with no major contra-indications) received oral anticoagulation. Over 12 months follow-up, rates of TIA/stroke was low (n=3, 2.4%). All-cause mortality was also low (n=1, 0.8%). NHS England region-wide data showed a marked reduction in percentage of total stroke admissions with history of AF not taking anticoagulation at stroke presentation in 2018/19 as compared to 2017/18 across our two regions; this was lower than the national average and the lowest within West Yorkshire (figure 1).2

Conclusions An integrated service for AF management implemented community-wide was associated with high uptake of oral anticoagulation among eligible patients and low rates of AF-related hospitalisations and all-cause mortality. Across the community, among stroke admissions with AF at presentation, a lower percentage of patients without anticoagulation was observed in comparison with previous years and neighbouring regions.

Conflict of Interest none