptoms/ outcomes related to stroke.</p> <p>XXXX XXXX</p>
415.	<p>Dear Sir/Madam</p> <p>Roche Diagnostics U.K. is a leading manufacturer of diagnostic equipment and based in Burgess Hill, West Sussex. We currently supply equipment used by patients and health care professionals to monitor INR levels when taking warfarin. As a result, we hear from patients everyday about the impact of a diagnosis of atrial fibrillation, and therefore understand the importance that early detection of this condition plays in preventing devastating strokes.</p> <p>We would respectfully request the NSC to reconsider its decision regarding the provision of a national screening programme for Atrial Fibrillation (AF)</p> <p>It has been well documented that Atrial fibrillation (AF) is the most common cardiac arrhythmia: It affects about 1.6% of the population in England.¹ Men are more commonly affected than women and the prevalence of AF increases with age. AF is a major cause of ischaemic stroke, with the risk of stroke being five times higher than in a person with a normal heart rhythm.²</p> <p>Stroke is a preventable disease and is the fourth single leading cause of death in the UK and the single largest cause of complex disability³</p>



	<p>The recently published NHS long-term plan, has identified that early detection and treatment of cardiovascular conditions such as AF can help patients live longer, healthier lives. The Long Term Plan also highlights that other countries have made more progress on identification and diagnosis, leading towards people routinely knowing their 'ABC' (AF, Blood pressure and Cholesterol) .4</p> <p>It is hard to see how aspirations in the Long Term Plan can be translated into tangible outcomes which have meaningful impact on the health of the nation, without seizing the opportunity presented now for a national screening programme for AF.</p> <p>xxxx xxxx Head of Public Affairs, Roche Diagnostics U.K.</p> <p>References</p> <ol style="list-style-type: none">1. NICE. Support for commissioning: Anticoagulation therapy; May 2013.2. NICE. Atrial fibrillation (update) final scope. http:// guidance.nice.org.uk/CG/Wave0/638/Scoping/ Scope/pdf/English3. OECD (2017) Health at a Glance 2017: OECD Indicators. p.107. Available from: https://www.oecd-ilibrary.org/health-at-a-glance-2017_5jfqgv50kpkj.pdf?itemId=%2Fcontent%2Fpublication%2Fhealth_glance-2017-en&mimeType=pdf4. NHS Long Term Plan. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf
416.	<p>Dear Sir/Madam,</p> <p>I am writing to ask you to reconsider your decision to not screen patients for AF.</p> <p>Having suffered from this for a number of years now, my diagnosis and subsequent treatment has reduced the risk of a life changing stroke and improved my quality of life. I feel fortunate that my AF was picked up by the specialists but there are many others, unaware that they have AF and are at risk of a stroke.</p>



	<p>The current costs of treating stroke patients must be enormous, so screening has the added benefit of saving the NHS money in the long term, that can be put towards other healthcare issues, and also the benefit of reducing the risk of stroke for patients who are unaware that they have AF.</p> <p>Thank you.</p> <p>XXXX XXXX</p>
417.	<p>I think this says it all. Why would you want to burden the NHS with even more cost and sickness. Not to mention what it does to the patient. We must have screening and is a duty of care. Please reverse the decision.</p> <p>Atrial Fibrillation (AF) : THE FACTS</p> <ul style="list-style-type: none">• AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.• 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.• If AF detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF-related stroke.• 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax-payers of the UK. <p>Kind regards</p> <p>XXXX XXXX</p>



418.	<p>Dear Committee.</p> <p>I wholeheartedly support this cause.</p> <p>I have had an unexpected case of atrial flutter at only 47 years old. It put me in hospital and was followed by two ablations.</p> <p>As a pilot, it put me out of work for nine months with the obvious financial burden on the NHS as well as the lost tax revenue for the Exchequer.</p> <p>A screening program would have possibly saved me (& the NHS) from a huge amount of problems and also reduced my stroke risk.</p> <p>With best regards,</p> <p>XXXX XXXX</p>
419.	<p>Dear Sir/Madam</p> <p>I am writing to urge NSC to reconsider their decision not to recommend screening for AF.</p> <p>It is inexpensive, cost effective, life saving and will actually save the NHS millions of £s as the number of AF-related strokes will be greatly reduced.</p> <p>A screening exercise for AF would appear a most sensible programme to implement and should be done as soon as possible.</p> <p>Thank you</p> <p>Yours faithfully</p> <p>XXXX XXXX</p>
420.	<p>Dear Sir/Madam,</p> <p>As a 67 year old woman with AF I appreciate being prescribed with the anti-coagulant Apixaban.</p>



	<p>As the symptoms of AF are an irregular heart beat it is all too easy for sufferers to dismiss it as just "heart pounding" or good old "palpitations." Sometimes symptoms are not even noticeable.</p> <p>It is a problem which affects more people than previously thought and must cost the NHS a lot should it cause a stroke. Therefore testing would be best for both patients and the NHS.</p> <p>Yours faithfully, XXXX XXXX</p>
421.	<p>To the Evidence Team</p> <p>In response to your current consultation on screening for Atrial Fibrillation, I would like to add my thoughts to your process. When your original consultation was released in 2014 a number of concerns were raised that led to the conclusion that national screening for people with AF was not recommended, including concerns of false positives and causing unnecessary worries, and that people who were then identified were not receiving appropriate management and therapy, i.e. anticoagulation. I believe a significant part of your concerns have now been addressed and your consultation states that a screening programme for AF in people over 65 years old would be cost-effective.</p> <p>The management of AF has improved dramatically since 2014, with better identification and diagnosis of people with AF across England, although some areas are still lagging behind their counterparts. There are still nearly half a million people with undiagnosed AF in the UK, with people over 65 years of age having a 1 in 4 risk of developing AF. As well as using a simple pulse check to identify people with AF there is also new easy to use technology, launched by Sir Simon Stevens, being rolled out across the NHS - which will make screening of patients so much easier, with very few false positives.</p> <p>The NHS long-term plan has AF as one of its three core cardiovascular priorities with a target of 89% of people with AF identified and diagnosed within that time-frame, the NHS is doing well, but on current trajectory will not achieve this target without the input of a national screening programme for people over 65 years of age.</p>



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	<p>In addition, the management of AF has also improved dramatically since 2014 with dramatic uptake in the newer oral anticoagulants, approved by NICE as cost-effective, and the reduced use of aspirin - a totally ineffective anticoagulant for people with AF.</p> <p>We are so close to leading the world in the management of AF, and the roll-out of an AF National Screening programme for people over 65 years of age - perhaps over a trial period for review within your usual process would be a worthy and valuable compromise. Otherwise the many thousands of undetected people with AF who suffer an AF-related stroke - either debilitating or fatal - during the next review period will in part be a fault of the National Screening Committee.</p> <p>Please do not allow this to happen when you have an easy decision to make - there are numerous, proven methods that could be used in a national screening programme for AF - and waiting for a massive, double-blind study to confirm what is already apparent and proven in many smaller studies seems unjustified.</p> <p>I implore you to at least consider a screening programme that runs over the next three years to demonstrate the overwhelming benefits to people with AF.</p> <p>Yours sincerely XXXX XXXX</p>
422.	<p>I work for the Bedford Warfarin Service. A service which looks after patients suffering with AF. Reading that the screening will be cancelled is shocking especially when you consider how easily this can be prevented.</p> <p>This decision needs to be reconsidered to ensure people don't have to suffer.</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
423.	Dear National Screening Committee



I am writing this email to ask for reconsideration of the evidence provided by organisations such as the AF association and others in support of a national screening programme for AF for people aged over the age of 65, who will have a 1 in 4 chance of having AF.

The prevalence of atrial fibrillation (AF) in the England is around 2.5%, affecting more than 10% of people aged over 80 years and with the increasing numbers of people living to an older age the numbers of people with AF is only set to increase. AF is associated with a high risk of stroke. Early identification and treatment is urgently required to reduce this risk. Often, the first time many people are diagnosed with AF is after they have had a stroke.

The recently announced NHS long-term plan has AF as one of its three priority areas – and is calling for 89% of people with AF to be diagnosed within this time-frame. There are currently half a million people unaware that they have AF and are, therefore, at risk of suffering a debilitating or life-threatening, AF-related stroke. The only way this ambitious target will be met, and significant lives saved, is through a national screening programme.

I am currently the **xxxx xxxx** for the Capture AF service. The Capture AF service an externally funded innovative service allowing seamless identification, treatment and management of patients with AF. The Capture AF service is a community pharmacist led targeted AF screening programme. In this service 28 community pharmacists in the Hillingdon area (North West London) received intensive training on AF, how to record an ECG using a Kardia monitor and documenting the consultation on a PharmOutcomes (national pharmacy database) referral form. The community pharmacists screened eligible patients (aged 65 years and over with AF related risk factors – hypertension, previous stroke/VTE, diabetes, congestive heart failure, vascular disease). Patients were automatically referred by the community pharmacist to a specialist arrhythmia centre at Harefield Hospital if they had possible AF on the Kardia ECG and this was confirmed in clinic with a 12 lead ECG. At clinic treatment was initiated and medications optimised.

Due to this innovative service we have been able to identify patients with atrial fibrillation and have provided anticoagulation reducing their risk of a debilitating stroke by two thirds. There are very few medications that have such proven benefit and those that may benefit should not be deprived of treatment due to lack of AF screening opportunities.

There are other similar services being undertaken across the country, with proven increase in AF detection all of which can only serve to benefit patients.



	<p>We need the support of the National Screening Committee so that our service and others like it can continue to provide AF screening to at risk patients. I hope that the decision made by the national screening committee will be reconsidered - in the next 5 years until the next review how many of the undiagnosed, unaware half million people with AF will have died from an AF-related stroke?.</p> <p>Kind regards, XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX</p>
424.	<p>Dear National Screening Committee,</p> <p>I am writing in response to the recent consultation document on AF. We fully support XXXX XXXX and the AF Association in their response to the review and share the same view that screening for AF is absolutely needed to reach the current targets, potentially prevent adverse events such as AF related strokes and ultimately accelerate patient care. Arrhythmias effect such a vast number and AF has devastating and debilitating consequences if not treated and managed quickly and effectively.</p> <p>In addition we would also like to highlight the need for access to funding for long term diagnostic services to support the right treatment path for patients. Screening is only part of the route to treatment and once an irregular heart rhythm is detected, a confirmed diagnosis is needed to assess which type of arrhythmia. Access to funding is required so that patients can utilise technology for longer term cardiac monitoring services, to definitively classify which type of arrhythmia and therefore what path for treatment.</p> <p>We urge you to reconsider your review of screening for AF, and look at the holistic patient journey in to secondary care for diagnosis and classification of arrhythmias. Patients need accelerated care and the NHS needs efficient means to detect and diagnose arrhythmias, such as AF, accurately.</p>



	<p>We look forward to hearing from you</p> <p>Kindest Regards</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
425.	<p>I read with concern that the need for a national screening programme is deemed unnecessary.</p> <p>Predictions of an increase in numbers of people with undetected AF and the devastating consequences thereof has the potential to fuel the next big health related epidemic with a legacy of increasing numbers of people suffering some form of disability cause by AF related strokes. The consequences are increase in costs for the NHS be it within the community where they need to be cared for (care home sector) or the pressure on GP and related secondary care departments. I imagine this is why the cost effective argument is recognised within the consultation document. Given an already stretched health service this should perhaps be given more weight rather than reference to randomised studies and trials which are inconclusive and often contradictory.</p> <p>As a former practice manager I'm all too aware of the benefits of screening programmes and patient education and fail to understand why this is not recommended for approval. I can think of many conditions/diseases where outcomes have improved as a consequence of introducing simple screening programmes. The benefits more than outweigh the costs.</p> <p>Certain lifestyle choices (predominately lack of exercise/obesity/alcohol excess) are now thought to be contributory factors for development of AF in some of the population. (The Legacy Study etc). Obesity levels are at an all time high all of which might suggest numbers of undetected AF will continue to rise with devastating consequences and pressures on services. Paradoxically there is also a trend for many of us to be extremely active which helps improve overall health but there is also a well known correlation between very active people developing AF too.</p>



	<p>The most terrifying thing is to suffer an AF related stroke and any opportunity to minimise this should be taken. The NICE guidance relating to prescribing of anti-coagulants has had a marked effect in minimising and protecting against stroke risk once AF has been detected. There needs however to be a mechanism in place to actively pick up AF which a simple screening programme would offer. For many it's too late once the 'horse has bolted' Preventative healthcare has much to commend it and ensure limited NHS resources can then be directed elsewhere.</p> <p>From a personal perspective I was unaware that I had AF until I suffered a TIA which literally lasted a minute. The majority of people would have ignored this and subsequently been at risk of a full blown AF related stroke. Fortunately awareness of stroke/TIA and importance of getting things checked out (due to my General practice role) resulted in a visit to A&E and subsequent asymptomatic AF was diagnosed. Prior to this I was fit with no health conditions and never really had to attend the doctor . Although I was extremely fortunate, a simple screening test could have picked this up - early detection can prevent development of persistent AF which I now have and results in a greater chance of cardioversion/ablation procedures being successful at an earlier stage, keeping treatment costs down.</p> <p>Please reconsider the decision to ensure more people are protected against this horrible long term condition and its potentially devastating consequences.</p> <p>Yours sincerely XXXX XXXX</p>
426.	<p>Dear Sirs</p> <p>Many people do not know they have Atrial Fibrillation until they have a stroke, costing the NHS money for treatment and rehabilitation that could be spent on other areas of the NHS that also need it.</p> <p>Patients do not always realise they have a problem until it is detected during a check up for something else. Once diagnosed, AF can be treated and monitored and save many lives.</p>



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	<p>I run a support group for people with arrhythmia, many with AF, so have seen the damage that can be caused to patients who were not diagnosed earlier, also to their families.</p> <p>Therefore, to save lives and disablement from strokes I ask that you reverse your decision not to recommend screening for AF.</p> <p>Yours sincerely</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
427.	<p>I would like to ask for the reversal of the decision on the AF screening tool. It has a huge effect on patients and the health service and I experience this everyday in my work. Early detection of AF and early indication of high risk patients would be hugely beneficial for both patients and the health care costs</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p>
428.	<p>AF screening is a valuable, cost effective and effective way to help safeguard the quality of life for people middle aged and older. Please reconsider your thoughts on screening for this condition.</p> <p>XXXX XXXX</p> <p>XXXX XXXX</p>
429.	<p>To the National Screening Committee for AF.</p> <p>I am submitting this personal history at the request of Trudie Lobhan CEO of the Arrhythmia Alliance/AF Association.</p>



I have been a sportsman all my life, playing football, cricket, running half and full marathons, and then road biking during my retirement. I was also a PE teacher for 35 years, so I enjoyed an active lifestyle.

During 2016 I became aware that my heart rate had become erratic, mainly during/after exercise, but often after just waking in bed. For many months I just ignored the symptoms and assumed they would be a temporary response to exercise/poor digestion and getting older.

After eventually consulting my GP, she immediately diagnosed my problem as atrial fibrillation (AF). The medication (a variety of beta blockers) was not necessarily a cure, but it slows the heart rate, often below normal. I now realise that my intermittent erratic heart beat, sometimes masked during hard exercise, could easily have induced a stroke in an otherwise normally fit and active person - a very frightening thought. I can fully believe that many retirees aged 65 and over may be in a similar position to myself, being naively unaware that they have a (very treatable) heart condition which could rapidly undermine their otherwise healthy lifestyle.

After a consultation with a heart consultant, **XXXX XXXX** at **XXXX XXXX** I underwent an ablation procedure, which uses radio frequencies to negate the faulty electrical circuit(s) in the heart. The procedure was completely non-invasive, and required a catheter to track through an artery to locate the faulty circuit in one of the atria. After a relatively short period of rest and sensible rehabilitation, I was able to return to my former active lifestyle, free of AF symptoms and medication. I owe a huge debt of gratitude to both my GP and to **XXXX XXXX** who diagnosed and treated my AF problem so quickly, and with great expertise. I would like to feel that every year, many 1000's of other AF sufferers could be as easily diagnosed with a straight forward screening test, and then experience a similar lifestyle outcome to myself. However that may apparently depend on persuading an NHS committee that heart rate screening for over 65's would be cost effective.

I now realise that AF is a treatable heart condition that affects many adults at any level of fitness, but which is easily masked by other lifestyle factors. A simple screening procedure could easily identify the condition and, if treated properly, enable many adults to enjoy a normal lifestyle and extended lifespan, together with a much reduced risk of having a stroke or heart attack. The extra cost of screening for AF, and treating the condition, should be offset by the reduced number of strokes and heart attacks which would otherwise be a huge cost burden on the NHS.



	<p>Having read the earlier Report on screening for afib , I would like to make make these comments:</p> <ul style="list-style-type: none">· Can the NSC support the claims that 'an ECG is not hazard free' with firm evidence of what these hazards might actually be?· Would the apparent 'hazards' outweigh the long term damage/health issues that undetected AF would cause a patient?· I suggest that the NSC should be very strongly challenged about these claims, as I sense that these supposed 'hazards' are actually very low risk, if they exist at all. I had several ECG tests during my AF treatment, and they were all considered to be routine and risk free by the doctors and nurses. Prior to any of the ECG tests, there was no reference by any medical experts to any possible health hazards associated with an ECG test. The tests were brief and non invasive.· The monitoring of heart rate (variations) by wrist Fitbits and mobile phone Apps is completely routine for anyone with basic IT knowledge (eg 'finger sweeping' from a watch face to a heart rate summary, which would include real time heart rate). Is it possible that (some) members of the NSC could be less 'savvy' about how easy and cheap it is for a Fitbit type device to give 24 hour monitoring of heart rate? This relative lack of awareness may have affected the original conclusion about the apparent complexity and cost of regular heart rate monitoring.· I hope you will consider this submission as a serious contribution to your debate, and that my positive treatment experience will encourage the NHS to screen all people aged 65 and over for AF. In my opinion, screening for AF should be an entitlement for all retirees who will have contributed £10,000's to the NHS via their National Insurance contributions during a (hard-) working lifetime.· It should be an easily justifiable outcome if half a million lives can be saved every five years through simple AF screening. Not screening for AF should be totally unacceptable to the NHS. <p>XXXX XXXX</p>
430.	Dear Evidence team



UK National
Screening Committee

Please find attached the consultation response from the Royal College of General Practitioners.

Kind Regards,

XXXX XXXX

XXXX XXXX

XXXX XXXX

XXXX XXXX

Text of attached letter

XXXX XXXX XXXX XXXX

XXXX XXXX XXXX XXXX

For enquiries please contact: XXXX XXXX & XXXX XXXX

Royal College of General Practitioners

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June 2019

[RCGP Response to UK NSC consultation on AF screening](#)



The Royal College of GPs support the position of the UK NSC to not recommend population-based screening for atrial fibrillation in view of the lack of evidence on its overall benefits and harms.

There is a lack of trials studying people who are screened as opposed to people who are symptomatic or who have incidentally-found AF. This is of critical importance given the known potential for side effects from treatments and the lack of evidence on benefits of the treatments in this group. The most robust way of reducing the uncertainty as to whether screening for atrial fibrillation benefits patients more than it harms them is to do a high-quality RCT. We look forward to the results of the SAFER study (<https://www.safer.phpc.cam.ac.uk/>) which will provide some evidence on whether a national screening programme for AF would be value for money.

A new type of non-evidence-based AF screening is taking place due to smart watches purporting to detect paroxysmal or brief episodes of AF. This is effectively a new cohort of people being screened who are likely to be healthy, asymptomatic and are having continuous monitoring. There are no trials to suggest whether these people are more likely to benefit or be harmed by this intervention. It would be useful for the UK NSC to comment specifically on this issue and make it clear to the public that health devices performing this function are offering an intervention which has not been tested for benefit and harm in this population and the harms may outweigh the benefits.

It is worrying that screening for AF is already being done within the NHS via various local initiatives outside a research setting and without provisions for evaluating the effects of the screening including its potential benefits and harms. The SAFER study has had to go through ethics committee approval prior to offering patients the option of participating in an RCT on screening. The results will be monitored and the study stopped early if there is concern about harm. However, such safeguards are not being used in the unregulated screening currently taking place under local initiatives. Indeed, there is a potential risk of contamination of the SAFER trial if patients in the control group are screened outside the trial; this could compromise the study's results and conclusions.

As experts in this area, it would be helpful if the UK NSC reminded professional standards organisations of the need for informed consent in screening - including fair information about funders.



	<p>One trial is cited as showing AF screening as being cost effective. However, the estimate is of a Number Needed to Screen of 170 to find one person with AF. If we consider that the number needed to treat AF in the screened population but likely to be from a lower risk population, and that the NNT for incidentally/symptomatically found AF is in the region of 25-104, the NNS which results in benefit is likely to be at least 680 and potentially up to 1700. Since the NNH is 60-150, it is crucial that patients are offered screening with high quality information about the ratio of risk to benefit.</p> <p>Another study (https://doi.org/10.1136/bmj.k2505) has found that the DOACs rivaroxaban and low dose apixaban are associated with increased mortality. This should be a red flag, especially when we consider the enormous increase in DOAC prescribing and highlights the need for high quality RCTs.</p> <p>The cost-effectiveness of AF screening needs to be clear and its cost implications for primary care, as described by NIHR, need to be reported and acknowledged. In our experience, even screening programmes which are administered outwith general practice often have significant opportunity costs as they generate patient queries due to issues with the process of screening, potential side effects and concerns regarding the results.</p> <p>We therefore endorse the UK NSC position and do not recommend AF screening based on the existing evidence. We feel that local pilots should not be taking place before the reporting of the SAFER study and before conclusive evidence that the screening fulfils all the requirements of the UK NSC. In addition, we would welcome public information on the lack of evidence of AF screening via technology devices and its potential harms.</p>
431.	<p>Dear National Screening Committee</p> <p>Thank you for sharing the consultation document on AF which was due for review in 2017.</p> <p>As a sufferer of AF resulting in a (fortunately) a TIA (Mini Stroke) which has resulted in significant changes (to the detriment) to my employability and even though I was aware of my Atrial Fibrillation and could not have prevented it, so many people could through</p>



simple screening and as a result prevent the significant loss to our economy in lost 'Man Hours' as well as expense to our over burdened National Health Service and I wonder if you could perhaps urgently provide answers to the below:

1 Why is the review two years+ after the due date?

2 If it was due in 2017, it should be reviewed again in 2020, due to the delay it could be a further

4-5 years before the next review – countless lives will have been lost or devastated by an AF- related stroke, heart failure, dementia, sudden death. Evidence already exists to prove screening is beneficial, simple and cost-effective – why the delay and reluctance to recommend?

3 The consultations states that you need more evidence to demonstrate screening is cost- effective.

- NICE HTA has confirmed that screening is highly likely to be cost-effective
- Two studies are currently being undertaken over a 5-10 year period. In Sweden the STROKE STOP study; in UK the SAFER Study being led by Jonathan Mant in Cambridge.

This study will screen 40,000 people for potential AF and a further 80,000 will not be screened but followed to compare outcomes. Both studies will be invaluable however time is not on our side and we cannot wait 5-10 years for the results to be published.

We know from PHE figures that 500,000 people in England alone are walking around with undetected AF, many of whom will only discover they have AF when they are on a stroke ward following an AF-related stroke. Some will never know because they will have died due to an AF-related stroke. Some will need long-term care in a care home, some will remain in hospital and die within 12 months, some will return home but need care 24-hours/7 days a week by paid carers and family members who will no longer be able to work. The state will be paying these costs which far outweigh the costs of screening and anticoagulating.

4. Atrial Fibrillation – the facts:

- AF-related strokes are known to be more devastating, more debilitating and more likely to lead to death than any other type of stroke. Yet with simple detection of AF and prescribing anticoagulation therapy (relatively inexpensive) up to 75% of AF sufferers will avoid an AF-related stroke.
- If AF is detected and anticoagulated 65-75% of AF patients are less likely to suffer an AF- related stroke.
- 33% of people detected and diagnosed with AF are less likely to suffer a sudden death.
- 1:4 of us will develop AF, possibly 1:2 of us some studies have shown – the cost of not



screening and 25% (at best) of people over 40 years of age developing AF and suffering an AF-related stroke due to lack of diagnosis and anticoagulation therapy will cost the NHS and the country as a whole billions, screening for these people and prescribing anticoagulation medication will greatly reduce the risk of AF-related strokes by up to 75% therefore greatly reducing the cost burden to the NHS, governments and the tax- payers of the UK.

➤ AF is a common condition, which can be managed easily if

DETECTED – with simple pulse check and/or mobile ECG (very little cost)

PROTECT – with anticoagulation therapy (NOT aspirin as per NICE CG180)

CORRECT – when appropriate the irregular heart rhythm can be treated with appropriate treatment options

PERFECT – the patient pathway enabling the patient to return to being a person better able to manager their condition and lead an active life giving back to society rather than costing the society with high care costs to the NHS and society in general.

➤ AF occurs:

➤ 10% of people over the age of 70 years

➤ 20% > 80 years of age

➤ 50% > 100 years of age

➤ AF is associated with:

➤ 5 x likelihood of suffering an AF-related stroke ➤ 2 x likelihood of suffering sudden death

➤ 2 x all cause mortality

➤ 3 x hospital admission due to AF

➤ 3 x developing dementia

With an aging population AF will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. A few require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.

In 1750 it was thought that taking the pulse of patients by the GP was a very scientific approach. Until 1980's a pulse rhythm check was accepted as normal procedure as you walked into your GP surgery, no matter what the reason for your visit. In 2019 rarely does a GP automatically feel the pulse of their patients and yet it costs nothing and one minute of their time to detect a deadly condition. The majority will have a normal, healthy heart rhythm. For those with AF this simple pulse check will literally save them from the



devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.

5. NHS England, through the AHSN's, distributed 6000 mobile ECG monitors (mainly AliveCor Kardia Zenicor). The data has and is continuing to be collected proving cost-effectiveness of screening. In some areas there is already evidence of reduced number of AF-related strokes (Bradford, Yorkshire etc)

The Arrhythmia Alliance & AF Association – Know Your Pulse Campaign – www.knowyourpulse.org has published evidence of the effectiveness of public awareness, education and screening for AF.

Has this evidence plus NICE HTA been reviewed and considered prior to the consultation document being published by NSC for AF not recommending screening for AF?

6. The consultation states that 'an ECG is not hazard free' and that it might find something else resulting in 'over-investigation'. Surely if you find something that needs a diagnosis and possible treatment then it is worth it? Arrhythmia's and sudden cardiac death is the leading cause of death in this country (70-100,000 deaths annually). Yet with diagnosis and appropriate treatment studies have shown that 80% of these deaths could be avoided. Perhaps screening for AF will lead to a greater reduction in the number of sudden cardiac deaths – which can only be a good thing. The majority of these deaths are in the young (under 55 years of age) who if detected and treated can go on to lead active, productive lives and contribute to society.

7. With organisations such as Arrhythmia Alliance (www.hearhythmalliance.org) and AF Association (www.afa.org.uk), raising greater awareness of AF, providing information, support and education to the public, healthcare professionals, governments, NHS, PHE, NICE, professional bodies and most importantly to patients and carers, people are becoming more aware of the importance of

- Keeping healthy
- Keeping ourselves well
- Monitoring our heart through simple pulse check, mobile apps, even watches and Fitbits are routinely being used for the individual to monitor their heart rhythm and heart rate
- Digital Technology is improving daily – there are new apps coming that will be able to detect AF through the camera on mobile phones – reading the heart rhythm through your iris and retina. There is even one that can detect AF from your voice.
- Your heart beat and rhythm regulates everything you say and do.



	<p>Why then does the National Screening Committee for AF lag behind the rest of the world in encouraging the public, healthcare professionals and communities at large in not recommending screening for AF?</p> <p>Please, for the sake of hundreds of thousands (minimum 500,000 in England alone) will the NSC for AF please reconsider the evidence, the facts and the response from those who live with AF on a daily basis, whether as a healthcare professional seeing patients daily, a stroke physician managing victims of an AF-related stroke daily, carers having to change, feed, clean a victim of an AF-related stroke daily, a loved-one/carer having to look after a relative with dementia/AF-related stroke/heart failure due to AF. Evidence exists; demand exists; workforce exists; cost-effectiveness exists; simple, inexpensive equipment exists. There is no reason not to recommend screening for AF.</p> <p>The recent publication of the Long Term Plan by Public Health England (PHE) has a target of increasing detection of AF to 84% by 2029. How can this be achieved if screening is not approved by the NSC for AF?</p> <p>NHSE also wants to detect more AF to reduce the cost-burden of AF-related stroke. How can this be achieved if screening is not approved by the NSC for AF?</p> <p>Why are two public bodies – PHE and NHSE calling for greater detection (which can only be achieved through screening more people for AF) and yet the NSC are refusing recommendations for screening for AF?</p> <p>Surely all three bodies should be working together for the best of people yet to be identified with AF and for those who have been diagnosed with AF.</p> <p>Please remember you and the committee reading this have a 25% chance of developing AF, five times greater chance of suffering an AF-related stroke, twice the chance of sudden death and three times greater risk of dementia – all due to AF. Surely you would want to be screened and your family and loved ones too. A simple pulse check is all that is needed as a recommendation.</p> <p>Thank you for reconsidering. Kind regards</p> <p>XXXX XXXX</p>
432.	<p>Why would this not be a good idea!!!?</p> <p>I urge you to reconsider your previous decision not to go ahead with national screening.</p>



	<p>Screening for AF is not expensive and, if the only criteria is to save money, then it will potentially save the NHS millions by reducing the number of people affected by AF related strokes.</p> <p>Not only that but the distress and possible years of ill health/reliance upon others for care and reduction in quality of life - for those who had no idea there was anything wrong - should not be acceptable to anyone.</p> <p>Yours sincerely XXXX XXXX</p>
433.	<p>I wish to support the proposal for a National Screening Programme for AF and am very disappointed that the Committee has not recommended such a programme be set up. Had it been in force several years ago, my condition would have been diagnosed so much sooner and treated accordingly.. I am sure this would also have been the case for many other people as anyone over the age of 65 will have a 1 in 4 chance of getting AF.</p> <p>I would urge you to please reconsider your recommendation in the light of the evidence provided by the AF Association and other organisations.</p> <p>XXXX XXXX</p>
434.	<p>To whom it may concern,</p> <p>I have atrial fibrillation so please reconsider your decision on screening for A.F.</p> <p>Screening is necessary to reduce the devastating & costly results of A.F. related stroke.</p> <p>It is inexpensive & will save numerous lives especially those that have no idea that they have A.F.</p> <p>Kind regards,</p>



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	XXXX XXXX
435.	<p>I believe screening for AF is as essential as cancer screening. Symptomatic AF is often misinterpreted as indigestion or heartburn and asymptomatic is even more dangerous. Both conditions present an increased risk of stroke and this is a dreadful condition both for the patient and for the cost implications for the NHS. Surely any procedure that minimises stroke risk MUST constitute a sensible future for the NHS and for the population in its care. I wish my AF had been diagnosed earlier. It must be remembered that it also takes time to plan form a suitable drug regime since not all available drugs are efficacious.</p> <p>Sincerely. XXXX XXXX</p>
436.	<p>Dear Sir/Madam</p> <p>A chance of 1 in 4 to be diagnosed with AF, seems without a shadow of a doubt to be worth while the screening programme. We also have a right to life and one day, decisions makers that are against this programme, will themselves be in a similar position one day.</p> <p>The NHS is stretched and the screening will help save money and lives.</p> <p>It is evident that the NHS would rather wait until there is an emergency and/or life/lives are lost.</p> <p>Australia are screening their elderly for AF and it is working very well and is I understand, successful.</p> <p>Would you please be kind enough to reconsider?</p> <p>Many thanks and kind regards XXXX XXXX</p>
437.	Good morning



Whilst I realise the deadline has now passed I hope you will still consider my objection to the decision not to routinely screen for Atrial Fibrillation. My reason for the lateness is I have been away and only just seen the email from Healthy Rhythm Alliance.

Several years ago (probably at least 10), when my late wife was alive, I kept complaining of unusual sensations in my chest and went to my GP several times and, on each occasion I was given an ECG. Each one showed no problems. A physiotherapist also sent me to see my GP as, before I did my stint on the exercise bike (previous exercises had not been strenuous), I had a heart rate of 120 BPM. By the time I got to the surgery (a matter of 200 metres and saw a doctor) everything had settled down and again nothing was found. This went on for several years with me feeling more and more unwell and tired and I just kept being told it was stress or grief from losing my wife. I bought myself a Fitbit watch and monitored my heart rate. In November 2015 I was chairing a meeting, so was sitting down, and had a heart rate of 160!!! I saw a different GP who then agreed that there was something amiss and immediately sent me to **XXXX XXXX** for a 3 day tape to be done. I never saw a consultant, just the nurse who gave me the recorder which I dropped off 3 days later. The following MARCH I received a letter from my GP saying that they had heard from **XXXX XXXX** (again no contact for me with a consultant and never has been from **XXXX XXXX**) and I did have an issue – both fibrillation and flutter and I was put on a dose of beta blockers. This did not really do any good and in September 2016, whilst visiting in London was admitted to **XXXX XXXX** with the same symptoms. I was cardioverted and told to see my consultant (which one!!!). On returning home I made a private appointment in Oxford and was told I needed an ablation which was attempted in late October at the **XXXX XXXX** but unfortunately they couldn't complete it due to complications and I was put on amiodarone to slow my heart down. In May 2017 I had a successful ablation for both flutter and fibrillation but unfortunately had a stroke during the procedure (some of the charring came away) which means I now have a small blind spot which that prevents me from driving. Also the amiodarone has affected my thyroid and have to take medication for this too!

So my point is that had this been picked up 10 years ago, possibly by screening, it could have been dealt with then (perhaps with medication) and saved the NHS considerable amounts of money, me a lot of anxiety and possibly unnecessary procedures and I would now be having a much better standard of life now.

Regards
XXXX XXXX



	<p>I am writing today to urge you reconsider your decision not to support a national screening programme for Atrial Fibrillation (AF). It is vital that this programme exists for patients as AF screening can effectively help to identify people with silent AF, saving many lives. Silent AF plays a significant role in the risk of stroke, which places a great burden on the NHS currently.</p> <p>AF and AF-related illness costs the NHS over £2.2 billion annually – a cost that is expected to rise as the incidence of AF increases due to the aging population. AF screening can be carried out in a very cost-effective manner with modern technology. In addition, telemedicine technology produces enhanced test results, providing a more detailed view of a patient’s heart, including visibility into certain arrhythmias that are leading indicators of cardiovascular disease.</p> <p>Early diagnosis is essential when it comes to AF, and a screening programme would address this need. It is important, of course, to select the right patient group to screen for AF, defined by age and stroke risk. However, once you identify the right patients, the benefits for a national screening programme are clear – it is cost-effective, life-saving and will greatly reduce the number of AF-related strokes.</p> <p>I therefore hope for a positive consideration of AF screening very soon. Kind regards</p> <p>XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX</p>
439.	<p>I want to add comments to the urgency of screening for AF It is in my view absolutely essential on medical and economic grounds. I cannot see any justifications for not doing so.</p> <p>As a AFsufferer myself there is much that can be done to reduce the dreaded outcome of a serious stroke.I have benefited from anticoagulant treatment and knowledge received from AFassociation.Please cooperate in screening for this very critical situation.</p>



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	<p>Thank you</p> <p>XXXX XXXX</p>
440.	<p>Dear Sirs</p> <p>I wish to register my surprise that the consultation document fails to recognise the benefit of screening for atrial fibrillation.</p> <p>The impact of atrial fibrillation on stroke occurrence is very clear and by failing to provide timely anticoagulation/stroke prevention therapies to at risk patients, N.</p> <p>NHS England is condemning them to unnecessary strokes and the consequent morbidity and mortality.</p> <p>The arguments advanced against a screening programme are flawed.</p> <p>I strongly urge the committee to reconsider.</p> <p>Yours faithfully</p> <p>XXXX XXXX XXXX XXXX XXXX XXXX</p> <p>XXXX XXXX XXXX XXXX</p>
441.	<p>Dear NSC</p> <p>I support the request of Arrhythmia Alliance that you reverse your decision to not recommend national screening. It is inexpensive, cost-effective, life-saving and actually saves the NHS millions as the number of AF-related strokes will greatly be reduced.</p>



	<p>Yours XXXX XXXX</p>
442.	<p>Dear NHS Screening evidence,</p> <p>Two years ago I was the senior investigating officer for Grenfell Tower. I had been to the doctors and told I had a chest infection so did not think it was odd that I had difficulty breathing. On week one of the fire I was able to get to the top of it, by week four I struggled to get to the fourth floor.</p> <p>There was a dedicated doctor nearby Grenfell Tower for police and I went to visit to get more antibiotics. Thankfully his nurse had the foresight to do an ECG (My own GP does not possess the equipment), I was rushed into hospital and had a cardiac ablation within 12 hours. I was very lucky to be working on Grenfell Tower, I may have had a stroke otherwise.</p> <p>I am very grateful to the NHS for it has taken three cardiac ablations to get my heart into a better position than it was. I appreciate the high cost of this. I wonder if it would have been cheaper had we AF Screening in situ.</p> <p>With an aging population Atrial Fibrillation (AF) will cost the NHS billions if not screened, detected and anticoagulation therapy prescribed to avoid AF-related strokes. Many people with AF need no more than that. Some require treatment for the symptoms of AF and the quicker they are detected and treated the greater the chance of an almost full recovery and able to lead 'normal' active, independent lives.</p> <p>For those with AF a simple pulse check will literally save them from the devastating consequences of an AF-related stroke and years of suffering or worse – sudden death. If AF is suspected or the history provided by the patient suggests possible AF then following a pulse check a simple ECG recording will confirm a diagnosis.</p> <p>I would be grateful if you could review your decision as I believe AF screening is vital, despite the huge cost constraints that you are under. It saves lives and provides quality of life.</p>



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	<p>Yours faithfully, XXXX XXXX</p>
443.	<p>I would ask you to reconsider your decision to not go ahead with screening for AF. Having suffered with this problem for 20 years I know the risks this conditions may cause. If we can stop only one stroke or heart attack by being aware that the person suffers with AF it has to be worth screening</p> <p>Regards XXXX XXXX</p>
444.	<p>Dear Sir/Madam,</p> <p>I feel very disappointed that you have recommended against a screening programme for Atrial Fibrillation. At the age of 47 I had my first sudden severe episode of A.F. I was diagnosed straight away in the A and E department . Many people are totally unaware that they have Atrial Fibrillation until they have a devastating stroke or die. It makes no sense to me to not initiate a screening programme that is inexpensive , cost effective and which can save lives and stop people and their families living with the consequences of a devastating stroke.</p> <p>I am now 64 and through life style changes and taking anti coagulants I keep my A.F pretty well controlled, because I have been aware of my diagnosis.</p> <p>I ask you to reconsider the recommendation and save lives and futures blighted by a stroke.</p> <p>Yours faithfully, XXXX XXXX</p>
445.	<p>To whom it may concern,</p> <p>I understand from the AF Association that you have decided not to recommend screening for AF which, being a sufferer, I would urge you to reconsider. I was completely unaware of my condition until I went for a routine check-up by my doctor which resulted in me having to be sent to A&E to undergo several extensive tests over a period of three months to determine the way forward.</p>



	<p>Had I been aware of my condition earlier through a screening facility, as I had no immediate symptoms, it would have enabled me to deal with the necessity of having to take daily medication to help stabilise the condition and prepare the way for a forthcoming Cardio-version procedure at The Hammersmith Hospital.</p> <p>There is no doubt that the NHS are leaders in identifying many clinical conditions through a regular screening process therefore I am surprised and disappointed to hear that cardiology does not feature at the forefront of any such programme. Consequently I would respectfully urge the committee to review their decision.</p> <p>Yours sincerely XXXX XXXX XXXX XXXX XXXX XXXX</p>
446.	<p>To whom it may concern.</p> <p>I have suffered with AF for thirty years, and if mine had not been picked up and treated I would not be here today. It is very short sighted not to screen for AF as this would save the NHS millions of pounds, not having to treat people like myself for strokes.</p> <p>Yours faithfully XXXX XXXX</p>
447.	<p>I am unable to read and fully digest the contents of your consultation report, so all I can do is make a few comments:</p> <ol style="list-style-type: none">1 The only certainty with atrial fibrillation is uncertainty. There will always be a lack of information, so a study that provides conclusive evidence for screening is probably an impossibility. An evidence-based, logical approach is not the only way to tackle an issue. Somewhere along the line a step "in the dark" has to be made.2 As screening is cost-effective, and financial considerations seem so important these days, it is surprising that screening is not recommended.



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3 I note that the report refers to RCTs. One way forward would be to conduct screening in a limited geographical area and for a limited time, to assess the impact on NHS resources (extra staff and equipment; more hospital referrals, etc.), as well as patient benefits.

4 Why is the consultation document dated 15 June 2018? It is more than a year out-of-date. I may write to my MP about this aspect; it is a disgrace.

Regards,

XXXX XXXX