Atrial Fibrillation (AF) programme for South East London: detection and development of pathways for AF management and anticoagulation

Frequently asked Questions and Answers

Background

As part of a national programme to support delivery of a Detect, Protect, Perfect approach for Atrial Fibrillation (AF), South East London Integrated Care Board (SEL ICB), with support from the Health Innovation Network (HIN) south London, are offering a hand-held AF detection device to every GP practice and some outreach settings. These devices are part of a programme to increase AF detection in South-East London, provide training for health care professionals and to develop consistent pathways for AF detection and management across SEL.

MyDiagnostick

The AF detection device being used is MyDiagnostick. For more information visit: **About the MyDiagnostick.**

MyDiagnostick is an AF detection device that may help us find patients with possible AF. The patient holds the metal handles at either end of the device which automatically switches it on. The device then records an ECG whilst analysing the heart rhythm. After one minute, the device displays either a green tick for a normal ECG, or a red cross if possible AF is detected. Single-lead ECG traces can be downloaded to the MyDiagnostick Management Studio software and PDF ECG reports created if required/to support referrals. Patients with suspected AF will then be referred on for further testing/diagnosis with a 12-lead ECG/cardiology.

Frequently asked questions (FAQs)

The questions below have been asked by stakeholders supporting this project and we have provided some answers that may be of use to you and your teams.

See also the MyDiagnostick Device manuals and frequently asked questions (MyDiagnostick website)

1. What is the evidence of screening for AF?

The current position of the UK screening committee is that systematic screening of AF should not be carried out. However, there is a value in targeted care finding of AF in patients who are likely to be at higher risk.

The recommendations below outline methods that we may adopt to facilitate targeted case finding within primary care settings and nationally patients are also being encouraged to know their own pulse: Know Your Pulse - Arrhythmia Alliance - UK (heartrhythmalliance.org).

Many areas of the UK are focussing on AF detection alongside BP checks for long term conditions (LTCs), alongside flu or covid vaccinations in over 65-year-olds and for patients with AF symptoms or who are self- reporting high pulse/abnormal rhythm to HCPs.

Tailoring AF detection to those most at risk of AF is recommended in CESEL AF management guidance: CESEL-AF-guide-FINAL-1.1-April-2024.pdf (selondonics.org)

We also have previous success in this area- In 2018/19 a South London AF detection project found 4% of patients with possible AF for patients screened with devices (597/14,835).

Further information:

Covid recovery plan for CVD prevention/AF- MECC: SAFI WebEx (stroke.org.uk)

CVD Prevention information from NHSE: NHS RightCare » High value intervention in atrial fibrillation (england.nhs.uk)

BHF information: How can you help atrial fibrillation detection and management in your area? - BHF

NHS Long Term Plan: NHS Long Term Plan » Cardiovascular disease

PHE/NHSE ambitions: Health matters: preventing cardiovascular disease – GOV.UK

Stroke UK: Atrial Fibrillation: information and resources | Stroke Association

2. What device maintenance is required for MyDiagnostick?

The device has a 2-year manufacturer's warranty. It isn't serviceable or repairable, so for any manufacturing fault/defect developing during the first 2 years, the device would be replaced with a new device under the warranty. Failure rates are extremely low. The battery has a life-expectancy of between 5 and 10 years (depending on usage).

3. What support is available for the MyDiagnostick device?

All devices will be supplied with a 90-day Mediserve support contract. During this time, support with using the device can be obtained by calling the Technical Support team on 0114 3990010.

Support is available 8am – 5.30pm Monday – Friday (excluding public holidays in England).

Following the initial 90 days period, Practices can obtain basic support for their MyDiagnostick devices by viewing videos on our website, or by contacting our support team by email at support@numed.co.uk.

More detailed support requests should be directed to the Manufacturer at info@mydiagnostick.com

4. How should the MyDiagnostick device be stored?

Once distributed, each practice/setting is responsible for the device. The device should be stored securely by the practice/organisation. We suggest that the device is not sent home with patients for home monitoring due to the cost of the device. Where the device is used and how it is stored is to be decided by each practice/setting.

5. Are there any data sharing implications?

MyDiagnostick device 1001R and MyDiagnostick Management Studio software

- The device does not hold patient information.
- Patient details can be entered into the accompanying software on the computer however the SOP for the project will advise against this.
- All data is held locally and not shared outside the local computer. No one can access data from the device/software from outside the local computer (this includes the distributer Numed)
- Trace reading (1 line ECG) does not hold patient details.
- PDF ECG reports will need to be saved (if possible AF is detected) with an appropriate file name and in a secure location prior to them being attached to the patient notes and onward referral.
- Patient data is only held within the patient record or on the project data monitoring spreadsheet (which should be password protected and saved in a secure location).

Any patient identifiable information recorded on the project monitoring spreadsheet is to be removed before sending to the HIN for the purpose of evaluation. The HIN will only see non-identifiable information. Alternatively the data will be collated via the Ardens templates in use for this project.

6. What training is available?

Learning events/webinars have been provided online, via MS Teams.

These webinars were open to anyone with an interest in AF detection and management. Everyone is welcome.

These webinars and other project resources can be found on the project website hosted by the HIN:

https://healthinnovationnetwork.com/resources/atrial-fibrillation-detection-devices-resources-2024/

For further information please contact the HIN CVD prevention team: hin.cvd@nhs.net

Webinars which have been recorded include:

Tuesday 20th February - AF management webinar supported by the clinical effectiveness team (CESEL) and GSTT specialist colleagues

Thursday 25th April - AF Detection: Presentation from Numed on how to use the AF detection device MyDiagnostick and its software

Tuesday 18th June - AF Detection: Device and software reminder. Recommendations for actioning results from the AF detection device MyDiagnostick and how to approach discussions about AF with patients

A further webinar is planned for 22nd October 2024 1.30-2.30 which will cover AF and Anticoagulation.

7. What are the False positive / False Negative rates when using the device?

PPV: approx. 75%, NPV: approx. 99%.
The MyDiagnostick is configured in such a way that no AF should be missed if it is present in the patient during the test. MyDiagnostick is configured very sensitively, which increases the chance of false positives however, this applies to many (medical) equipment.

8. Are there any issues using this device in patients who have Implantable cardioverter-defibrillator (ICDs)? Can this machine be used with someone who has a pacemaker?

Patients with an ICD can take a measurement with the MyDiagnostick without any problems. However, patients with defibrillators and pacemakers already have an abnormal heart rhythm diagnosis, or are at risk of abnormal heart rhythms, so should be being monitored and thus it is not necessary to screen these patients for AF.

9. Can the patient be wearing rings or similar while using the device?

Yes, that is no problem for the measurement.

10. Which stakeholders are included in this programme?

Devices were offered to all PCNs and practices in South East London. There are also a number of other sites involved such as outreach, pharmacy and care home teams.

For further information or if you are interested in having an AF detection device, please contact hin.cvd@nhs.net

11. How do we get the software?

MyDiagnostick Management Studio is the software for managing MyDiagnostick devices and measurement data.

In primary care:

SEL ICB or Bromley ICT Department are going to remotely deploy it to each workstation

Any issues or you are not able to find the application, please contact your SEL ICB or Bromley Service Desk team.

SEL ICB ICT Team

- Email: ICT@selondonics.nhs.uk
- SEL ICT Tel: 020 8176 5400
- Self Service Portal: https://nhssel.haloitsm.com/portal/home

Bromley GP IT (for all Bromley GP Practices only)

- IT Service Desk Tel: 0208 315 8702
- Self-Service Portal: BHC Self-Service Portal - Login (haloservicedesk.com)
- IT Service Desk Email: BHC.ITHelpdesk@nhs.net

It will be uploaded to all practices in SEL

If it is not available by the time the devices are due to be delivered, please contact the SEL ICB or Bromley Service Desk team (details above).

Outside of primary care/in the community:

This will be done on an individual basis depending on system requirements and if the software is required. Please contact the HIN CVD prevention team: hin.cvd@nhs.net to discuss.

You will be sent a link to install the software. This may require liaison with local IT teams (administration rights)

12. When are the devices being deployed to practices?

A number of devices have already arrived at a small number of sites but unfortunately there has been a delay in our remaining order and so we expect all devices to arrive at the designated PCN delivery sites towards the end of August to then be distributed to the practices.

13. Can the pdf results save directly to EMIS?

There is no direct connection or transfer between the MyDiagnostick software and the clinical system/EPR. The pdf ECG trace will need to be saved to the computer (with an appropriate file name and in a secure location) and then attached to the patient's notes.

14. Can you add patient info such as NHS number onto the pdf while saving it?

It is possible to add patient information into the MyDiagnostick software however we advise you not to do this as part of this programme in order to reduce any data security risks.

15. Do you have to download the ECGs?

ECGs should be downloaded for patients with suspected AF readings (red light on the device). The ECG should be saved to the patient notes and attached to the referral for further investigation.

16. What happens if I can't download the ECG straight away?

You will be provided with a data monitoring spreadsheet for the project. This is to support the evaluation and impact of distributing AF devices but will also allow you to track the patients seen and match them with the correct ECG when they are downloaded.

If you are using an Ardens template in EMIS we advise that you download the ECG trace after the appointment however, if this is not possible you will be able to tally the template/time with the ECG trace for each patient requiring referral.

Please record each test in the data monitoring spreadsheet, completing all columns. If you are using Ardens templates, then a report of AF detection activity will be automatically shared/may be downloaded for each site across SEL.

The ECGs stored on the MyDiagnostick device are automatically transferred to the software. The readings appear in date order with the newest one first. Each reading has a date/time stamp on it.

You will then be able to match the date and time stamp on the ECG with the date and time and patient identifier recorded in the spreadsheet/EMIS template.

17. Who should use the AF detection device?

This is a decision to be made by the practice/team receiving the device. The AF detection device may be used by clinical and non-clinical staff. We suggest it is used by whoever is most likely to see at risk groups (e.g. in hypertension clinic) and has the time to run the test, input information into the data monitoring spreadsheet/Ardens template and action any ongoing tasks as necessary.

Please see project standard operating procedures for more information (HIN website)

18. Should codes be added that AF detection has been done?

Patient notes should be updated to reflect that a test has been done and what the result of that was. These codes have been added to the Ardens template.

Suggested codes to use are:

Code	Concept ID	Description ID
Atrial fibrillation screen using BP monitor with AF detector	1978701000006108	1978701000006112
AF screen using BP monitor with AF detector abnormal	1978711000006106	1978711000006110
AF screen using BP monitor with AF detector normal	1978721000006103	1978721000006119

And if onward referral is required:

Code	Concept ID	Description ID
Referral to atrial fibrillation clinic	758600000	3620630016

19. How many readings do we need to do for patient?

Only one reading needs to be done for a patient

20. How should the device be cleaned please?

The user can clean the device with a damp cloth. The damp cloth may contain a mild soap solution or alcohol (≤ 70%) (p.10 of MyDiagnostick 1001R - Device Manual).

21. What is the benefit of this device over checking someone's pulse physically?

A manual pulse check is a simple and cost effective method of identifying possible AF and it is advised that (if a clinician is confident) this is done in all routine clinical practice, particularly with people at risk of AF.

A device can provide a more accurate reading and ECG trace to support onward referral and can be used by non-clinical staff with appropriate support and pathways.

22. Do the devices require PAT testing / calibration?

Maintenance:

The user can clean the device with a damp cloth. The damp cloth may contain a mild soap solution or alcohol (≤ 70%).

The user should charge the device batteries regularly.

Service:

The MyDiagnostick 1001R does not contain any serviceable parts and cannot be opened.

The expected battery life at intensive use is estimated at 5 to 10 years.

23. Is the system interoperable with GP system or do they need to be physically uploaded?

There is no direct connection or transfer between the MyDiagnostick software and the clinical system/EPR. The pdf ECG trace will need to be saved to the computer (with an appropriate file name and in a secure location) and then attached to the patient's notes.

24. Are there any contraindications to using the device other than a pre-existing rhythm disorder diagnosis?

No, there are no contraindication for using the AF device

25. Can we install the software onto multiple laptops?

Yes.

GP Practices - any devices issued by ICB, NEL CSU etc. which are on the Datto system (to push out application, make changes and for remote support) are assigned to receive the application.

Outside of this, you will be provided with a link to install the software which can be used on multiple devices.

26. Do you need to upload after each pt?

No, you do not need to upload after each patient.

We suggest that ECG traces are only downloaded and saved to notes for red/possible AF results

Ideally, if possible AF is detected (red reading), you can connect the device to the software and save the trace immediately. The readings appear in date order with the newest one first.

However, this may not be practical. If you are downloading ECG traces at the end of a clinic/day you will need to know what date and time the test was for each patient so that you can match this with the date and time stamp on the ECG. It is important to record the dates and times of all tests done along with a patient identifier in the data monitoring spreadsheet so that at the end of the clinic if / when you need to download the traces to save an ECG and refer, you can ensure you are saving the correct one.

27. What age range can the device be used for - can it be used for children?

The device can be used on children providing they can hold the device correctly. There is no upper age limit.

28. Do you have search engines to identify patients at high risk or for this project?

For patients without possible symptoms of atrial fibrillation, AF case-finding will focus on elderly patients with long term conditions. This search tool may help to identify patients that may be suitable for a pulse check: EMIS: Cardiovascular Disease (AF, CHD, Hypertension) - Clinical Digital Resource Collaborative (cdrc.nhs.uk)

An Ardens template has been developed to record each time AF detection occurs in this project. An Ardens template guide is found here: Atrial Fibrillation : Ardens EMIS Web

UCLP Framework and searches can support the identification of patients with AF who are not currently anticoagulated or require further monitoring: https://uclpartners.com/our-priorities/cardiovascular/proactive-care/search-and-risk-stratification-tools/supporting-resources/

29. What about patients with red result & normal ECG?

All patients who have a red result with MyDiagnostick will require further investigation as in this situation paroxysmal AF will require ruling out/diagnosis.

Other useful links:

UCLPartners Proactive Care Framework https://s42140.pcdn.co/wp-content/uploads/AF-Framework-January-2024-Version-6.pdf

CESEL Atrial Fibrillation: A guide for South East London Primary Care https://www.selondonics.org/wp-content/uploads/dlm_uploads/CESEL-AF-guide-FINAL-1.1-April-2024.pdf

NICE guideline [NG196] Atrial fibrillation: diagnosis and management https://www.nice.org.uk/guidance/ng196

AF toolkit https://aftoolkit.co.uk/

Ardens atrial fibrillation template: https://support-ew.ardens.org.uk/support/solutions/articles/31000159735-atrial-fibrillation