

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	03/CVDS/0015
Service	Cardiac Event Monitor Reporting Service for Poole Bay Locality
Commissioner Lead	Cardiovascular Clinical Commissioning Programme
Provider Lead	
Period	1 ST April 2014 to 31 st March 2015
Date of Review	1 st April 2015

1. Population Needs

1.1 National/local context and evidence base

Palpitations are a common symptom seen in general practice which can often lead to patients being referred to secondary care for further investigation. Cardiac event monitoring is a non-invasive test for patients presenting with palpitations to assist in the diagnosis or elimination of possible cardiac arrhythmias.

Currently patients in Poole Bay have GP direct access to 24hr ECGs only, with the exception of one practice where this is done in house. With the exception of the same practice, all practices refer to secondary care for cardiac event monitoring. This involves at least one outpatient appointment with an additional attendance for the actual test and possible further follow-up appointments.

Purbeck locality has run a pilot equipping surgeries with hand held cardiac event monitors for use by patients. This small project demonstrated that practices were able to avoid referring patients to secondary care by allowing investigation of cardiac arrhythmias in primary care using this device.

Poole Bay locality have purchased Novacor R-test 4 cardiac event monitors and are seeking to introduce a primary care based service where the fitting of the monitor will take place in the GP practice and the reading and reporting of the results will be undertaken by an intermediate provider. The reporting service will include GP access to clinical advice and guidance from a cardiologist on the results of the test if required.

This service will commence as a pilot in the first instance with robust monitoring to measure patient outcomes and the impact on referrals to secondary care to inform future commissioning of this service.

Activity Plan and Finance

Data received from Poole Hospital NHS Foundation Trust (PHT) suggests that 30 cardiac event monitors were fitted for Poole Bay locality patients from April to June 2013 which suggests indicative activity levels of 120 in the first year of the service. This activity will be split by GP practice according to population list size as below:

GP code	Locality	List size	% of total locality list size	1st year activity by GP practice
J81004	Poole Road Medical Centre	8,281	12%	14
J81012	Parkstone Health Centre	10,102	14%	17
J81014	Westbourne Medical Centre	15,116	21%	25
J81044	Heatherview Medical Centre	10,097	14%	17
J81048	Wessex Road Surgery	6,220	9%	11
J81054	Lilliput Surgery	9,582	13%	16
J81065	Madeira Medical Centre	8,199	12%	14
J81632	Herbert Avenue Surgery	3,660	5%	6
	Total	71,257	100%	120

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
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

The expected outcomes of this service will be:

- improved access times for cardiac event monitoring;
- a reduction in cardiology new outpatient attendances and emergency admissions with associated cost savings;
- arrhythmia referrals to cardiology are appropriate achieving a higher conversion rate to treatment.
- care provided closer to home with improved patient experience.

3. Scope

3.1 Aims and objectives of service

The aim of this service is to enable GP access to cardiac event monitoring in a primary care setting to increase the early identification and treatment of arrhythmia and avoid unnecessary referral of patients to secondary care.

The objectives of this service are:

- to be patient centred by supporting care closer to home;

- to provide an accessible service carried out by appropriately trained and qualified staff;
- provide timely result reporting to GPs supported by a Consultant Cardiologist for advice and guidance on clinical management of the patient;
- identify and support training needs with individual GP practices.

3.2 Service description/care pathway

This service will provide clinical interpretation of Novacor R-Test 4 cardiac event monitors which will be supplied and fitted by GP practices in primary care.

The provider will be required to have or install the appropriate IT software to enable clinical interpretation and reporting of ECG recordings obtained from the above named devices.

Patients deemed clinically appropriate for the diagnostic test to be performed in primary care will be identified by GPs.

The provider will accept requests for interpretation of recordings in accordance with the agreed guidelines and inclusion/exclusion criteria outlined in 3.3.

The provider will work with GP practices to develop a referral proforma prior to the commencement of the service. This will include appropriate clinical information to inform the analysis and reporting of the cardiac event monitor recordings.

All recordings for interpretation will be received by the provider electronically via a secure link i.e. NHS Net to NHS Net accompanied by an appropriate referral proforma

This clinical interpretation will be made by a Cardiac Physiologist or another appropriately trained professional.

The GP will be sent a report of the ECG interpretation via NHS Net or other secure electronic system within 10 working days of the provider receiving the recording.

The GP will use the interpretation to decide on the management of the patient including referral to secondary care if clinically appropriate.

The service will include GP access by phone to a Consultant Cardiologist for clinical advice and guidance within 3 working days of receiving the results of the Cardiac Event recording.

Any serious arrhythmia that has potential life threatening consequences to the patient if left unmanaged and may require emergency cardiology input / admission will be discussed directly between the Cardiac Physiologist and the Consultant Cardiologist. Such results will be reported urgently to the patients GP on the same day, together with advice and guidance regarding appropriate clinical management of the patient.

The service will be available 5 days a week and 52 weeks per year in order to meet the agreed reporting times.

The provider will have the appropriate CQC registration to provide this service.

The provider will ensure that the collection, storage and exchange of information with GP

practices is secure and complies with NHS data protection requirements at all times.

The provider will support GP practices with staff training needs in relation to this service.

The provider will collect and provide activity data to commissioners by GP Practice and locality to include:

- Total number of Cardiac event recorders
- % analysed within target time
- Outcomes including no of normal, abnormal and poor quality recordings not analysed
- Number of abnormal results requiring advice and guidance from a Cardiologist

Quality reporting of the service will be undertaken quarterly by the reporting service to include:

- Issues and risks log
- number and type of adverse incidents in relation to monitors,
- number and detail of complaints,
- GP feedback to include annual Satisfaction Survey

Dorset CCG commissioners will monitor the impact of this service by GP practice and locality in relation to:

- New cardiology referrals
- Cardiology unplanned admissions with primary diagnosis of arrhythmia

Care Pathway

Refer to **Appendix 1** for care pathway.

3.3 Any acceptance and exclusion criteria and thresholds

Patients aged over 18 years

Patients registered with Poole Bay GP practices

Service Exclusions

Patients under 18 years of age

Patients currently on an existing pathway within cardiology services in secondary/tertiary care.

High Risk factors that would not be appropriate for this service and require direct referral to secondary care cardiology services would include:

- Pre-existing structural heart disease
- History of heart failure
- History of syncope or pre-syncope
- FH of Sudden Cardiac Death (<40 years)

- Exertional cardiac symptoms (including exertional palpitations)
- Resting 12 lead ECG abnormality (pre excitation, old MI, LBBB)

Accessibility and Equality

The cardiac event monitoring reporting service will support GP practices to provide evidence based and individualised patient centred treatment that is closer to home.

The service will be delivered to patients regardless of disability, gender, race, age, ethnicity, income, education, or sexual orientation.

The provider will ensure that information about the service is in a range of accessible formats taking into consideration issues of language, disability and literacy levels.

The service will ensure that service users are able to access appropriate interpretation services such as language and British Sign Language (BSL).

3.4 Interdependence with other services/providers

GP Practices will:

- Identify appropriate patients for fitting of cardiac event monitors in accordance with the criteria in 3.3;
- perform the diagnostic test in a timely manner;
- ensure that staff have the necessary skills and are suitably trained to fit the cardiac event recording device to the patient to ensure a good fit, comfort and optimum diagnostic quality;
- ensure that equipment is maintained in accordance with manufacturers' guidance and best practice;
- ensure that staff are adequately trained to enable secure transmission of data to the provider for analysis and reporting;
- decide on patient management based on the interpretation of the diagnostic test or contact the Consultant Cardiologist for advice and guidance if required;
- ensure that the report follows the patient and that there is no unnecessary duplication of the diagnostic test;
- provide patients with timely verbal and written information at all stages of the care pathway.

The service will require close working relationships between:

Poole Bay Locality GPs
 Cardiac Technician
 Consultant Cardiologist
 Secondary Care Providers
 Service Users
 Practice Managers
 Administrative staff
 Commissioners

<p>4.1 Applicable national standards (e.g. NICE)</p> <p>4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</p> <p>4.3 Applicable local standards</p>
<p>5 Applicable quality requirements and CQUIN goals</p>
<p>5.1 Applicable quality requirements (See Schedule 4 Parts A-D)</p> <p>5.2 Applicable CQUIN goals (See Schedule 4 Part E) None</p>
<p>6 Location of Provider Premises</p>
<p>The Provider’s Premises are located at: Poole Hospital NHS Foundation Trust</p>
<p>Individual Service User Placement</p>
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