

Community Diagnostic Cardiology Service

Extended Ambulatory ECG (24/72+) & Echocardiography

Outline of Service

- A physiologist led service provided in the community by Hull & East Yorkshire NHS Trust
- The service will be available to all appropriate service users who are either registered with a NHS Hull GP Practice; or not registered with a NHS Hull GP Practice, but are a resident within the CCG's boundaries.
- On receipt of the E-referral, it will be triaged and if appropriate for the service patients will be contacted and offered an appointment within 4 weeks.
- A report with advice and guidance, based on the clinical information provided, will be returned to the referring GP within a maximum of 7 days of the appointment
- If an outpatient cardiology appointment is required following the test we will be responsible for onward referral.
- If the referral is not appropriate for this service it will be returned to the referring GP with the reason why it has not been accepted.

Referral Requirements

- A completed referral pro forma detailing patient symptoms, examination findings, medical history and current medications. The more information you provide the better the advice returned.
- A copy of the most recent 12 lead ECG.
- For palpitations please ensure normal Thyroid Function Test.
- For patients with AF please document CHADS2VASC score.

Possible Outcomes

- No major abnormality, no further action required (+/- advice and guidance).
- Abnormal result with advice and guidance from Cardiology including arranging further evaluation in secondary care, if required.

- Major abnormality warranting patient admission into hospital (e.g. asystole, complete heart block, severe structural heart disease etc)

Ambulatory ECG

This service is primarily for patients fulfilling “primary care” criteria (Green) and not those falling into the other two groups (Amber/Red)

This is a guide to the clinician in primary care to aid in decision making around further investigation and referral.

Management In Primary Care	Refer to Cardiology*		Refer to A&E
<ul style="list-style-type: none"> • Skipped beats • Thumping beats • Short fluttering • Slow pounding and • Normal ECG and • No family history and • No structural heart disease • Ectopics 	General Cardiology <ul style="list-style-type: none"> • History suggests recurrent tachyarrhythmia • Palpitations with associated symptoms AND/OR • Abnormal ECG AND/OR • Known Structural heart disease 	Specialist Arrhythmia <ul style="list-style-type: none"> • Patients with T-Loc plus; <ul style="list-style-type: none"> • FH of SCD <40yrs • Significant heart disease • Abnormal ECG • T-Loc with exercise • Sudden Cardiac Death (SCD) screening • Treatment for PAF and persistent AF plus; <ul style="list-style-type: none"> • Symptomatic • Congestive HF • Paroxysmal Tachycardia 	Patients presenting acutely unwell with: <ul style="list-style-type: none"> • Palpitations • 2nd/3rd degree heart block • Syncope with injury • Syncope with known structural heart disease • Myocardial infarction / cardiomyopathy / LVH / heart failure

Indications /criteria

- For ECG-Symptom correlation in patients with recurrent palpitations **WITH**
 - Normal cardiovascular examination **AND**
 - No adverse features (as listed above) **AND**
 - No major ECG abnormality (first degree HB, AF, RBBB are permitted). If unsure of relevance of other ECG findings please submit copy with an online A&G consultation.
- To assess adequacy of ventricular rate control in patients with atrial fibrillation where there is a concern (e.g. resting heart rate >90/minute).

Echocardiography

Referral Criteria

- New murmur deemed to be clinically significant (with or without symptoms).
- New onset atrial fibrillation where there is a suspicion of significant structural heart disease **(please note that echocardiography is not indicated if it will not alter patient management, as per current NICE guidance).**
- Screening echocardiogram for first degree relatives of index cases with bicuspid aortic valve in whom family screening has been recommended.

Exclusion Criteria

- Investigation of patients with suspected heart failure (please refer to the Heart Failure Pathway). ***It is possible that this may become available as part of the service in due course.***
- Patients already under active cardiology follow up in secondary care.
- Screening echocardiogram for first degree relatives of index cases with dilated or hypertrophic cardiomyopathy (please refer to Inherited Cardiac Conditions clinic).