

Freedom of Information Request Number: FOI 6076 – Cardiac Services

If you cover more than one CCG, please provide the following information for each of the CCGs covered under your trust broken down individually.

1. Any care pathways for the investigation and management of patients with symptomatic palpitations and/or syncope referred to cardiac services in your trust by GPs. Of particular interest is the role and positioning of diagnostic investigations such as cardiac rhythm monitoring, cardiac imaging and cardiovascular performance assessment.

Please note, we are a CCG not a provider trust
We commission a GPSI tier 2 cardiology service in around 40% of the CCG area as first line triage assessment and treatment of a specific set of arrhythmias
Work is ongoing to design a service for rest of the CCG area
Approximately 5% of patients seen go on to see a consultant cardiologist for imaging and performance assessment as indicated by NICE CG95

2. Details of both national and locally negotiated tariff arrangements applied to this service

National tariff for secondary care outpatient at the relevant procedure code
67% of secondary care outpatient tariff for the community cardiology service.

3. Does the GP have direct access to the cardiac monitoring service?

Yes.

4. Is the patient seen by a cardiologist before having the monitor attached?

No.

5. If not, who undertakes the process (e.g. technician, nurse etc)

Cardiac Physiologist.

6. What is the first pass monitoring technology (e.g. 24hr, 48hr, 7-day event triggered etc)

This depends on the referral details it could be any of those.

7. What happens after the first pass monitoring – are all seen by a cardiologist or is there a pre-appointment triage process?

The monitor reports are reviewed by a Community Cardiology Specialist or GPSI and the vast majority are discharged back to the GP with a letter explaining the findings.
Around 5-10% will be seen in clinic for follow up.

8. What other tests are ordered (e.g. 12-lead ECG, Echo etc), at which stage in the pathway and for which patients?

Other tests are utilised if required at the subsequent clinic appointment in those patients where the monitor results dictates follow up. TTE is the primary additional test.

9. What determines who is selected for 2nd pass monitoring and what technology is used for this?

Case specific and determined by the clinician reviewing the initial monitor result.

10. What determines who is discharged back to the GP?

No significant arrhythmia found on monitoring.

11. What is the current tariff for 24 hr, 48 hr, 7-day Holter Monitoring

Within the overall tariff for the community cardiology.

12. What is the tariff for referral to community cardiology investigation clinics

As above 67% of secondary care outpatient tariff.

13. What is the tariff for direct referrals for GPs for 24hr, 48 hr and 7-day Holter Monitoring

As above.