1. Population Needs

1.1 National/local context and evidence base

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services. No part of the specification by commission, omission or implication or redefines essential or additional services.

This Local Enhanced Service was developed as an additional to the Influenza DES as an initiative for opportunistic screening for atrial fibrillation during flu immunisation clinics by inviting patients over 65 to have pulse palpation carried out.

Opportunistic screening by pulse palpation is recommended by NICE. Taking one or two minutes to take a manual pulse in patients over 65 and record the results could prevent a stroke. About 4% of people over 65 have AF rising to almost 8% of over 80s. Stroke is a major cause of mortality and morbidity in Rochdale. About 5% of people with untreated AF will go on to have a stroke and are very likely to have a damaging stroke resulting in death or long term disability.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
<td>X</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
<td></td>
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</tbody>
</table>
2.2 Locally defined outcomes

This locally agreed enhanced service will ensure that:

- Patients aged 65+ within the Rochdale Borough are offered this opportunistic check to reduce the prevalence of stroke as a result of undiagnosed Atrial Fibulation

3. Scope

3.1 Aims and objectives of service

Taking one or two minutes to take a manual pulse in patients over 65 and record the results could prevent a stroke. About 4% of people over 65 have AF rising to almost 8% of over 80s. Stroke is a major cause of mortality and morbidity in Rochdale. About 5% of people with untreated AF will go on to have a stroke and are very likely to have a damaging stroke resulting in death or long term disability.

3.2 Service description/care pathway

During the Flu immunisation appointment, the clinical will take a manual pulse in patients over 65 and record the results could prevent a stroke.

Patients found to have pulse irregularity should be managed via the Primary Care Pathway Guidelines for AF (appendix 1).

Further follow up investigations on the patient do not have to be carried out at the same time as the flu clinic and should be scheduled accordingly.

3.3 Population covered

The service will be offered to all patients aged 65+ registered in the borough attending for flu immunization.

The following exclusion criteria will however apply:

- Patients previously diagnosed with stroke or known arrhythmia
- Patients who have had already had a pulse check as part of an NHS Health Check

3.4 Payment Arrangements

Practices will receive £1.00 per manual pulse check paid annually in arrears. This covers the manual pulse check and recording the result.

3.5 Complaints

Complaints in relation to the GMS treatment of residents by the Practice should be dealt with through the Practice and CCG complaints process.

3.6 Contractual Arrangements

This agreement is made between NHS Heywood, Middleton and Rochdale Clinical
Commissioning Group (the commissioner) and the GP Practice contractor (service provider). The provider will give NHS HMR CCG 30 days’ notice for any reason they are unable to provide service for a short time i.e. holiday / illness.

Termination of Service Either party may terminate this agreement by providing written notification of their intention to do so. A notice period of 30 days shall be given.

Review of the service The service will be reviewed annually including payments for providing this service.

Breach of Contractual Conditions

Breach of the conditions of this contract may result in a reduction or withdrawal of payment and cancellation of this contract.

4. Applicable Service Standards

4.1 Applicable national standards

Opportunistic screening by pulse palpation is recommended by NICE.

4.2 Qualifications

Those doctors and nurses who have previously provided services similar to the proposed service and have such continuing medical experience, training and competence as is necessary to enable them to contract for the service.

4.3 Risk Management

The practice must provide details of their risk management procedures and contingency plans in relation to adverse reactions or incidents which could relate to this enhanced service.

4.4 Clinical Audit

The clinical aspects and outcomes of this service must be included as part of a regular clinical audit process within the practice.

4.5 Reporting and Monitoring

<table>
<thead>
<tr>
<th>PULSE RHYTHM REGULAR</th>
<th>2431</th>
</tr>
</thead>
<tbody>
<tr>
<td>PULSE RHYTHM IRREGULAR</td>
<td>2433</td>
</tr>
</tbody>
</table>

Please ensure one of these codes is entered along with the flu vaccination code date given to ascertain accurate data for audit.

4.6 Data collection

A one-off collection of data will be requested following the flu season which should detail:

- Number of pulse checks carried out within the dates specified for flu season
- Number of patients requiring further investigations
- Numbers diagnosed with AF and added to the AF register following investigation

4.7 Incident Reporting

It is a condition of participation in this Service that providers report any serious untoward events within 72 hours or 24 hours to NHS HMR CCG.
5. **Applicable quality requirements and CQUIN goals**

### 5.1 Quality Requirements

Providers will be expected to ensure they deliver high quality services and outcomes for patients, provide value for money, give patients choice wherever appropriate, and adhere to relevant guidelines.

### 5.2 Measuring Outcomes

- The Practice must demonstrate by means of searches and audits that the AF checks have been carried out (omitting all patient identifiable information).
- The practice must demonstrate that 100% of serious untoward incidents are reported to NHS HMR Primary CCG within 72 hours.

The Practice will be required to demonstrate all measurable outcomes at the annual post-payment validation visit. Information will not be patient specific, to protect confidentiality, but will be auditable if necessary via access to practice records by appropriately authorised officers on behalf of NHS Heywood, Middleton and Rochdale Clinical Commissioning Group.

### 6. Location of Provider Premises

### 7. Individual Service User Placement