

SCHEDULE 2 – THE SERVICES

A. Service Specifications

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| Service Specification No. | 03_CVDS_0034 v2 |
| Service | Opportunistic Screening for Atrial Fibrillation (Proactive) |
| Commissioner Lead | PCC Commissioning and Contracting |
| Provider Lead | Primary and Community Care |
| Period | From 01/04/2023 <i>(v1 Opportunistic Screening for AF in Flu Clinics West 01/08/2014 – 31/03/2023)</i> |
| Date of Review | <i>This service specification should be reviewed every 2 years unless new governance or legislation dictates a review any sooner</i> |

1. Population Needs

Atrial Fibrillation (AF) is a major cause of stroke and is accountable for 1 in 5 strokes. Atrial Fibrillation also increases the risk and severity of stroke. Ischaemic strokes in association with Atrial Fibrillation are often fatal, and those patients who survive are left more disabled by their stroke and more likely to suffer a recurrence than patients with other causes of stroke. Consequently, the risk of death from AF related stroke is doubled, quality of life is impacted for those who survive and the cost of care is significantly increased. Recognition and treatment of Atrial Fibrillation is of particular importance as stroke due to AF are eminently preventable.

2. Outcomes

2.1

NHS Outcomes Framework Domains and Indicators

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|-----------------|---|---|
| Domain 1 | Preventing People from dying early | ✓ |
| Domain 2 | Enhancing quality of life for people with long term conditions | ✓ |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | |
| Domain 4 | Ensuring people have a positive experience of care | |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | |

2.2 Local Defined Outcomes

- Target of 85% of pulses to be taken for those over 50 years without a recorded diagnosis of Atrial Fibrillation within an opportunistic screening clinical setting.
- 100% of patients diagnosed with an arrhythmia to be offered an ECG.
- Working towards 90% of those who receive opportunistic screening and who have been diagnosed with AF to be adequately anticoagulated in line with CVD Prevent targets by 2029.

<https://www.england.nhs.uk/ourwork/clinical-policy/cvd/cvdprevent/>

3. Scope

3.1 Aims and Objectives of Service

- To reduce the risk of stroke by opportunistically screening patients for Atrial Fibrillation whilst attending face to face consultations.
- To improve quality outcomes for patients identified with Atrial Fibrillation through optimal therapy to reduce the risk of stroke
- For GPs to audit their intervention using data analytics from SystemOne/Ardens/Coding (specifically AF template) /DIIS etc and make the appropriate changes in discussion with patients
- To improve identification and prevalence across all levels of deprivation

3.2 Service Description/Care Pathway

- Patients attend a face-to-face consultation for opportunistic screening.
- Patients submitting digital technology self-diagnosis information
- Health Care Professional (HCP) takes pulse of eligible patients over 50 years
- HCP identifies patient with irregular pulse and records, where possible, using Ardens template / SystemOne
- Alongside the traditional 12 lead ECG, the KardiaMobile 6L (6 lead ECG) is NICE approved as an option for detecting atrial fibrillation (AF) for people with suspected paroxysmal AF, who present with symptoms such as palpitations and are referred for ambulatory electrocardiogram (ECG) monitoring by a clinician. KardiaMobile supports the opportunistic identification of atrial fibrillation in a practice setting by GP's and practice nursing staff.
- In the event that there is an irregular pulse reading the patient is referred back to the GP Practice
- Identified patients invited to ECG clinic
- ECG readings reported to GP
- Upskilling for Community Teams to do ECG
- GP initiates appropriate treatment
- Data appropriately recorded for DIIS
- Patients referred into Secondary Care where appropriate / Rapid Access Clinic

<https://www.uhd.nhs.uk/hospitals-poole/services/63-services/joint-service/cardiology>

[Cardiac Rhythm Management | Dorset County Hospital \(dchft.nhs.uk\)](https://www.dorset.nhs.uk/dorset-county-hospital/dorset-county-hospital)

Mobile health devices that can be used to detect atrial fibrillation are being marketed to consumers. These include various methods such as photoplethysmography (PPG) and single-lead electrocardiograms. Digital devices can be used to monitor a patient's heart rhythm and detect atrial fibrillation, which can be treated. For instance around one-third of people with atrial fibrillation do not have symptoms. Pathways should also allow formal screening for AF based on findings of these devices.

Consideration should be given to the epidemiology of the conditions the patient has/or is being treated/assessed for, and steps should be in place to ensure that areas of risk are managed due to ethnicity and health inequalities. This could also include opportunistic screening for associated diseases they may be at risk from.

3.3 Population Covered

As stated below in 3.4

3.4 Any acceptance and exclusion criteria

All patients (without a recorded history of Atrial Fibrillation) over the age of 50 years.

Exclusions

Patients with known Atrial Fibrillation

3.5 Interdependence with other services/providers

Patients who are unable to travel will be offered a pulse check opportunistically at their normal place of residence by the most appropriate health care professional.

4. Applicable Service Standards

4.1 Applicable National Standards (eg NICE)

- Atrial Fibrillation: diagnostic and management Nice Guideline (NG196)

<https://www.nice.org.uk/guidance/ng196>

[Overview | KardiaMobile for detecting atrial fibrillation | Guidance | NICE](#)

<https://bnf.nice.org.uk/treatment-summaries/oral-anticoagulants/>

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

5. Applicable Local Standards

- Target of 85% of pulses to be taken on over 50 year old patients (without a recorded history of Atrial Fibrillation) attending a clinical setting with a pre payment for 50% of pulses checked in this age group.
- 100% of patients diagnosed with an arrhythmia to be offered an ECG
- 100% of patients diagnosed with Atrial Fibrillation to be recorded into Ardens template
- 90% of all patients diagnosed with Atrial Fibrillation to be appropriately anticoagulated giving due consideration to [national / local procurement policies](#) by 2029

6. Location of Provider Premises

The Provider's Premises are located at:

Each GP practice to decide on location and to ensure inclusion of home visits and care home residents