NHS
Somerset
Clinical Commissioning Group

Service Specification No.	11X-36-2
Service	Fitting of Ambulatory ECG Machines
Commissioner Lead	As per the Particulars of the NHS Standard Contract
Provider Lead	As per the Particulars of the NHS Standard Contract
Period	1 April 2021-31 March 2024
Date of Review	October 2021

1. Population Needs

National/local context and evidence base

1.1 Ambulatory ECG monitoring is part of the diagnostic process for a number of conditions which commonly present to general practitioners. The purpose is to identify abnormalities of heart rhythm (arrhythmia) with the potential to cause symptoms or harm.

1.2 Each year in the UK approximately 70,000 people experience a cardiac arrhythmia (DH, 2005) and these can range from harmless extra-systoles causing the sensation of palpitation, through to potentially life threatening or lethal disturbances causing pre-syncope, syncope or (in the case of VT/VF arrest) death.

1.3 The reasons for needing this service can be divided into:

- Investigation of symptomatic palpitations
- Investigation of syncopal or pre syncopal episodes
- Investigation of risk factors in stroke/ TIA

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

Not Applicable

3. Scope

Aims and objectives of service

3.1 The aim of having an open access ambulatory ECG service is to provide general practitioners with a community based diagnostic service and reduce the need to refer to secondary care cardiology for this diagnostic service as part of an outpatient attendance.

3.2 The practice will, working closely with Yeovil District Hospital NHS Foundation Trust (YDH) or Somerset Foundation Trust (SFT), provide a practice based ambulatory ECG machine fitting service.

3.3 This specification is for the provision of the service in normal surgery hours.

Service description/care pathway

3.4 The practice will provide a confirmation receipt of the referral form within 24 hours of the referring practice sending the referral or where appropriate, return any incomplete forms. An incomplete form would be any that do not include patient identifiable information or emergency contact numbers. A 12 lead ECG must be done by the referring practice prior to referral.

3.5 The patient will be contacted by the practice delivering this service within 7 working days of receipt of the general practitioner referral. The practice should try to call the patient 3 times. Should the practice be unable to contact the patient on the 4th attempt, a message should be left on the answer machine. The patient should be asked to contact the practice to make an appointment within the next 3 days. Should the patient not make contact, this cycle must be followed again. Consent to leave an answer machine message must be obtained from the patient by the referring practice.

3.6 Should demand exceed capacity then the fitting practices are not required to contact patients within 7 working days as long as they are providing a minimum of 48 hours of ECG recordings per week.

3.7 From initial contact, the patient must then be offered a twenty minute appointment for fitting of the ambulatory ECG machine and patient education/counselling within 8 working days of contacting the patient.

3.8 Each device is subject to a maximum of 72 hours per week, and practices are required to provide the level of service that meets the demand.

3.9 The patient should be encouraged to self-remove the machine and return to the practice. It is expected that majority of patients will self-remove; however, where this is not appropriate, the patient will be given a ten minute follow up appointment with an HCA for removal of the machine. At all times the practice should put into place systems to ensure that all machines are returned and accounted for. The machines will remain the property of YDH at all times. They are responsible for the maintenance and the practice is responsible for arranging the annual service testing with YDH.

3.10 The data card will be sent to YDH/TST along with a copy of the referral form within one working day of the monitor being returned to the surgery. Prior to posting, the referral form should be emailed to YDH on clinical.investigations@ydh.nhs.uk . For TST, a copy of the referral form should be included in with the data card. This will allow all data cards to be accounted for.

3.11 YDH/TST will confirm receipt of the reader card via secure electronic mail to the practice within 24 working hours and by return internal post, also within 24 hours, send the practice a replacement blank data card.

3.12 If the practice does not receive electronic verification of receipt of the data card within 72 hours of sending the card then the practice will be required to contact YDH/TST to confirm receipt of the card.

3.13 YDH/TST will provide the interpretation of the ECG data and recommendations as to the significance of the findings. A summary report will be emailed to the referring general practitioner of the practice where the patient is registered and a full report will be sent by

secure email. This report will be sent to the practice within 10 working days of receipt of the data card. There is no requirement on the host practice to receive or communicate the results of the ambulatory ECG unless the patient is also registered at the provider practice.

3.14 If there is a requirement for an urgent follow up, YDH/TST will contact the referring GP practice directly.

3.15 It is accepted that adherence to the time targets included in this Service Agreement are subject to adequate equipment being available to the practice at any given time. The CCG will continuously monitor the service wait times. Should wait times significantly exceed the expected targets, the CCG will liaise with the practice further to understand how best to provide support.

3.16 A flowchart outlining the service process can be found in Appendix A.

Quality Assurance

3.17 Ambulatory ECG machines supplied must be in good working order and Providers shall ensure they are appropriately serviced annually by the Medical Electronics Department at Yeovil District Hospital.

Population covered

3.18 The practice will receive referrals from other NHS Somerset CCG GP practices. Referrals must be sent electronically on the specified template.

Any acceptance and exclusion criteria and thresholds

3.19 The criteria for eligible patients are:

- Non-critical symptoms suggestive of paroxysmal arrhythmia not identified by a standard 12 lead ECG and be of sufficient frequency to be picked up in the timeframe of the monitoring
- Over the age of 18
- Be compliant to wear a monitor for the required time-frame
- Be able to travel to the providing practice and return the monitor in a timely way

Interdependence with other services/providers

3.20 In providing the service the practice will be required to work closely with other NHS Somerset CCG GP practices within their federation and either Yeovil District Hospital or Somerset Foundation Trust.

3.21 Voluntary organisations

4. Applicable Service Standards

Applicable national standards (e.g. NICE)

4.1 DH (2013) National Cardiovascular Outcomes Strategy https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217118/9387-2900853-CVD-Outcomes_web1.pdf

4.2 NICE CG19: Transient Loss of Consciousness. http://www.nice.org.uk/guidance/CG109

4.3 NICE NG196: Management of Atrial Fibrillation https://www.nice.org.uk/guidance/ng196

4.4 The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.5 European Society of cardiology Guidelines on Arrhythmias https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Atrial-Fibrillation-Management

Applicable local standards

4.6 Not applicable

5. Applicable quality requirements

INFORMATION GOVERNANCE

5.1 The practice will be required to be compliant with the NHS secure e-mail.

TRAINING

5.2 The practice will identify two healthcare professionals to provide the service. This will allow cover for holidays and sickness absence.

5.3 Where it is not possible for both health care professionals to be trained at the same time, it will be acceptable for one to be trained initially on the proviso that a second HCA receives the training within the following month, on a date to be agreed with YDH/TST

5.4 All practice staff involved in fitting the Ambulatory ECG machines must attend training which will be provided by YDH/TST prior to delivery of the service. Cascade training must not take place within the practice.

5.5 The practice staff will be trained in the fitting and removal of machines and the operation of the software.

AUDIT and MONITORING

5.6 As part of this agreement, the practice agrees to participate, where required, in any service evaluation or audit of the service and where necessary will provide any reasonable information required to allow that service evaluation or audit to be carried out.

5.7 The provider must have processes in place to carry out continuous monitoring of the service and have processes in place to be able to respond to any trends/issues identified.

ACTIVITY REPORTING

5.8 The practice should provide a monthly breakdown of the activity undertaken using the schedule included as Appendix B. The completed form should be sent to somccg.generalpractice@nhs.net by the tenth working day of each month. This is to ensure that the CCG are aware of any issues within the service.

5.9 Practices must ensure that the monthly activity corresponds to the activity submitted in the Enhanced Services Quarterly return. Should the number of fittings provided each month not match the number of fittings identified in the quarterly return the CCG will be unable to make payment.

5.10 All columns should be completed. Should the practice be unable to complete any of the information, please detail the reasoning in the comments column.

REPORTING OF SIGNIFICANT / ADVERSE EVENTS

5.11 The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

5.12 The Provider should be aware of (and use as appropriate) the various reporting systems such as:

- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safely Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.

- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and

- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

5.13 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service, , where such admission or death, is or may be due to, the Providers treatment of the relevant underlying medical condition covered by this specification via the email address below.

5.14 In addition to any regulatory requirements the CCG wishes the Provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:

- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider via somccg.significantevents@nhs.net

- Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via https://www.somersetccg.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/

PRICING

5.15 Payment for this service will be a local price per fitting. The price per procedure is set out in Schedule 3 Part A.

5.16 Applicable Quality Requirements (See Schedule 4A&C)

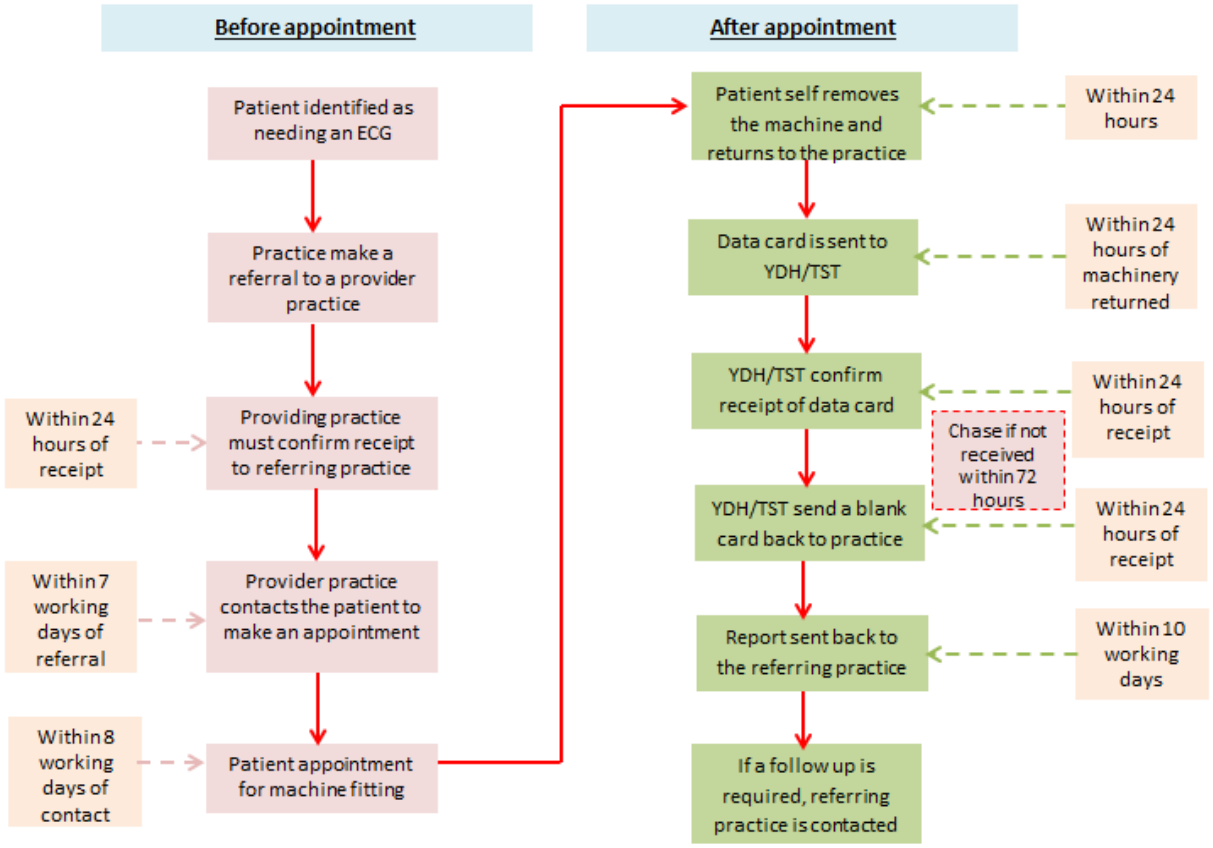
6. Location of Provider Premises

6.1 The Provider's Premises are located at:

As per the Particulars of the NHS Standard Contract

Appendix A

Fitting of Ambulatory ECG Pathway



Appendix B

Month report relates to:

Names of trained members of staff

Date Commenced as Fitting Practice:

Number of Life Cards at Practice:

Referring Practice Name	Referring GP	Reason for Referral	Patient consent given to leave a telephone message? (Y/N)	Date of Referral	Date of Fitting	Date machine returned to practice	Was an appointment required to remove the machine? (Y/N)	Date Life Card Sent to Hospital	Name of Hospital	Date Life Card Returned from Hospital	Date Result Received by GP (where known)	Subsequent Referral to Cardiology (where known)? (Y/N)	Comments (e.g. inappropriate or any problems with referral)