NICE National Institute for Health and Care Excellence

NICE quality standard

Transient loss of consciousness ('blackouts') in over 16s

Quality standard

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Contents

This standard is based on CG109.

This standard should be read in conjunction with QS2, QS15, QS26, QS27, QS53, QS68, QS86 and QS74.

Introduction

This quality standard covers the assessment, diagnosis and specialist referral of adults and young people (aged 16 and older) who have experienced a transient loss of consciousness. For more information see the topic overview.

Why this quality standard is needed

Transient loss of consciousness is very common, affecting up to half the population in the UK at some point in their lives. It is defined as spontaneous loss of consciousness with complete recovery. In this context, complete recovery would involve full recovery of consciousness without any residual neurological deficit. An episode is often described as a 'blackout' or a 'collapse', but some people collapse without transient loss of consciousness; this quality standard does not cover that situation. There are various causes of transient loss of consciousness, including cardiovascular disorders (which are the most common), neurological conditions such as epilepsy, and psychogenic attacks.

Approximately 3–5% of adults who attend accident and emergency departments do so because of transient loss of consciousness; this accounts for up to 6% of urgent hospital admissions. It is particularly common in people aged 65 and older; it has been estimated that up to 23% of this group experience syncope (transient loss of consciousness due to a reduction in blood supply to the brain) over a 10-year period, and there is a high rate of recurrence. Reflex (vasovagal) syncope (which is usually benign) is common in younger people. Many younger people who have a vasovagal syncope episode may not seek medical help, so the true incidence of transient losses of consciousness – especially in younger people – is uncertain.

The diagnosis of the underlying cause of transient loss of consciousness is often inaccurate, inefficient and delayed. In addition, there is huge variation in the management of transient loss of consciousness. A substantial proportion of people initially diagnosed with and treated for epilepsy in fact have a cardiovascular cause for transient loss of consciousness. Some people have expensive or inappropriate tests, unnecessary referral or referral to the wrong specialty; whereas others with potentially dangerous conditions may not receive the correct assessment, diagnosis and treatment.

The aim of initial assessment, diagnosis and specialist referral of people who have had a transient loss of consciousness is to ensure that that they receive the correct diagnosis quickly, efficiently and cost effectively, leading to a suitable management plan for the underlying cause.

The quality standard is expected to contribute to improvements in the following outcomes:

- Emergency hospital admissions.
- Specialist referrals.
- Mortality from causes considered preventable.
- Patient experience of clinical care.
- Misdiagnosis of the cause of transient loss of consciousness.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2014/15
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Parts 1A, 1B and 2.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2014/15

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	*Overarching indicator* 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare*

2 Enhancing quality of life for people with long-term conditions	*Overarching indicator* 2 Health-related quality of life for people with long-term conditions** *Improvement areas* **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition** **Improving functional ability in people with long-term conditions** 2.2 Employment of people with long-term conditions **Reducing time spent in hospital by people with long-term conditions** 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
3 Helping people to recover from episodes of ill health or following injury	*Overarching indicator* 3a Emergency admissions for acute conditions that should not usually require hospital admission

4 Ensuring that people have a positive experience of care	*Overarching indicators* 4a Patient experience of primary care i GP services ii GP out-of-hours services 4b Patient experience of hospital care *Improvement areas* **Improving people's experience of outpatient care** 4.1 Patient experience of outpatient services **Improving people's experience of accident and emergency services** 4.3 Patient experience of A&E services **Improving access to primary care services** 4.4 Access to GP services **Improving children and young people's experience of healthcare** 4.8 Children and young people's experience of outpatient services
Alignment across the health and social care system * Indicator shared with Public Health Outcomes Framework (PHOF) ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Table 2 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	*Objective* Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities *Indicators* 4.3 Mortality from causes considered preventable* 4.13 Health-related quality of life for older people (Placeholder)

Alignment across the health and social care system

* Indicator shared with NHS Outcomes Framework (PHOF)

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to transient loss of consciousness.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services, which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience will not usually be included in topic-specific quality standards. However, recommendations in the development sources for quality standards that impact upon patient experience and are specific to the topic will be considered during quality statement development.

Coordinated services

The quality standard for transient loss of consciousness specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole transient loss of consciousness care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults and young people who have had a transient loss of consciousness in primary and secondary care settings.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of healthcare should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality transient loss of consciousness service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating adults and young people who have had a transient loss of consciousness in primary and secondary care

settings should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training will be considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting adults and young people who have had a transient loss of consciousness. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. People who have had a suspected transient loss of consciousness have an initial assessment to record details of the event, clinical history and physical examination.

Statement 2. People who have had a transient loss of consciousness have a 12-lead electrocardiogram (ECG) during the initial assessment.

Statement 3. People who have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

Statement 4. People who have had a transient loss of consciousness are not routinely offered an electroencephalogram (EEG) to investigate the event.

Statement 5.People who have had a transient loss of consciousness are advised not to drive while they are awaiting specialist assessment.

Statement 6. People with a suspected cardiac arrhythmic cause of syncope are offered an ambulatory electrocardiogram (ECG) as a first-line specialist cardiovascular investigation.

Quality statement 1: Initial assessment – recording the event, clinical history and physical examination

Quality statement

People who have had a suspected transient loss of consciousness have an initial assessment to record details of the event, clinical history and physical examination.

Rationale

If a suspected transient loss of consciousness has occurred, it is important to collect information as soon as possible from the person and especially from any witnesses. This is critical in confirming whether or not a transient loss of consciousness has occurred, and in establishing relevant features of the event, so that patients can be directed along the correct care pathway.

Inadequate assessment may result in inappropriate care that may be costly, ineffective and possibly harmful. It is also important to record current medications, to identify any medication that may have caused or contributed to transient loss of consciousness, and identify any 'red flag' signs or symptoms (see quality statement 3).

Quality measures

Structure

Evidence of local arrangements to ensure that people who have had a suspected transient loss of consciousness have an initial assessment to record details of the event, clinical history and physical examination.

Data source: Local data collection.

Process

(a) Proportion of people with a suspected transient loss of consciousness who have the details of the event recorded.

Numerator – the number in the denominator who have the details of the event recorded.

Denominator – the number of people with a suspected transient loss of consciousness.

Data source: Local data collection.

(b) Proportion of people with a suspected transient loss of consciousness who have the details of the clinical history and physical examination assessment recorded.

Numerator – the number in the denominator who have the details of the clinical history and physical examination assessment recorded.

Denominator – the number of people with a suspected transient loss of consciousness.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (first-line staff such as paramedic and emergency service staff, GPs, and out-of-hours staff) ensure that people who have had a suspected transient loss of consciousness have an initial assessment, in which the details of the event are recorded, a clinical history is taken and a physical examination is carried out.

Healthcare professionals ensure that people who have had a suspected transient loss of consciousness have an initial assessment, in which the details of the event are recorded, a clinical history is taken and a physical examination is carried out.

Commissioners (NHS England area teams and clinical commissioning groups) ensure that they specify in contracts with ambulance and emergency services that people who have had a suspected transient loss of consciousness have an initial assessment, in which the details of the event are recorded, a clinical history is taken and a physical examination is carried out.

What the quality statement means for patients, service users and carers

People who have had a blackout have an assessment to find out more about the blackout and why it happened. This will involve recording details of the blackout (by witnesses) and any previous blackouts, medical history, family history of heart disease, and any medicines being taken, checking vital signs such as pulse rate, blood pressure, breathing rate and temperature, and also listening to the chest.

Source guidance

- Transient loss of consciousness in adults and young people (NICE clinical guideline 109), recommendations 1.1.1.2 (key priority for implementation) and 1.1.2.1.

Definitions of terms used in this quality statement

Detailed account of the event

An account of the event should be taken from the person and any witnesses who are present at the initial consultation at the point of contact. Attempts should be made to contact any further witnesses (for example, by telephone).

The following details should be recorded:

- circumstances of the event
- person's posture immediately before loss of consciousness
- prodromal symptoms (such as sweating or feeling warm or hot)
- physical appearance (for example, whether eyes were open or shut, and the colour of the person's complexion during the event)
- presence or absence of movement during the event (for example, limb-jerking and its duration)
- any tongue-biting (record whether the side or the tip of the tongue was bitten)
- injury occurring during the event (record site and severity)
- duration of the event (onset to regaining consciousness)
- presence or absence of confusion during the recovery period
- weakness down 1 side during the recovery period.

[Adapted from NICE clinical guideline 109, recommendation 1.1.1.2]

Detailed clinical history and physical examination

Detailed clinical history and physical examination should involve recording the following:

- details of any previous transient loss of consciousness events, including number and frequency
- the person's medical history and any family history of cardiac disease (for example, personal history of heart disease and family history of sudden cardiac death)
- current medication that may have contributed to transient loss of consciousness (for example, diuretics)
- vital signs (for example, pulse rate, respiratory rate and temperature) – repeat if clinically indicated
- lying and standing blood pressure if clinically appropriate
- other cardiovascular and neurological signs.

[Adapted from NICE clinical guideline 109, recommendation 1.1.2.1]

Quality statement 2: Initial assessment – 12-lead electrocardiogram (ECG)

Quality statement

People who have had a transient loss of consciousness have a 12-lead electrocardiogram (ECG) during the initial assessment.

Rationale

A 12-lead ECG is an important initial diagnostic test for identifying the likely cause of the transient loss of consciousness in some people, and especially in predicting adverse events (for example, ECG abnormalities that are 'red flag' signs or symptoms may suggest structural heart disease or potential for arrhythmic syncope). A 12-lead ECG should be used by appropriately trained healthcare professionals (such as paramedics and GPs) to identify people who may be at high risk of a serious event, and who should therefore be referred for urgent specialist cardiovascular assessment.

Quality measures

Structure

Evidence of local arrangements to ensure that people who have had a transient loss of consciousness have a 12-lead ECG during initial assessment.

Data source: Local data collection.

Process

Proportion of people who have had a transient loss of consciousness who have a 12-lead ECG during initial assessment.

Numerator – the number in the denominator who have a 12-lead ECG during initial assessment.

Denominator – the number of people who have had a transient loss of consciousness.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (first-line staff such as paramedic and emergency service staff, GPs, and out-of-hours staff) ensure that people who have had a suspected transient loss of consciousness have a 12-lead ECG recorded during the initial assessment. Service providers ensure that systems are in place to offer training to healthcare professionals according to local need in relation to competent interpretation of 12-lead ECG recordings.

Healthcare professionals (such as paramedics and GPs) ensure that people who have had a suspected transient loss of consciousness have a 12-lead ECG recorded during the initial assessment and that the results are interpreted competently.

Commissioners (NHS England area teams and clinical commissioning groups) ensure that all service providers have appropriate capacity in place to provide access to 12-lead ECGs.

What the quality statement means for patients, service users and carers

People who have had a blackout have an ECG (short for electrocardiogram) test during their initial assessment. This records electrical signals from the heart and may help to identify problems that can cause blackouts.

Source guidance

- Transient loss of consciousness in adults and young people (NICE clinical guideline 109), recommendations 1.1.2.2, 1.1.3.1 (key priorities for implementation), and 1.1.2.3.

Definitions of terms used in this quality statement

12-lead ECG

A test that records the heart's electrical signals, obtained by attaching electrodes in 10 standard positions on the limbs and the surface of the chest. The 12-lead ECG recording should be reported automatically, or if automated analysis is not available, by a healthcare professional competent in ECG interpretation and trained to identify specific potentially life-threatening abnormalities. This must be interpreted in the full context of the detailed history and clinical signs.

When care is transferred, copies of the ECG recording and the patient report form should be given to the receiving clinician and to the person who has had the transient loss of consciousness.

[Adapted from NICE full clinical guideline 109 and expert opinion]

Quality statement 3: Urgent specialist cardiovascular assessment within 24 hours of the initial assessment

Quality statement

People who have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

Rationale

If people have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms have been identified, an urgent specialist cardiovascular assessment is needed within 24 hours of the initial assessment so that they can be assessed promptly for further investigation and treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that people who have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

Data source: Local data collection.

Process

Proportion of people who have had transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified who have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

Numerator – the number in the denominator who have an urgent specialist cardiovascular assessment within 24 hours.

Denominator – the number of people who have had transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified at initial assessment.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (first-line staff such as paramedic and emergency service staff, GPs, and out-of-hours staff) ensure that people who have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

Healthcare professionals ensure that people who have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

Commissioners (NHS England area teams and clinical commissioning groups) ensure that all service providers have appropriate capacity in place for people who have had a transient loss of consciousness and 1 or more 'red flag' signs or symptoms identified to have an urgent specialist cardiovascular assessment within 24 hours of the initial assessment.

What the quality statement means for patients, service users and carers

People who have had a blackout and have 1 or more 'red flag' signs or symptoms have an urgent specialist assessment within 24 hours of the initial assessment. 'Red flag' signs or symptoms indicate a high risk of a serious event such as having another blackout or a heart problem.

Source guidance

- Transient loss of consciousness in adults and young people (NICE clinical guideline 109), recommendation 1.1.4.2 (key priority for implementation).

Definitions of terms used in this quality statement

'Red flag' signs or symptoms

'Red flag' signs or symptoms indicate that the person may be at high risk of a serious adverse event and should have an urgent specialist assessment within 24 hours. The signs or symptoms include:

- an electrocardiogram (ECG) abnormality
- heart failure (history or physical signs)

- transient loss of consciousness during exertion
- family history of sudden cardiac death in people aged younger than 40 years and/or an inherited cardiac condition
- new or unexplained breathlessness
- a heart murmur.

[Adapted from NICE clinical guideline 109, recommendation 1.1.4.2, and expert opinion]

Urgent specialist cardiovascular assessment

People at high risk of a serious cardiovascular or cerebrovascular adverse event need urgent investigation within 24 hours of the initial assessment.

Cardiovascular assessment is carried out by a specialist team that includes healthcare professionals who are experts in cardiovascular diseases and disorders. In some hospitals, this may be carried out in a clinic specialising in assessing people with a transient loss of consciousness.

[Based on NICE full clinical guideline 109 and expert opinion]

Quality statement 4: Initial assessment – unnecessary use of electroencephalogram (EEG)

Quality statement

People who have had a transient loss of consciousness are not routinely offered an electroencephalogram (EEG) to investigate the event.

Rationale

EEGs are usually carried out as part of initial investigations for epilepsy and are not routinely offered to investigate transient losses of consciousness. Great caution is needed in performing and interpreting an EEG if the clinical history offers limited or no support for a diagnosis of epilepsy. This is because a 'false positive' result may lead to misdiagnosis and inappropriate treatment. It is important that EEGs are not routinely requested inappropriately in the generalist setting as a diagnostic test to investigate unexplained transient loss of consciousness.

Quality measures

Structure

Evidence of local arrangements to ensure that people who have had a transient loss of consciousness are not routinely offered an EEG to investigate the event.

Data source: Local data collection.

Process

Proportion of people who have had a transient loss of consciousness who have an EEG recorded to investigate the event.

Numerator – the number in the denominator who have an EEG recorded to investigate the event.

Denominator – the number of people who have had a transient loss of consciousness.

Data source: Local data collection.

What the quality statement means for service providers, healthcare

professionals and commissioners

Service providers (acute, primary and secondary care) ensure that people who have had a transient loss of consciousness are not routinely offered an EEG to investigate the event.

Healthcare professionals ensure that they do not routinely offer an EEG to people who have had a transient loss of consciousness to investigate the event.

Commissioners (NHS England area teams and clinical commissioning groups) ensure that they monitor and audit any routine EEG referrals to investigate a transient loss of consciousness event. They should also work with healthcare professionals to ensure that provider training and education is delivered to ensure that EEGs are not offered routinely to people who have had a transient loss of consciousness to investigate the event.

What the quality statement means for patients, service users and carers

People who have had a blackout should not normally be offered an EEG (short for electroencephalogram) to investigate the cause of their blackout. This is a test that records the brain's electrical activity and is usually offered when epilepsy is suspected.

Source guidance

- Transient loss of consciousness in adults and young people (NICE clinical guideline 109), recommendations 1.1.2.4 and 1.2.2.1.

Quality statement 5: Driving advice

Quality statement

People who have had a transient loss of consciousness are advised not to drive while they are awaiting specialist assessment.

Rationale

People who have experienced a transient loss of consciousness may be at risk of injuring themselves or others if they lose consciousness again. While they are awaiting specialist assessment, the risk of recurrence is uncertain and so driving should be avoided (see Driver and Vehicle Licensing Agency's [DVLA] At a glance).

Quality measures

Structure

Evidence of local arrangements to ensure that people who have had a transient loss of consciousness are advised not to drive while they are awaiting specialist assessment.

Data source: Local data collection.

Process

Proportion of people who have had transient loss of consciousness who are advised not to drive whilst awaiting specialist assessment.

Numerator – the number in the denominator who are advised not to drive.

Denominator – the number of people who have had transient loss of consciousness and are awaiting specialist assessment.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (acute, primary and secondary care) ensure that advice is provided to people who have had a transient loss of consciousness to not to drive while they are awaiting specialist assessment.

Healthcare professionals advise people who have had a transient loss of consciousness to not to drive while they are awaiting specialist assessment.

Commissioners (NHS England area teams and clinical commissioning groups) work with healthcare professionals to ensure that education (including continuous training programmes) is delivered to advise people who have had a transient loss of consciousness are advised to not to drive while they are awaiting specialist assessment.

What the quality statement means for patients, service users and carers

People who have had a blackout and are waiting to have a specialist assessment are advised not to drive in case they have a blackout while driving.

Source guidance

- Transient loss of consciousness in adults and young people (NICE clinical guideline 109), recommendation 1.5.2.2.

Quality statement 6: Specialist cardiovascular investigation – ambulatory electrocardiogram (ECG)

Quality statement

People with a suspected cardiac arrhythmic cause of syncope are offered an ambulatory electrocardiogram (ECG) as a first-line specialist cardiovascular investigation.

Rationale

In some people, transient loss of consciousness is caused by a transient episode of abnormal heart rhythm (cardiac arrhythmia) that has resolved before recovery or initial assessment. Ambulatory ECGs allow prolonged monitoring to try to detect intermittent episodes of cardiac arrhythmia (and also of abnormal heart rate behaviour). The monitoring takes place over at least 24 hours, and often much longer.

Recording heart rate and rhythm behaviour at the time of an episode of transient loss of consciousness allows confident diagnosis. Competent expert interpretation is also needed to assess the relevance of abnormal heart rate and rhythm behaviour recorded at a time when the person has no symptoms.

Quality measures

Structure

Evidence of local arrangements to ensure that people with a suspected cardiac arrhythmic cause of syncope are offered an ambulatory ECG as a first-line specialist investigation, with the type of ambulatory ECG chosen according to the person's history and frequency of transient loss of consciousness.

Data source: Local data collection.

Process

Proportion of people with a suspected cardiac arrhythmic cause of syncope who are offered an ambulatory ECG as a first-line specialist investigation.

Numerator – the number in the denominator who receive an ambulatory ECG as a first-line

specialist investigation, with the type of ambulatory ECG chosen according to the person's history and frequency of transient loss of consciousness.

Denominator – the number of people with a suspected cardiac arrhythmic cause of syncope.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (acute, primary and secondary care) ensure that systems are in place to offer ambulatory ECGs as a first-line specialist cardiovascular investigation for people with a suspected cardiac arrhythmic cause of syncope.

Healthcare professionals ensure that they offer an ambulatory ECG as a first-line specialist cardiovascular investigation for people with a suspected cardiac arrhythmic cause of syncope.

Commissioners (NHS England area teams and clinical commissioning groups) ensure that they enhance training and education on offering an ambulatory ECG as a first-line specialist cardiovascular investigation for people with a suspected cardiac arrhythmic cause of syncope. They should also request evidence of practice from providers that ambulatory ECGs are being offered as a first-line specialist cardiovascular investigation.

What the quality statement means for patients, service users and carers

People whose blackout is suspected to be caused by a sudden change in heart rate or rhythm are offered an ambulatory ECG. This is a test that uses a small portable device to monitor and record the heart's activity over a period of time (usually more than 24 hours).

Source guidance

- Transient loss of consciousness in adults and young people (NICE clinical guideline 109), recommendation 1.3.2.4 (key priority for implementation).

Definitions of terms used in this quality statement

Ambulatory ECG

A test that monitors and/or records the electrical activity of the heart over a prolonged period of at

least 24 hours, while the person is walking about (ambulatory) and doing other normal activities, including resting or sleeping.

Ambulatory ECG monitors and/or recorders

Holter monitor/recorder

A small, portable recorder that can take continuous ECG readings from electrodes on the skin, usually over a 24- to 72-hour period.

[Based on NICE clinical guideline 109 and expert opinion]

External event recorder

A small, portable recorder that can take ECG readings from electrodes on the skin; usually worn for 1–4 weeks. It will usually be programmed to detect and store episodes of extreme heart rate behaviour and can be triggered remotely (by the person or someone close to them) to store the current or immediately recent ECG at the time of an event, such as a further episode of transient loss of consciousness.

[Based on NICE clinical guideline 109 and expert opinion]

Implantable event recorder (also known as an implantable or insertable loop recorder, or implantable cardiac monitor)

A small, implantable device that can monitor and store ECG recordings of the heart's rhythm. It can be programmed to detect and store episodes of extreme heart rate behaviour and can be triggered remotely (by the person or someone close to them) to store the current or immediately recent ECG at the time of an event such as a further episode of transient loss of consciousness.

[Based on NICE clinical guideline 109 and expert opinion]

Cardiac arrhythmia

An abnormality of the heart's rhythm.

[Based on expert opinion]

Syncope

Transient loss of consciousness caused by transient reduction in blood flow to the brain. May be caused by many different factors, including vagal stimulation, vascular pooling in the legs, sudden change in environmental temperature or body position drug therapy, structural heart disease, cardiac arrhythmia, vertebro-basilar atheroma and emotional stress.

[NICE clinical guideline 137 and expert opinion]

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Information for commissioners

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and adults and young people who have had a transient loss of consciousness, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults and young people who have had a transient loss of consciousness, and their families or carers (if appropriate), should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

Evidence sources

The document below contains recommendations from NICE guidance that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Transient loss of consciousness in adults and young people. NICE clinical guideline 109 (2010).

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2013) HES-MHMDS data linkage report, additional analysis – 2011–12, Experimental statistics (figures on syncope and collapse, p11).

Related NICE quality standards

Published

- Acute coronary syndromes (including myocardial infarction). NICE quality standard 68 (2014).
- Anxiety disorders. NICE quality standard 53 (2014).
- The epilepsies in children and young people. NICE quality standard 27 (2013).
- The epilepsies in adults. NICE quality standard 26 (2013).
- Patient experience in adult NHS services. NICE quality standard 15 (2012).
- Stroke. NICE quality standard 2 (2010).

In development

- Head injury. Publication expected October 2014.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Falls.

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway for transient loss of consciousness.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisation

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Society for Acute Medicine (SAM)