NHS
Somerset
Clinical Commissioning Group

Service Specification No.	11X-36-2
Service	Fitting of Ambulatory ECG Machines
Commissioner Lead	Sheryl Vincent, Commissioning Manager
Provider Lead	
Period	1 April 2018 – 31 March 2019
Date of Review	TBC

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 Taunton and Somerset NHS Foundation Trust (TST), 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 within seven working days of receipt of the general practitioner referral and offered a twenty minute appointment for fitting of the ambulatory ECG machine and patient education/counselling within eight working days of receipt.

3.6 Each device is subject to a maximum of 3 fittings per week, and practices are required to provide the level of service that meets the demand. 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 72 hours of ECG recordings per week.

3.7 The patient can self-remove the machine and return to the practice. 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.

3.8 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 faxed to YDH on 01935 384606 or TST on 01823 344916. This will allow all data cards to be accounted for.

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

3.10 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 locate the card.

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

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

3.13 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.

Quality Assurance

3.14 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

3.15 The practice will receive referrals from other NHS Somerset CCG GP practices within their federation. These may be in electronic or paper format.

Any acceptance and exclusion criteria and thresholds

3.16 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

3.17 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 Taunton and Somerset NHS Foundation Trust.

3.18 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 CG180: Management of Atrial Fibrillation http://www.nice.org.uk/guidance/CG180

4.4 The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.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 http://www.escardio.org/communities/EHRA/publications/Pages/Guidelines.aspx

Applicable local standards

4.6 Not applicable

5. Applicable quality requirements and CQUIN goals

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 the commencement date of the pilot. 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 pilot 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 A. The completed form should be sent to esreports@somersetccg.nhs.uk and copied to Rachael.rowe@somersetccg.nhs.uk by the tenth working day of each month

REPORTING OF SIGNIFICANT / ADVERSE EVENTS

5.9 The Department of Health emphasises the important 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.

5.10 The Department of Health emphasises the important 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.

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

- the NHS England National Reporting and Learning System:

http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-

reports/sample-organisation-patient-safety-incident/?assetdetesctl1338216=75893&p=1

- 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)

5.12 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

- 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

PRICING

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

5.14 Applicable Quality Requirements (See Schedule 4A-D)

5.15 Applicable CQUIN goals (See Schedule 4E)

6. Location of Provider Premises

6.1 The Provider's Premises are located at:

As defined in Schedule 5 Part A of the Contract Particulars

7. Individual Service User Placement

Not Applicable

NHS
Somerset
Clinical Commissioning Group

Appendix A

Fitting of Ambulatory ECG Activity

Practice Name:

Date Submitted:

Total Number of Fittings this Month:

Practice Size:

Date Commenced as Fitting Practice:

Number of Machines at Practice:

Number of Life Cards at Practice:

Patient DoB	Patient Gender (M/F)	Referring Practice Name	Referring GP	Reason for Referral	Date of Referral	Incomplete form? (Y/N)	ECG provided? (Y/N)	Date of Fitting	Date Life Card Sent to Hospital	Date Life Card Returned from Hospital	Name of Hospital	Date Result Received by GP	Subsequent Referral to Cardiology (where known)? (Y/N)	Comments (e.g. inappropriate or any problems with referral)