Oifig an Stiúrthóra Cúnta Náisiúnta
Clár Cúraim Pobail Feabhsaithe &
Conarthaí Príomhchúraim
Feidhmeannacht na Seirbhíse Sláinte
Urlár 2, Páirc Ghnó Bhóthar na Modhfheirme,
Bóthar na Modhfheirme, Corcaigh, T12 HT02

Office of the Assistant National Director
Enhanced Community Care Programme &
Primary Care Contracts
Health Service Executive

www.hse.ie
T: 021-4928512
E:community.diagnostics@hse.ie

13th November 2023

Circular Number: NCO-46-2023

RE: Enhanced Community Care (ECC) Programme - Direct GP Access to Echocardiography and Spirometry

Dear Colleague,

I would like to advise you that in line with the structured Chronic Disease Management Programme, the GP Agreement 2019 and the rollout of the ECC Programme, GPs will be provided on a phased basis with direct access to Echocardiography and Spirometry nationally via public hospitals or your local CD – Community specialist team for the full adult population. Direct GP access to Echocardiography and Spirometry will enhance the diagnosis and management of individuals with heart failure, COPD and Asthma.

The development and implementation of this initiative happened because of groups and institutions working together collaboratively including, the Department of Health & DPER, the IMO, the HSE (Clinical Programmes, Primary Care, ICT, Public Health doctors and managers), the ICGP, the GPs, practice nurses and the wider practice teams. The service will be provided through your local Chronic disease Community Specialist team (CD CST).

The rollout of GP direct access to Echocardiography and Spirometry continues work to support GPs in accessing chronic disease diagnostics. Through the ECC Programme, additional resources have been provided to local CD-CD CST for the provision of a ring-fenced direct echocardiography and spirometry service to GPs. This additional diagnostic capacity will assist General Practice to care for their patients as close to home as possible which is a central component of Ireland's health reform. Once fully operating, these services will support GPs to diagnose chronic disease early in their at risk patients, to intervene early and to work with their patients to optimise their chronic conditions and thus, support hospital avoidance and improved patient outcomes.

As we begin to roll out this service, please be cognisant of the national referral criteria in the accompanying patient pathway. Please ensure that you do not refer tests which do not meet the referral criteria. We also enclose a copy of FAQs for direct GP access Echocardiography and Spirometry which will provide further information about the service.

Your local CD CST will be in contact with you shortly to let you know when this service is available and with details of how to access the service. We look forward to this phased rollout which will support GPs to care for their patients as close to home as possible and will enhance patient experience. We will continue to progress the further development of community diagnostics. Your feedback and support throughout this initiative is greatly appreciated. Should you have any questions or require further clarification, please do not hesitate to contact the Community Diagnostics team via community.diagnostics@hse.ie

Yours Sincerely,

_____

Geraldine Crowley
Assistant National Director
Enhanced Community Care Programme &
Primary Care Contract

Direct GP access to Spirometry +/- Reversibility testing

Frequently Asked Questions

November 2023

Integrated Care Programme for the Prevention and Management of Chronic Disease

1.0 Background

GPs will have direct access to spirometry via public hospitals for the full adult population, regardless of their GMS status. Direct GP access to spirometry will enhance the diagnosis and management of individuals with Chronic Obstructive Pulmonary Disease (COPD) or asthma in primary care.

Building on the work already underway in the community to augment GP direct access to radiology, echocardiography and NTproBNP testing, the spirometry 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 spirometry 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 spirometry 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 What is Spirometry?

Spirometry is a physiological test that assesses lung function by measuring the volume of air that the patient can expel from the lungs after a maximal inspiration. The primary signal measured in spirometry may be volume or flow. Spirometry is invaluable as a test of general respiratory health in the same way that blood pressure provides important information about general cardiovascular health.

The indices derived from this forced exhaled manoeuvre such as The Forced Expiratory Volume in the first second of maximal expiration after a maximal inspiration (FEV1), have become the most accurate and reliable way of supporting a diagnosis of COPD.

2.2 What is Spirometry with reversibility?

Reversibility is bronchodilator responsiveness. It is the extent to which expiratory airflow limitation is resolved by the administration of a rapid-acting bronchodilator. It is determined by performing spirometry before and after administering a short-acting beta2 agonist, within the same session. It is not mandatory but is used to distinguish between COPD and asthma.

Reversibility testing needs to be interpreted in the light of the patient's clinical history and examination.

2.3 Why perform Spirometry?

GPs are in an ideal position to be able to detect respiratory disease in its early stages and use this access to spirometry to confirm the diagnosis.
It will enable the general practitioner to:

- Differentiate between COPD and asthma
- Exclude COPD or asthma as a diagnosis.
- Determine the efficacy of asthma treatment
- Correctly stage and provide an index of severity of patients with COPD.
- Monitor disease progression.

Management of respiratory disease is largely carried out in primary care and much can now be done to improve symptoms and quality of life, and to reduce the frequency and impact of exacerbations (GOLD 2010).

2.4 What are the clinical indications for referring a patient for a GP direct access spirometry test?

The Spirometry Service +/-Reversibility Testing national referral criteria for GP direct access Spirometry service are as follows:

GP Referral:

- One appointment to include spirometry +/- reversibility test may be done if an adult presents to the GP with new onset of symptoms or signs which require a diagnostic work up for COPD/asthma.
- One appointment to include spirometry +/- reversibility test will be facilitated per Chronic Disease Management Programme GP registration visit for COPD and asthma, **where clinically indicated** e.g. to confirm previous clinical diagnosis or to clarify previous uncertain original spirometry-based diagnosis.

2.5 Who should not have spirometry performed?

Spirometry is <u>not recommended</u> in the following patient cohorts:

1. Screening for COPD/asthma in a low risk population. In a low risk population, lower pre-test probability renders spirometry sub-optimal for screening purposes.

The following are absolute contraindications

2. AAA >6cm
3. Myocardial Infarction within previous week
4. Pulmonary embolism
5. Severe hypertension (SBP > 200mmHg, DBP >120mmHg)
6. History of Valsalva –induced syncope.

The following are relative contraindications

7. Recent (<4 weeks) surgery to abdomen, thorax, ENT, eye, brain or vascular surgery
8. Recent (<2 weeks) pneumothorax
9. Dementia/confusion

Other considerations – Infection control

10. Active or suspected transmissible respiratory or systemic infection (e.g. tuberculosis
11. Conditions predisposing to transmission of infection (e.g. haemoptysis)
12. Significant secretions
13. Oral lesions or oral bleeding

2.6 Where does the clinical governance lie when a patient has been referred for spirometry +/-reversibility 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 Spirometry +/- Reversibility Testing?

The Spirometry+/- reversibility 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:

Diagnosis

One appointment to include spirometry +/- reversibility test may be done if an adult presents to the GP with new onset of symptoms or signs which require a diagnostic work up for COPD/asthma.

Confirmatory spirometry

One appointment to include spirometry +/- reversibility test will be facilitated per Chronic Disease Management Programme GP registration visit for COPD and asthma, **where clinically indicated** e.g. to confirm previous clinical diagnosis or to clarify previous uncertain original spirometry-based diagnosis.

Please note that tests referred to the GP direct access spirometry +/- reversibility testing diagnostic service outside of these criteria will not be accepted. The referral indication must be clearly stated on the referral form. If no information is provided the test will not be done.

Note this service is for assessment of COPD and Asthma only. All other respiratory conditions requiring investigation should continue to be referred via established pathways.

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

The GP structured Chronic Disease Management software will prompt you where spirometry may be indicated.

For COPD please refer to the End to End COPD Model of Care and the GP Quick Reference Summary for COPD to guide your decision making in relation to spirometry.

For asthma please refer to the End to End Asthma Model of Care and the GP Quick Reference Summary for Asthma to guide your decision making in relation to spirometry.

In addition, please consider whether the patient meets the referral criteria as stated in question 2.4.

3.3 How do I request spirometry for my patients?

Additional resources, including equipment and staffing are been secured for the provision of a direct access spirometry 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 Spirometry 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 spirometry requests that a can order in a week/month?

No, there is no limit to the number of spirometry 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 spirometry test will not be done and the referral returned to the GP. Repeat spirometry tests are not recommended outside of the above referral criteria. If you are concerned about a patient, please contact your local respiratory service for further advice.

4.0 Results FAQs

4.1 What is the turnaround time for spirometry?

The turnaround time will vary depending on your geographical location and hospital. The average turnaround time for routine spirometry will be 8 weeks.

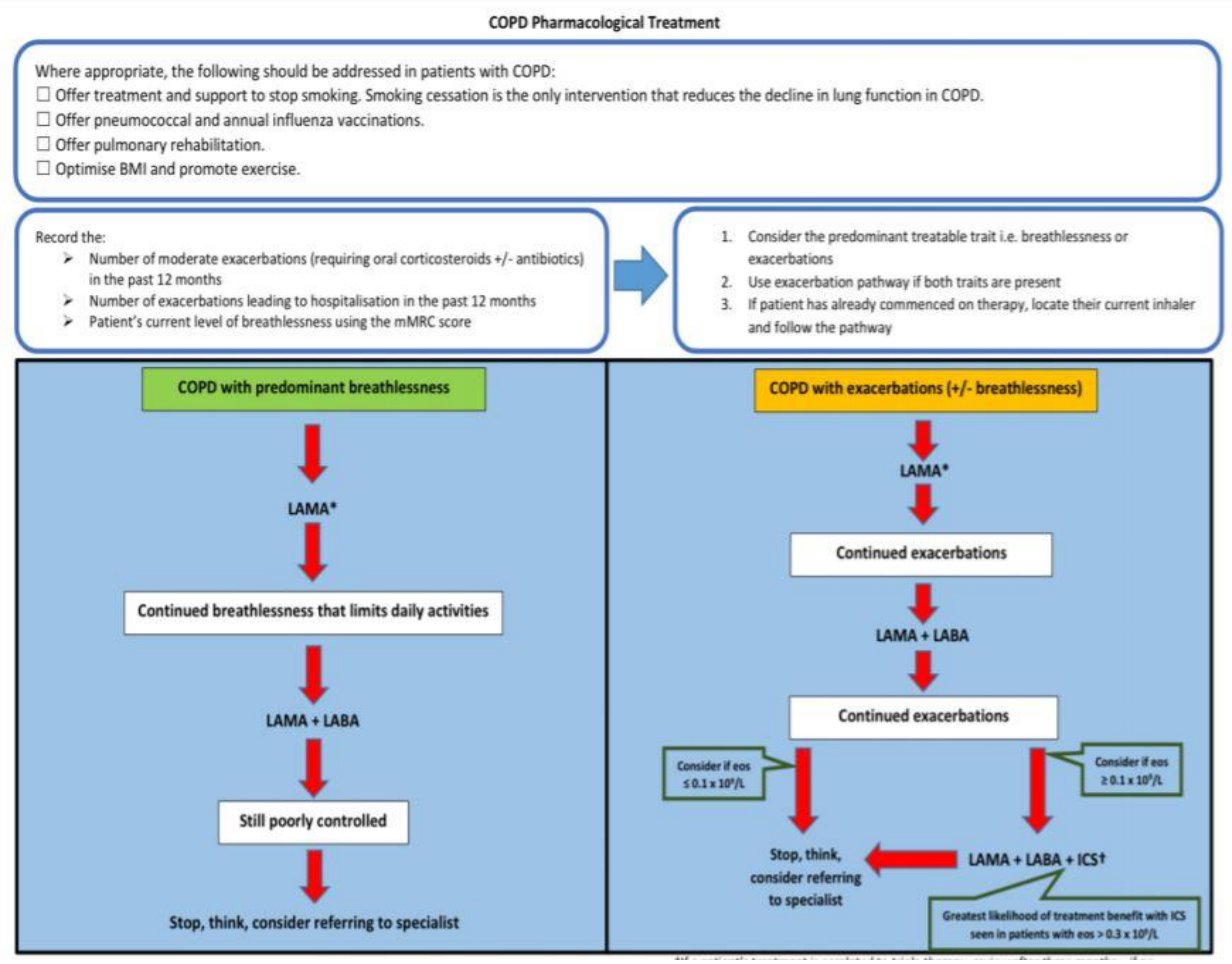
4.2 How will I receive the spirometry result?

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 spirometry 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 confirmed diagnosis of COPD in primary care, please see algorithm and information below (Figure 1) for further information. Please refer to the GP Quick Reference Summary for Chronic Obstructive Pulmonary Disease and GP Asthma - Diagnosis, Assessment and Management in General Practice Quick Reference Guide the End to End COPD Model of Care and the End to End Asthma Model of Care for more detailed information.

Figure 1



Other useful links

GOLD guidelines for COPD and the GINA guidelines for asthma are available for further reading.

Flow Chart: Patient pathway Direct GP Access Spirometry +/- Reversibility Service

The Spirometry+/- reversibility 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.

DIAGNOSIS

One appointment to include spirometry +/- reversibility testing may be arranged to confirm diagnosis if adult patient presents to GP practice with new onset symptoms suggestive of COPD or Asthma

OR

Confirmatory Spirometry

One appointment to include spirometry +/- reversibility testing will be facilitated per CDM Programme GP registration visit for COPD or Asthma, *but only if specifically clinically indicated* to A) confirm previous clinical diagnosis *where spirometry not previously performed or* B) to clarify previous *uncertain* original spirometry-based diagnosis

GP assessment shows patient fulfils criteria, GP feels spirometry +/- reversibility is clinically indicated for further investigation of suspected/previously diagnosed COPD/asthma

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

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.

Physiologist performs respiratory / history questionnaire assessment:

- CAT & mMRC or ACT questionnaires completed as appropriate
- Check for contraindications

Physiologist performs spirometry +/- reversibility as appropriate according to ATS/ERS 2019 guidelines

Physiologist interpretation/clinical decision/further referrals

- **Physiologist** reviews and reports results & sends the report to GP as per local protocol.
- **Physiologist** liaises with the Consultant and/or HCPs regarding onward referral to other services provided by the ambulatory care hub and/or PFT Laboratory if clinically indicated.

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

Patient does not consent to Spirometry

Diagnostic Administrative Staff documents & returns referral letter to GP

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

Diagnostic Administrative Staff documents & returns referral letter outlining DNA x1 or cancelled x2 to GP

Flow Chart: Patient pathway Direct GP Access Spirometry +/- Reversibility Service

The Spirometry+/- reversibility 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.

DIAGNOSIS

One appointment to include spirometry +/- reversibility testing may be arranged to confirm diagnosis if adult patient presents to GP practice with new onset symptoms suggestive of COPD or Asthma

OR

Confirmatory Spirometry

One appointment to include spirometry +/- reversibility testing will be facilitated per CDM Programme GP registration visit for COPD or Asthma, *but only if specifically clinically indicated* to A) confirm previous clinical diagnosis *where spirometry not previously performed or* B) to clarify previous *uncertain* original spirometry-based diagnosis

GP assessment shows patient fulfils criteria, GP feels spirometry +/- reversibility is clinically indicated for further investigation of suspected/previously diagnosed COPD/asthma

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

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.

Physiologist performs respiratory / history questionnaire assessment:

- CAT & mMRC or ACT questionnaires completed as appropriate
- Check for contraindications

Physiologist performs spirometry +/- reversibility as appropriate according to ATS/ERS 2019 guidelines

Physiologist interpretation/clinical decision/further referrals

- **Physiologist** reviews and reports results & sends the report to GP as per local protocol.
- **Physiologist** liaises with the Consultant and/or HCPs regarding onward referral to other services provided by the ambulatory care hub and/or PFT Laboratory if clinically indicated.

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

Patient does not consent to Spirometry

Diagnostic Administrative Staff documents & returns referral letter to GP

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

Diagnostic Administrative Staff documents & returns referral letter outlining DNA x1 or cancelled x2 to GP

How do I make an appointment?
Patients must be referred by a doctor, or their GP for a Spirometry assessment. Patients must have an appointment in order to have their tests performed, a walk-in service is not provided.

When can testing be performed?
The testing dates & times areas:

_____
_____
_____
.
Appointments are given according to availability. When you arrive for your appointment please check in at reception and you will be directed to your appointment from there.an.

Welcome to …….

We provide many services for people with breathing concerns including spirometry testing for GP patients.

Spirometry Test Location

Your test will be performed at

_____
_____

Car parking is available at

_____
_____

Public Transport

_____
_____

Please contact the Respiratory Physiologist at:

_____

if you have any queries regarding your appointment.

IICMS

NATIONAL CLINICAL PROGRAMME RESPIRATORY

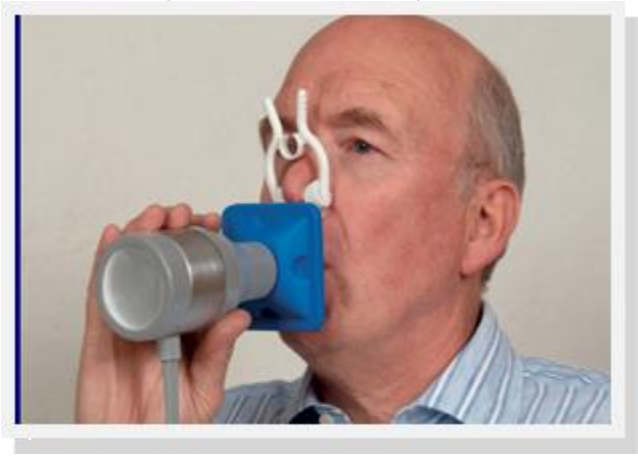
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

UNDERSTANDING YOUR SPIROMETRY TEST

This factsheet aims to give you information about what a spirometry test is and how it is done.

What is Spirometry?

A spirometry test measures how healthy your lungs are and can be used to help diagnose and monitor lung conditions. It can help determine the cause of shortness of breath and/or wheeze, which is often present in many lung diseases such as asthma, bronchitis or emphysema and COPD (smoking related diseases). Many of these lung diseases can be treated successfully if detected early.



courtesy https://vitalograph.ie

During the Spirometry test you will breathe out as much air as you can, as hard and as fast as you can into a device called a spirometer. (See picture)

The Respiratory Physiologist or a certified health care professional will instruct you clearly on how to perform this test. The Spirometry test will not cause you any pain, but it does require a lot of effort so you might feel a bit tired afterwards, as you would after some exercise.

How do I Prepare for a Spirometry Test?

Please refrain from the following before attending for your Spirometry Test:

- Performing vigorous exercise **30 minutes** prior to the test (e.g. cycling, running etc.)
- Smoking within **one hour**
- Eating a large meal within **2 hours**
- Consumption of alcohol within **4 hours**
- **Please check your appointment letter for information on taking inhalers prior to the test.**
- **Do not take any inhalers** before the test but please bring them with you so you can take them after if needed
- If you become breathless or feel unwell please take your inhalers and contact us to reschedule your appointment.

What happens if your test results look abnormal or if you have a lung condition?

Your respiratory physiologist or health care professional may ask you to inhale a medication that helps with breathing, wait 10-15 minutes and then repeat the test. This helps them to see whether any damage to the lungs is reversible and whether a prescription for an inhaler is likely to improve your breathing**.**

Understanding the results

Your GP or Consultant will use your results to decide how well your lungs are working. This will be used along with other clinical tests to give a fuller picture of your lung health. If you already receive treatment for asthma or COPD (such as an inhaler) the spirometry test can be used to check the treatment is helping your lungs to work as well as possible.

Results of a Spirometry assessment can sometimes indicated that you need to be referred to a hospital for additional lung function testing.

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 <u>not recommended</u> 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.

4.2How 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.

4.3The 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 ManagementModel 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

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

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

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

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

Flow Chart: Patient pathway 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

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

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

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

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

07/11/2023
Version 2

National
Heart Programme

Understanding your echocardiogram (echo) test

This factsheet aims to give you information about what an echo test is and how it is done.

An echocardiogram is often called an “echo” for short. There are a few different types of echo tests but the most common type is a transthoracic echo. This leaflet provides information on transthoracic echo tests only. For information on other types of echo, please talk to your doctor or cardiac physiologist.

What is an echo?
An echo is a type of ultrasound scan, which gives your doctor information about the structure of your heart and its surrounding vessels. It is also useful to look at how your heart pumps and fills. Your doctor may refer you for an echo if they need further information about the structure of your heart or to understand how well your heart is working. This information will help your doctor decide on the best possible treatment for you.

What is an echo used for?
An echo will give your doctor more information to help them decide on the best course of treatment for you. An echo can help detect the following conditions:

- Heart failure
- Damage or scarring to your heart muscle or the function of your heart if you have had a heart attack in the past
- Problems with the structure or function of the valves in your heart
- Problems that have been present since birth that affect how well your heart works
- Enlarged heart or increased heart muscle thickness
- Infection of the valves of your heart

How is an echo done?
An echo is usually performed in a hospital or in a primary care centre by a healthcare professional known as a cardiac physiologist or a cardiologist.

You will usually be asked to lie down on a bed with the clothes covering the top half of your body removed. You will be given a blanket or gown to cover yourself during the echo. Small stickers may be placed on your chest. These stickers are used to monitor the rhythm of your heart during the echo. The echo is then performed by putting some gel on your chest and simply placing a probe on your chest to give some moving pictures of the inside of your heart and the surrounding blood vessels. An echo is a similar test to one used to scan babies before they are born. Generally an echo is painless. However, you may feel some pressure on your chest as the healthcare professional tries to get the best possible picture. Unlike an xray, no radiation is used during an echo and is totally safe during pregnancy.

How do I prepare for an echo?
You do not need to do anything to prepare for your echo. Please take your medicines as normal on the day of your test, as advised by your doctor. You do not need to fast on the day of your test.

An echo test will usually take about 30 minutes and you can usually go home soon after it is finished.

National
Heart Programme

Understanding my results

Once your echo has been completed, it will be reviewed by a cardiologist or cardiac physiologist. A written report will be sent back to the doctor that referred you for the echo test. The results of the test will be discussed with you by your doctor at your next appointment. Your doctor will use the results to decide on the right treatment for you.

How do I make an appointment?

Patients must be referred by a doctor for an echo. Patients must have an appointment in order to have their echo performed, a walk-in service is not provided.