



The Heart Rhythm Charity

Promoting better understanding, diagnosis,
treatment and quality of life for individuals
with cardiac arrhythmias



National Requirements - Local Implementation Summary of National Service Framework for Arrhythmias & Sudden Cardiac Death

www.heartrhythmcharity.org.uk

Registered Charity No. 1107496 ©2008

Introduction to New Chapter for National Service Framework for Coronary Heart Disease

Chapter 8: Arrhythmias and Sudden Cardiac Death

This document has been produced by Arrhythmia Alliance to act as a summary of the National Service Framework produced by the Department of Health

Arrhythmia Alliance (A-A) is a coalition of charities, patient groups, patients, carers, medical groups and allied professionals.

These groups remain independent, however, work together under the **A-A** umbrella to promote timely and effective diagnosis and treatment of arrhythmias.

A-A supports and promotes the aims and objectives of the individual groups.

Contents

Introduction

What is a National Service Framework (NSF)?

Are NSFs important?

Why is there a new Chapter?

What is in the new Chapter?

What are the specific requirements?

Markers of Good Practice
– Initial Treatment

Markers of Good Practice
– Ongoing Treatment

Markers of Good Practice

What Happens Now?

What can I do?

Useful Websites

Further reading

Arrhythmia Alliance patient booklets are reviewed annually.
This booklet will be next updated September 2009,
if you have any comments or suggestions
please contact A-A.

Glossary of terms

Arrhythmia

An abnormal heart rhythm

Atrial Fibrillation (AF)

Irregular heart rhythm

AV Block

Block of conduction in the electrical pathway between the atria and ventricles

Catheter Ablation

A treatment which destroys a very small area inside the heart causing the AF

CHD

Coronary Heart Disease

ECG

An Electrocardiogram (ECG) records the electrical activity within the heart. It is a simple procedure which involves applying small stickers to the patient's arms, legs and chest. The patient is then connected to an ECG machine via leads that are attached to the stickers and then connected to the machine

Healthcare Commission

The watchdog, the healthcare commission monitors the implementation of the NSF and NHS organisations will be judged against their progress towards meeting the requirements.

NSF

National Service Framework

Palpitations

When someone becomes uncomfortably aware

Syncope

Loss of consciousness or faint

What is a National Service Framework (NSF)?

An NSF is a blueprint for provision of services for a particular condition. NSFs exist for illnesses such as cancer, long-term conditions and diabetes, as well as for older people and children's services. They set down the standards of services people should accept in the NHS, and a quality framework against which local services can secure improvements.

Are NSFs important?

Yes. All National Health Service (NHS) organisations are obliged to take notice of national guidance, including NSFs. The NHS watchdog, the Healthcare Commission, will monitor the implementation of the NSF, and NHS organisations will be judged against their progress towards meeting the requirements in the new Chapter.

Why is there a new Chapter?

The NSF for Coronary Heart Disease (CHD) was published in March 2000, and set down 12 national standards to improve the diagnosis and treatment of people with diseases of their coronary arteries. The NSF has led to huge improvements in care for these people and a significant investment in the facilities to treat them. Coronary disease is different from arrhythmia (a heart rhythm problems), and is treated differently by different people. The Department of Health recognised that it might be possible to see similar improvements in people with arrhythmias by widening the scope of the NSF beyond just that of coronary disease. The new Chapter on "Arrhythmias and Sudden Cardiac Death" was published in February 2005.

What is in the new Chapter?

The Chapter defines certain "Quality Requirements" which describe the principles of care that clinicians and others will use to guide their practice. There are 3 quality requirements in the new Chapter, underpinned by 20 markers of good practice for implementation. The requirements cover Patient Support, Diagnosis and Treatment and Sudden Cardiac Death.

What are the specific requirements?

1) Patient Support:

People with arrhythmias receive timely and high quality support and information, based on an assessment of their needs.

This requirement seeks to ensure that people with arrhythmias receive an appropriate assessment of their needs, including dealing with problems such as anxiety and depression. Every person should receive this support from a named arrhythmia care co-ordinator. People should also receive good quality information about their condition, and young people with arrhythmias should receive care appropriate to their age.

Markers of Good Practice

- ♥ People with arrhythmias receive a formal assessment of their support needs and those at significantly increased risk of anxiety, depression or a poor quality of life receive appropriate care.
- ♥ People with long-term conditions receive support in managing their illness from a named arrhythmia care co-ordinator.
- ♥ Good quality, timely information about arrhythmic conditions is given by appropriately trained staff.
- ♥ **For children and young people:**
Every child and young person receives age-specific preparation, treatment, support and follow-up.

Transition to adult services does not automatically occur at age 16 but takes into account the individual needs and wishes of the young person.

2) Diagnosis and Treatment:

People presenting with arrhythmias, in both emergency and elective settings, receive timely assessment by an appropriate clinician to ensure accurate diagnosis and effective treatment and rehabilitation.

This makes sure that people presenting with arrhythmia have their events documented and placed in their hospital records. It also states definitively which individuals should be referred to a heart rhythm specialist, and sets out standards for the ongoing treatment of those with arrhythmias.

Markers of Good Practice – Initial Treatment

- ♥ All patients receive a hard copy of the ECG documenting their arrhythmia and a copy is placed in their records.
- ♥ Patients who survive out-of-hospital cardiac arrest and patients presenting with pre-excited atrial fibrillation are assessed by a heart rhythm specialist prior to hospital discharge.

The following patients are assessed urgently by a heart rhythm specialist:

- a) Patients with syncope or any other symptom(s) suggestive of an arrhythmia and a personal history of structural heart disease or a family history of premature sudden death
- b) Patients with recurrent syncope associated with palpitations
- c) Patients with syncope and pre-excitation
- d) Patients with documented 3rd degree AV block (not associated with acute MI)
- e) Patients with recurrent syncope in whom a life-threatening cause has not been excluded
- f) Patients with documented ventricular tachycardia

The following patients are referred to a heart rhythm specialist:

- a) Patients with a presumed diagnosis of ventricular tachycardia
- b) Patients with Wolff-Parkinson-White (WPW) syndrome or asymptomatic pre-excitation
- c) Patients with symptomatic regular recurrent supraventricular tachycardia which is unsuccessfully treated with one type of medication or who would prefer not to take long-term medication
- d) Patients with recurrent atrial flutter
- e) Patients with symptomatic atrial fibrillation despite optimal medical therapy
- f) First degree relatives of victims of sudden cardiac death who died below the age of 40 years
- g) Patients with recurrent unexplained falls

♥ For children and young people:

Any child with recurrent loss of consciousness, collapse associated with exertion, atypical seizures with a normal EEG or with any documented arrhythmia is referred to a paediatric cardiologist.

Markers of Good Practice – Ongoing Treatment

- ♥ Mechanisms are in place for urgent referral of patients with sustained or compromising arrhythmias for prioritisation of appropriate treatment.
- ♥ Implantable Cardioverter Defibrillators (ICDs) are considered in patients presenting with life-threatening ventricular arrhythmias and in those without demonstrable arrhythmia but identified as being at high risk.
- ♥ Catheter Ablation is considered as the treatment of choice in patients presenting with sustained supraventricular tachycardia (SVT) other than Atrial Fibrillation, and cardioversion of recent onset atrial fibrillation (AF) is considered as early as is clinically safe.
- ♥ Where further hospital treatment is not recommended, a care plan is agreed between the patient, GP and the arrhythmia care team, including follow-up and support as required.
- ♥ For children and young people:
Treatments and service delivery for children, and adults with congenital heart disease, are tailored to meet their needs.

3) Sudden Cardiac Death:

When sudden cardiac death occurs, NHS services have systems in place to identify family members at risk and provide personally tailored, sensitive and expert support, diagnosis, treatment, information and advice to close relatives.

This will provide rapid access to services for those who experience symptoms predictive of sudden cardiac death. It will provide a network of support, diagnosis, counselling and, where necessary, treatment for those whose close family members have had arrhythmias. It will also ensure that the correct cause of death is established in those who die suddenly.

Markers of Good Practice

- ♥ Individuals who experience episodes of sustained palpitation and/or unexplained impaired consciousness, particularly if repeated or triggered by exercise, have rapid access to cardiac evaluation, including 12-lead and continuous ECG monitoring and 2D echocardiography.
- ♥ Suitable bereavement services are available for those who have lost a family member.
- ♥ An expert post mortem is carried out and appropriate tissue retained if informed consent is given.
- ♥ Evaluation of families who may have inherited cardiac disease takes place in a dedicated clinic, with staff who are trained in diagnosis, management and support for these families. Genetic counselling and further testing is available if appropriate.
- ♥ **For children and young people:**
Children and young people who have lost a family member receive suitable bereavement support and, if potentially at risk themselves, appropriate clinical assessment and treatment.

What Happens Now?

The NSF will not just happen, rather, Strategic Health Authorities and Primary Care Trusts will decide how to phase in the quality requirements detailed above over the next five years. Critical to the success of the NSF will be the 32 cardiac clinical networks, who will receive central funding and be critical in supporting local service redesign where appropriate.

The NHS will investigate the feasibility of a national clinical audit of arrhythmia care, whilst a new Arrhythmias and Sudden Cardiac Death board will provide national leadership.

For its part, the Arrhythmia Alliance will work closely with other stakeholders to support the implementation of the NSF, and ensure that the diagnosis and treatment of the condition is improved for sufferers and there are support mechanisms in place for their families. We will, however need the support of all our members.

What can I do?

Read the NSF and its website (www.dh.gov.uk/PolicyAndGuidance) and understand the service standards that people with arrhythmias and their families should expect.

Monitor the implementation of the NSF in your area; find out what plans your local Primary Care Trust and Cardiac Network have in place.

The Alliance is keen to hear of examples of where things are working well, and also where they are not.

Finally, stay in touch with the Alliance and follow our commentary on, and calls to action for the rapid implementation of this important new initiative.

If you have an arrhythmia, or have a friend or loved-one with an arrhythmia, and your care has fallen short of the standards recommended in this new NSF, let us know, and send a copy to your local MP. Only by applying pressure for change will patients get the best care they deserve.

Useful websites

A list of useful sites can be found at:- www.heartrhythmcharity.org.uk This list is not exhaustive and it is constantly evolving. If we have excluded anyone, please accept our sincerest apologies and be assured that as soon as the matter is brought to the attention of the [Arrhythmia Alliance](#), we will quickly act to ensure maximum inclusiveness in our endeavours.

If you wish to contact us direct please phone on 01789 450 787 or email heartrhythm@stars.org.uk

Further reading

The following list of Arrhythmia Alliance Patient(s) booklets are available to download from our website or to order please call 01789 450787.

- Arrhythmia Checklist - Could your heart rhythm problem be dangerous?
- Atrial Fibrillation (AF)
- AF Checklist
- Blackout Checklist
- Bradycardia (Slow Heart Rhythm)
- CRT/ICD
- Catheter Ablation
- Catheter Ablation for Atrial Fibrillation
- Drug Treatment for Heart Rhythm Disorders (Arrhythmias)
- Electrophysiology Studies
- Exercising with an ICD
- FAQs
- Heart Rhythm Charity
- Highlighting the Work of the Arrhythmia Alliance
- ICD
- Implantable Loop Recorder
- Long QT
- National Service Framework Chapter 8
- CRT/Pacemaker
- Pacemaker
- Palpitation Checklist
- Remote Monitoring for ICDs
- Sudden Cardiac Arrest
- Supraventricular Tachycardia (SVT)
- Tachycardia (Fast Heart Rhythm)
- Testing Using Drug Injections to Investigate the Possibility of a Risk of Sudden Cardiac Death
- Tilt Test

Please feel free to discuss any concerns at all with the doctors, physiologists or your specialist nurse at any time.

Please help us to improve services for all those affected by arrhythmias and to save lives by making a donation today. Please complete the donation form below and return to P.O Box 3697 Stratford upon Avon CV37 8YL or click on www.heartrhythmcharity.org.uk and click the donate icon.

Membership is free to individuals, however, if you would like to make a DONATION please complete and return.

I would like to make a donation to A-A and enclose: £

I have made a donation to A-A via PAYPAL at £
www.arrythmiaalliance.org.uk to the sum of:

I have arranged a standing order from my Bank/ £
Building Society Account to A-A, (min amount £10p.a.)

Please tick here if you agree to Gift Aid
your subscription/donation

☐

Tick here

Gift Aid

Name of taxpayer:.....

Address:.....

Postcode:

Please allow Arrhythmia Alliance to claim an extra 28p for every £1 you donate at no cost to you. I want Arrhythmia Alliance to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I currently pay an amount of income tax and/or capital gains tax at least equal to the tax that Arrhythmia Alliance reclaims on my donations in the tax year. I may cancel this declaration at any time by notifying A-A. I will notify A-A if I change my address. Please note full details of Gift Aid tax relief are available from your local tax office in leaflet IR 65. If you pay tax at a higher rate you can claim further tax relief in your Self-Assessment tax return.

Standing Order Authority

My Bank:

Bank Address:

Please Pay: A-A, Account: 02685818 Sort Code: 30-98-26, Lloyds TSB Plc, 22 Bridge St, Stratford upon Avon, CV37 6AG

The Sum of £/E/\$: On (1st Date): / / 200....

And after this, every: Month / Year (delete) Account No.:

Sort Code: Signature:

Date: Please hand this form in to your Bank

Credit Card Payment

Card Type: Expiry Date:

Card Number: Amount of £/E/\$:

Name on Card: Address:



Executive Committee

President

Prof A John Camm

Dr Phillip Batin	Dr Mathew Fay	Mrs Anne Jolly	Mrs Jayne Mudd
Mr Chris Brown	Dr Adam Fitzpatrick	Mrs Sue Jones	Dr Francis Murgatroyd
Mr Pierre Chauvineau	Dr Michael Gammage	Dr Gerry Kaye	Dr Colin Prottey
Dr Derek Connelly	Mr Steve Gray	Dr Nick Linker	Dr Richard Schilling
Dr Campbell Cowan	Mrs Angela Griffiths	Mrs Trudie Lobban	Dr Graham Stuart
Dr Neil Davidson	Mr Robert Hall	Ms Nicola Meldrum	Mrs Jenny Tagney
Dr Wyn Davies	Dr Guy Haywood	Prof John Morgan	Mr Paul Turner
Mr Nigel Farrell			

Trustees

Mr Chris Brown Dr Derek Connelly Mr Nigel Farrell
Dr Adam Fitzpatrick Mrs Trudie Lobban

Patrons

Prof Hein J J Wellens Prof Silvia G Priori W B Beaumont, OBE Rt. Hon Tony Blair



Arrhythmia Alliance

PO Box 3697 Stratford upon Avon
Warwickshire CV37 8YL
Tel: 01789 450 787

e-mail: info@heartrhythmcharity.org.uk
www.heartrhythmcharity.org.uk

Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.

Published 2005 revised September 2008

