

## SCHEDULE 2 – THE SERVICES

<b>Service Specification No.</b>	<b>03_CVDS_0042 v2</b>
<b>Service</b>	<b>24 hour Ambulatory ECG</b>
<b>Commissioner Lead</b>	<b>Primary and Community Care</b>
<b>Provider Lead</b>	<b>Primary and Community Care</b>
<b>Period</b>	<b>From 01/04/2023</b> <i>(v1 GP Service for 24 hour Ambulatory ECG 01/04/2015 – 31/03/2023)</i>
<b>Date of Review</b>	<b><i>This service specification should be reviewed every 2 years unless new guidance or legislation dictates a review any sooner.</i></b>

### 1. Population Needs

#### 1.1 National/local context and evidence base

An ambulatory 24 hour ECG is a non-invasive test to assist in the diagnosis or elimination of possible cardiac arrhythmias which may require referral to secondary care cardiology services.

Historically, patients in the Mid and West Dorset locality with suspected cardiac arrhythmias were referred by GPs to cardiology services at Dorset County Hospital where 24 hour ambulatory ECG monitoring was undertaken as an outpatient procedure if required.

One practice in the locality had primary care access to 24 hour ambulatory ECG monitoring and this demonstrated a high conversion rate for arrhythmia referrals and a very low number of referrals with no significant arrhythmia.

Outpatient attendances for cardiology increased by 8% for the Mid and West Dorset locality in 2012 and rhythm disturbances have also increased by 6%. 38% of emergency admissions are for rhythm disturbances.

Mid and West Dorset localities have therefore introduced a GP practice-based service to provide faster access to 24 hour arrhythmia ECG assessment and reduce referrals into secondary care.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	√
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	√
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	

## 2.2 Local defined outcomes

The expected outcomes of this service will be:

- improved access times for 24 hour Ambulatory ECG 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 24 hour ambulatory ECG 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 providing the service closer to home
- to provide an accessible service carried out by appropriately trained and qualified staff
- provide timely result reporting to GPs
- provide GP access to clinical advice and guidance from a Consultant Cardiologist on appropriate management and treatment plans for the patient
- identify and support training needs with individual GP practices.

### 3.2 Service description/care pathway

Mid and West Dorset GP practices will provide fitting of 24 hour ambulatory ECG monitors in primary care for patients with palpitations or suspected cardiac arrhythmia. This service will be supported by an intermediate provider who will analyse the ECG recordings and provide access to advice and guidance on clinical management of the patients with abnormal test results.

#### Care Pathway

The GP practice will identify patients that would be appropriate for fitting of a 24 hour Ambulatory ECG monitor in primary care.

Prior to fitting the device the GP will fully assess the patient including:

- Bloods – to include FBC to exclude anaemia, Electrolytes, LFT, Glucose assessment, TFT and in >35yrs who have not had a cardiovascular risk assessment cholesterol and lipid assessment.
- 12 lead ECG

The 24 hour ambulatory ECG monitors will be explained and fitted to the patient by a suitably trained Health Care Professional in the GP practice. The patient will be given clear verbal instructions and a written information leaflet which will include advice and guidance to the patient on what to do if there are any concerns during the use of the monitor and a contact telephone number. The patient will also be given a patient diary to record any symptoms experienced during the test period.

The patient will return to the practice after an agreed period of time for removal of the cardiac event monitor.

The 24 hour ECG recording will be downloaded from monitor to the GP practice IT system using the appropriate software and sent electronically by the GP practice to the designated provider for interpretation via a secure link i.e. NHS Net to NHS Net. The recording will be accompanied by the appropriate clinical information and patient diary to support the referral.

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

The GP will use the interpretation to decide on the appropriate clinical management of the patient or contact the Consultant Cardiologist for advice and guidance if required.

In providing the service GP Practices will ensure that:

- the test is performed in a timely manner
- staff have the necessary skills and are suitably trained to fit the device to the patient to ensure a good fit, comfort and optimum diagnostic quality
- equipment is maintained in accordance with manufacturers' guidance and best practice
- staff are adequately trained to enable secure transmission of data to the provider for analysis and reporting
- ensure that the report follows the patient and that there is no unnecessary duplication of the diagnostic test
- provide patients with timely information at all stages of the care pathway

There will be a designated lead in each GP practice for coordination of software installation, training and day to day coordination of the service.

The service will be available 5 days a week and 52 weeks per year.

NHS Dorset 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

Consideration should be given to the epidemiology of the conditions the patient has, or is being treated/assessed for, and steps should be in place to ensure that areas of risk are managed due to ethnicity and health inequalities. This could also include opportunistic screening for associated diseases they may be at risk from.

### **3.3 Population Covered**

As per criteria set out below in 3.4

### **3.4 Any acceptance and exclusion criteria and thresholds**

Patients aged over 18 years

Patients registered with Mid and West Dorset GP practices

Patients where a cause of palpitations needs to be ascertained and who meet the agreed clinical guidelines for 24 hour Ambulatory monitoring to be undertaken in primary care and do not have any of the exclusions detailed below.

## Service Exclusions

Patients under 18 years of age

Clinical exclusions:

- High risk patients i.e. loss of consciousness, family history of sudden death <40 years
- Arrhythmia where there is an existing clinical pathway eg atrial fibrillation / atrial flutter
- Arrhythmia where the symptoms present a threat to life – eg loss / altered consciousness (likely to be admitted )
- Patients with existing pacemakers / ICD devices

### 3.5 Interdependence with other services/providers

The service will require close working relationships between:

- The designated 24 hour ECG reporting service
- Other Mid and West Dorset Locality GPs
- Cardiac Technician
- Consultant Cardiologist
- IT software provider
- Dorset County Hospital
- Service Users
- Practice Managers
- Administrative staff
- Commissioners
- Access to commissioned services via the appropriate referral route and criteria

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg. NICE)

Atrial Fibrillation <https://www.nice.org.uk/guidance/ng196/chapter/Recommendations>

Palpitations <https://cks.nice.org.uk/topics/palpitations/diagnosis/assessment/>

Transient loss of consciousness (syncope)

<https://www.nice.org.uk/guidance/qs71/chapter/quality-statement-6-specialist-cardiovascular-investigation-ambulatory-electrocardiogram-ecg>

## 5. Location of Provider Premises

**The Provider's Premises are located at the following GP practices:**

Cornwall Road	Prince of Wales
The Atrium	Queens Avenue
Fordington	Milton Abbas
Cerne Abbas	Puddletown
Broadmayne	Bridport
Lyme Medical Centre	Lyme Bay
Portesham	Charmouth
Maiden Newton	Beaminster