



Direct GP Access to Echocardiography

Frequently Asked Questions

November 2023



1.0 Background

GPs will have direct access to echocardiography via public hospitals for the full adult population, regardless of their GMS status. Direct GP access to echocardiography will enhance the diagnosis and management of individuals with heart failure and atrial fibrillation in primary care.

Building on the work already underway in the community to augment GP direct access to radiology, spirometry +/- reversibility testing and NTproBNP testing, the echocardiography service will be made available to you by your CHO, in partnership with a local public hospital in your area.

The rollout of GP direct access to echocardiography continues work to address the challenges that GPs face in accessing chronic disease diagnostics; challenges which have been further compounded by COVID-19. This initiative acknowledges the crucial role to be played by GPs in the shift from providing care in acute settings to the community. It also supports the long-term objective to expand primary care services under the 2017 Sláintecare Report, the 2019 GP Agreement and the Winter 2020/2021 Plan.

This roll out of direct access to diagnostics will support the GP to optimise patient management in the community where possible and when indicated to refer to the specialist teams in the ambulatory care hubs.

The aim of this document is to address the common questions that GPs may have as to how to appropriately access echocardiography service for their patients.

Further information can be found at:

<https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/a-guide-for-referral-of-patients-to-the-chronic-disease-ambulatory-care-hub-services.pdf>

2.0 Background FAQs

2.1 Who should not have echocardiography performed?

Echocardiography is not recommended in the following patient cohorts:

1. Patients without an established diagnosis of heart failure other than indications as outlined in 3.1, with an increased suspicion for the presence of heart failure, who may have an alternative pathology for their presenting symptoms.

2. Screening for asymptomatic ventricular dysfunction in a low risk population. In a low risk population, lower pre-test probability renders echocardiography sub-optimal for screening purposes.
3. An NTproBNP <400pg/ml meaning heart failure is unlikely.

2.2 Where does the clinical governance lie when a patient has been referred for echocardiography testing?

Similar to other tests, the GP retains responsibility for the follow up of the test result and for the management of the patient.

3.0 Referral FAQs

3.1 What patients are eligible for direct GP access echocardiography?

The echocardiography service is available to all adults (Patients aged >16 years) regardless of their GMS status, (public or private patient) who also fulfil one or more of the following criteria:

1. As per the chronic disease management programme, routine echocardiogram where clinically indicated, and if they have not had an echocardiogram done in previous 12 months on GP registration for heart failure. Routine annual echocardiography is not required in stable patients.
2. Routine Echo for non-acute episode with signs and symptoms of heart failure with a NTproBNP result >400pg/ml once an Echocardiogram has not been performed previously.
3. Urgent echo for a patient with signs and symptoms of heart failure with a NTproBNP result >2000pg/ml.
4. Routine echocardiogram as per the chronic disease management programme GP registration visit for a new diagnosis of atrial fibrillation, where an echo has not been done in the previous 12 months.

Please note that tests referred to the hospital outside of these criteria will not be accepted. GPs must state on the referral form the indication for echocardiography. If no information is provided to the hospital, the echocardiogram will not be done.

3.2 Are there clinical guidelines to support my decision-making when considering whether to undertake echocardiography for a patient?

The GP Structured Chronic Disease Management software will prompt you where an Echocardiogram may be indicated. Please refer to the [National Model of Care for Heart Failure](#), the [GP Quick Reference Summary for Heart Failure Diagnosis and Management](#), the [GP Quick Reference Summary for Good Practice Points on Cardiovascular Disease](#), the NICE guideline [Chronic heart failure in adults: diagnosis and management](#) to guide your decision making in relation to Echocardiography.

3.3 How do I request echocardiography for my patients?

Additional resources, including equipment and staffing are been secured for the provision of a direct access echocardiography service for GPs. GPs will be contacted by their CHO/nearest hospital providing the service to confirm commencement of the service and to provide instruction as to how to access their local echocardiography service. Referrals will be made using the standardised Chronic Disease Healthlink Referral which is currently in development.

3.4 Is there a limit to the number of echocardiography requests that a can order in a week/month?

No, there is no limit to the number of echocardiography tests that can be ordered by your practice. However, there are clear referral criteria that must be fulfilled for each test request. The GP must state the indication for the test as it relates to the referral criteria, on the referral form. If no information is given on the test request form, the echocardiogram will not be done and the referral returned to the GP. Repeat echocardiograms are not recommended outside of the above referral criteria. If you are concerned about a patient, please contact your local cardiology/heart failure service for further advice.

4.0 Results FAQs

4.1 What is the turnaround time for echocardiogram?

The turnaround time will vary depending on your geographical location and hospital. The average turnaround time for routine echo will be 6 weeks, urgent echo 2 weeks.

4.2 How will I receive the echocardiogram result?

You will receive the result for this test via Health link or via a hard copy in the post, similar to how you receive your other results.

4.3 The echocardiogram result has come back as abnormal. What should I do next?

The GP caring for the patient is responsible for arranging any follow up that a patient requires. For suspected non-acute onset of heart failure in primary care, please see algorithm below (Figure 1) for further information. Please refer to the [GP Quick Reference Summary for Heart Failure Diagnosis and Management Model of Care for Heart Failure](#) for more detailed information.



Flow Chart: Patient Direct GP Access Echocardiography Service



The echocardiography service is available to all adults (Patients aged >16 years) regardless of their GMS status (public or private patient) who also fulfil one or more of the criteria below.

One **routine** echocardiogram will be facilitated per Chronic Disease Management Programme GP registration visit for heart failure, where clinically indicated, and if they have not had an echocardiogram done in previous 12 months

One **routine** echocardiogram may be ordered in a **non-acute episode** for an individual who presents with symptoms and signs suggestive of heart failure and who has a NTproBNP result >400pg/ml.

OR

One **urgent** echocardiogram may be ordered in a **non-acute episode** for an individual who presents with symptoms and signs suggestive of heart failure and who has a NTproBNP result >2000pg/ml

One **routine** echocardiogram will be facilitated per Chronic Disease Management Programme GP registration visit for a new diagnosis of atrial fibrillation, where an echo has not been done in the previous 12 months

GP assessment shows patient fulfils criteria, GP feels echocardiography is clinically indicated for further investigation of heart failure or new diagnosis of atrial fibrillation

GP Refers: GP refers patient to the direct GP access echocardiography service in line with local protocol.

Cardiac Physiologist reviews & accepts the referral.

Diagnostic Administrative Staff arrange appointment and contacts the patients.

Diagnostic Administrative Staff provide patient information leaflet to the patient with the appointment letter.

Patient attends for echocardiogram.

Cardiac Physiologist performs echocardiogram

Echocardiogram is reviewed & reported in line with local policy

Finalised report is returned by **diagnostic administrative staff** to referring GP as per local protocol

Patient does not attend appointment x 1 / or cancels x 2

Diagnostic Administrative Staff documents patient did not attend or cancelled appointment x 2

Physiology manager or delegate returns the required metrics to the Office of the ECC on a monthly basis

Diagnostic Administrative Staff returns referral letter outlining, patient did not consent, DNA or cancelled x2 to GP