

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	03/CVDS/0048
Service	Diagnostic reporting for GP Access 24 hour Ambulatory ECG
Commissioner Lead	NHS Dorset CCG
Provider Lead	Dorset County Hospital NHS Foundation Trust
Period	WEF 15/08/2016
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

A 24 hour ambulatory ECG is a non- invasive test to assist in the diagnosis or elimination of possible cardiac arrhythmias which are a significant cause of emergency admissions and outpatient attendances.

Historically, patients in West Dorset with suspected cardiac arrhythmias were referred by GPs to cardiology services at Dorset County Hospital where 24 hour ambulatory ECG monitoring would be performed as an outpatient procedure if required. There was no GP direct access to this diagnostic test.

In 2013 Mid and West Dorset localities purchased 24 hour ambulatory ECG monitors and introduced a primary care based service to enable the fitting of the monitor in the GP practice and the analysis and reporting of the results to be undertaken by an intermediate provider.

The service was commenced as a pilot in the first instance and initial outcomes were that GP referred first outpatient attendances to cardiology reduced by 2.8%. This also reduced costs and provides faster access to diagnosis and improved patient experience.

This service has now moved from the pilot phase to become an establish service with a view to extending to Weymouth and Portland locality as a future service development.

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:

- 85% of 24 hour ECG recordings will be reported within 10 working days;
- 100% of serious arrhythmias detected that has life threatening consequences are reviewed on the same day by a consultant cardiologist and appropriate action taken;
- a reduction in cardiology outpatient attendances and emergency admissions with

- associated cost savings;
- 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 provide a remote access service for analysing 24 hour ambulatory ECG monitor recordings obtained in primary care;
- to provide timely result reporting to GPs;
- to ensure that the service is carried out by appropriately trained and qualified staff;
- to provide GP access to clinical advice and guidance from a Consultant Cardiologist on appropriate management and treatment plans for the patient;
- to provide urgent cardiology review of the patient where a serious life threatening arrhythmia is identified;
- to support training needs with individual GP practices and the locality 24 hr ambulatory ECG Monitor fitting service.

3.2 Service description/care pathway

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 may be either in the GP practice or a locality hub. This reporting service will provide analysis of the ECG recordings and access to advice and guidance on clinical management of the patients with abnormal test results.

GP Care Pathway (not this service specification)

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 or locality hub.

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 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 or locality hub after on the following day for removal of the 24 hour ECG recorder.

On completion of the test the fitting service will send the results to the provider for interpretation and reporting via a secure electronic link. The recording will be of sufficient quality for accurate interpretation.

The request for interpretation will include:

- referral form
- priority of referral i.e. urgent or routine
- 12 lead ECG
- List of current medication
- Patient diary
- patient's preferred daytime contact number.

On receipt of the results, the GP will use the interpretation to decide on the appropriate management of the patient including referral to secondary care if clinically appropriate.

Reporting Service Care Pathway (This Specification)

The provider will accept requests for interpretation of recordings in accordance with the acceptance and exclusion criteria in 3.3.

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

A report of the ECG interpretation will be available on ICE within 10 working days of the provider receiving the recording.

The service will include GP access by phone to a Consultant Cardiologist for clinical advice and guidance in relation to the results of the 24 hour ECG recording if required.

Any serious arrhythmia that has potential life threatening consequences to the patient if left unmanaged which 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 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.

3.3 Any acceptance and exclusion criteria and thresholds

Patients aged over 18 years

Patients registered with Mid Dorset, West Dorset and Weymouth Locality 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 e.g. Atrial fibrillation / atrial flutter
- Arrhythmia where the symptoms present a threat to life – e.g. loss / altered consciousness (likely to be admitted)
- Patients with existing pacemakers / ICD devices

3.4 Interdependence with other services/providers

The service will require close working relationships between:

- Mid, West Dorset and Weymouth & Portland GP practices
- Dorset County Hospital
- Weymouth Urgent Care Centre
- Cardiac Physiologists
- Consultant Cardiologists
- Service Users
- Practice Managers
- Administrative staff
- Transport services
- Commissioners

1. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

2. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

None

3. Location of Provider Premises

The Provider's Premises are located at:

4. Individual Service User Placement