

OCCG SERVICE SPECIFICATION (2017/18)

PRIMARY CARE SERVICE FOR THE PROVISION OF ARRHYTHMIA DIAGNOSTIC SERVICES

1. Introduction

This service covers the use of cardiac event monitors (CEMs) for the diagnosis of patients presenting with suspected arrhythmia. It does not cover the use of any CEMs or ECGs for any other purpose.

2. Background

The assessment and treatment of patients presenting with arrhythmia/palpitations has traditionally been carried out in secondary care settings, either requiring a referral from the GP or presentation at A&E. Many of these secondary care assessments have traditionally required a series of diagnostic tests to be performed. This service allows the GP to make an informed decision for those patients presenting with arrhythmia/palpitations based on the findings of the primary care testing and the interpretation and advice given through a Tier 2 service. It is expected that a lesser number of referrals to secondary care would ensue. Most patients with palpitations do not have a serious disorder.

3. Service Scope

This service will support practices to provide a diagnosis of arrhythmia for patients presenting with palpitations/arrhythmia in practice premises, or within the community.

The Provider of this service will ensure an appropriate record of activity is developed and maintained for audit and payment purposes. Each encounter will be recorded in the patient's clinical record.

4. Service Delivery

The Provider must adhere to the agreed assessment tool and treatment guidelines which may be updated periodically. The patients covered by this service are those that present with arrhythmia/palpitations for whom a primary care diagnostic service is appropriate.

Revised pathway (for patients with intermittent symptoms) :

- Patient presents to GP, initial risk assessment, in house ECG recommended
- Practice performs 12 lead ECG (or appropriate ECG)
- Practice performs Thyroid function Test (as per arrhythmia protocol)
- GP checks for high risk indicators that would require referral.
- If low risk, GP arranges investigations using an event monitor.
- Results of investigations are reviewed by GP and/or sent through to the ambulatory email address for reporting (Ambulatory.monitoringorh@nhs.net) CardioCall monitor traces can be read by ORH software, however all other monitor traces must be sent by PDF or JPG.
- Where the GP requires further advice on management, an email is sent to the cardiology email advice address (oxon.cardiologyadvice@nhs.net)

- Patient reviewed by GP and treatment commenced if appropriate or Cardiology referral is advised
- GP follows up patient further to secondary care referral where appropriate.

All staff undertaking investigations using an event monitor must be adequately trained and supervised.

The Practice must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service.

The Practice must adhere to good practice as outlined in the Infection Control Guidance for General Practice.

The services delivered under this specification will be subject to clinical audit and governance review and monitoring will be carried out as part of the annual review of the contract.

5. Monitoring

Practices will provide a quarterly report on numbers of patients managed through this service and all outcomes. Data collected will show how many patients required an interpretation request and those subsequently referred for a full 1st Outpatient.

Key performance indicators (KPI) monthly reporting;

- numbers of patients presenting with palpitations / arrhythmia
- numbers of patients tested under this service in primary care ,
- number of ECG reports referred to secondary care for interpretation
- number of patients referred for a cardiological opinion

An annual review will be conducted, assessing full year figures on the above KPIs.

Read Codes

The Read codes to be used to record interventions and outcomes are attached at Appendix 1.

6 Clinical Governance

6.1 Care Quality Commission registration

The Provider must be registered with the Care Quality Commission. This means a provider has a statutory duty to comply with all relevant CQC national standards and outcomes.

6.2 Record Keeping and transfer of information

All patient records should be kept in accordance with national and local protocols and policies i.e. the NHS Confidentiality Code of Practice, Data Protection Act and any transfer of patient information should be done in accordance with Caldicott regulations.

6.3 Competency and accreditation standards of healthcare professionals providing service.

All healthcare professionals providing the service should be registered with the relevant professional body and have appropriate qualifications and accreditation for the role they perform.

6.4 Professional indemnity cover

All healthcare professionals working within the service should provide evidence of professional indemnity cover appropriate to their role within the service.

6.5 Continuing Professional Development and Training

The Provider shall undertake to facilitate the appropriate appraisal process, continuing professional development and training for healthcare professionals providing the service to ensure that they meet the minimum competency standards.

6.6 Risk Management

The Provider shall ensure that the following areas have procedures developed that meet relevant NHS management standards:

- Clinical risk management and reporting systems for clinical and other incidents
- Complaints and accolades management system
- Patient concerns and queries
- Business Continuity Management plans

6.7 Equipment

The equipment will be validated by the practice annually in accordance with national recommendations.

The Provider shall ensure that the following areas have procedures developed for them:

- All relevant National Guidance and Legislation e.g. Medicines and Healthcare Products Regulatory Agency(MHRA), Care Quality Commission.
- A system is in place to ensure medicines, consumables and other medical devices are stored appropriately and expiry dates are checked regularly.

6.8 Prevention and Control of Infection

The Provider shall comply with the Health Protection Agency Guidance on Infection Control, Communicable Diseases for Primary and Community Care within the Thames Valley and with CCG Policies.

7. Audit and monitoring

The Provider must make all information requested for audit purposes available to the Commissioner, and will be required to support the Commissioner in monitoring the quality of the service. This will be available from the practice clinical system and will include:

- numbers of patients presenting with palpitations/arrhythmia
- numbers of patients tested under this service in primary care
- number of ECG reports referred to secondary care for interpretation
- number of patients referred for a cardiology opinion
- Number of patients with record of ambulatory ECG normal during the quarter (Read Code: 32140)
- Number of patients with record of ambulatory ECG abnormal during the quarter (Read Code: 32141)
- demonstration of an impact on secondary care activity based upon the baseline activity provided in the business case
- annual reporting of patient experience

If relevant other aspects should include:

Outcome of Significant Event Analysis

Clinical Audit results including false negatives and false positive results,

Incidents / complaints

Accolades

8. Sustainability

The service should be available 5 days a week, 52 weeks of the year to ensure appropriate patient access and evidence may be needed to demonstrate that appropriate plans have been devised for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover.

9. Accountability

The Provider is ultimately accountable to the Commissioner for the delivery of this service.

10. Health and safety

The Provider shall ensure that the services comply with UK Health and Safety Legislation, CCG Health and Safety Policies and procedures.

11. Payment

Payment will be made quarterly based on actual activity carried out as reflected in quarterly activity monitoring reports to the CCG. The payment for this service will be as follows:

Level One Payment

£66.95 per Cardiac Event Monitor test undertaken on patient presenting with palpitations/arrhythmia where the trace is interpreted in-house by a suitably qualified member of the PHCT.

Codes to be used: *Please refer to Appendix 1*

Level Two Payment

£51.50 per Cardiac Event Monitor test undertaken on patient presenting with palpitations / arrhythmia where the trace is interpreted via the email advisory service provided by the secondary care provider.

Codes to be used: *Please refer to Appendix 1*

Where Cardiac Event Monitor traces are forwarded to the secondary care provider for interpretation the following email address must be used:

Ambulatory.monitoringorh@nhs.net

CardioCall monitor traces can be read by ORH software, however all other monitor traces must be sent by PDF or JPG.

Where ECG traces are to be forwarded to this address for interpretation the email MUST follow the email advice minimum data set as follows:

- Patient data must only be transmitted via NHS net. Patient details must not be transferred via the open internet. This means that GPs must use '.nhs.net' accounts. No other email address types may be used to transmit patient information.
- The Provider must adhere to Caldicott Principles
- All PCs must be password protected
- Each email should contain detail pertaining to a single patient.
- GPs requesting advice must provide the following information in their email:
 - patient personal details
 - patient NHS number
 - signs and symptoms
 - relevant medical and drug history
 - 12 lead ECG (attached)
 - Thyroid Function test (as per arrhythmia protocol)
 - investigations and treatment to date
 - outcome required of email (eg: advice on management, guidance on requesting investigations etc)

Payment will not be made where the above patient minimum data set requirements are not met.

The costs of the email advisory service are in line with the email advisory service tariff agreed with the secondary care provider through the contracting process.

12. Monitoring

Practices are required to submit a quarterly report of actual activity to the CCG using QUEST by the 15th of the month following the end of each quarter during the year.

In the absence of the availability of a QUEST search practices are requested to submit the evidence for payment in the form of a search of the clinical system and submit the patient

anonymised report to the CCG by 15th of the month following the end of each quarter during the year.

13. Termination

This service will terminate on 31st March 2018. Any change or early termination of this agreement must be agreed by both Commissioner and Provider.

APPENDIX 1

NHS Oxfordshire CCG

Data Collection Specification for Primary Care Service for Arrhythmia 2017/18

Arrhythmia

| | Item | Read Code | Code Description |
|-------------------|--|------------------|--|
| Search Population | 1. Patients with record of referral for 24 hour ECG to GPSI between 28 days before start of the quarter and the end of the quarter | 8H4R | Referral to cardiology special interest general practitioner |
| Search Population | 2. Patients in 1 with a record of Cardiac event monitoring between 28 days before start of the quarter and the end of the quarter | 662Y | Cardiac event recording |
| For payment | 3. Patients in 2 with record of Cardiac event monitoring during the quarter | 662Y | Cardiac event recording |
| For information | 4. Patients in 3 above with record of ambulatory ECG normal during the quarter | 32140 | Ambulatory ECG normal |
| For information | 5. Patients in 3 above with record of ambulatory ECG abnormal during the quarter | 32141 | Ambulatory ECG abnormal |
| Lower payment | 6. Patients in 2 with record of email to consultant in the quarter provided it is 28 days or less after cardiac event monitoring (<=28days after 662Y) | 9Nb0 | Email sent to consultant |
| Higher Payment | 7. Patients in 2 with no record of email to consultant during the quarter* | No code required | No email sent to consultant |
| Higher Payment | 8. Patients in 2 with record of email to consultant in the quarter provided it is 29 days or more after cardiac event monitoring (>28days after 662Y) | 9Nb0 | Email sent to consultant |

In all cases, patients who have died or left during the quarter, but who have received a service within the practice will be included. Temporary residents will be included