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NHS England

Guidance on completing the ‘diagnostic waiting times and activity’ monthly data collection

Annex C: DM01 Guidance for echocardiography

1 August 2023

Introduction

The National Physiological Science Transformation Programme has developed this guidance with the support of the Cardiac Transformation Programme to set out how activity and waiting times for echocardiography should be reported in the DM01 return. This standardisation will inform where improvement efforts need to be focused and ensure equitable access to echocardiography services for patients in England.

All trusts and services that provide NHS-funded diagnostic echocardiography are mandated to submit a monthly return of their activity and waiting times.

DM01 reporting of **activity** and **waiting times** for echocardiography shows significant increases in activity, but some trusts have still to fully recover their service after the height of the COVID-19 pandemic. The operational standard is a diagnostic echocardiography within 6 weeks of request and a service is deemed to be in breach of this standard if more than 5% of patients are waiting longer than this.

Discussions with regions and cardiac networks have also revealed widespread variation in how activity and waiting times are recorded for echocardiography services at a system and service level.

If you have any questions about this guidance, please contact england.pmprogramme@nhs.net

Principles

All relevant NHS-funded echocardiography tests must be included in the monthly return irrespective of referral route (a GP referral, a hospital-based clinician referral or other route) and setting in which they are carried out (outpatient clinic, inpatient ward, imaging department, primary care one-stop centre, catheter laboratory, etc).

NHS patients assessed in the independent sector should be included.

Private patients having diagnostics performed in the NHS should not be included.

The DM01 collection records two sets of data:

1. Diagnostic activity – How many tests have been delivered for all patients during the month of review?
2. Waiting times – How long are patients waiting for their test on the last day of the month of review?

Variation has been identified in how patients who have a planned wait for their diagnostic echocardiography are recorded. Patients whose clinician requests deferral of the test for a period of time, eg 6 months for surveillance, **should not** have their waiting time recorded. However, if the patient waits longer than this planned period (beyond 6 months in this example), then the time waited beyond the plan must be recorded. The Waiting times section below provides more detail.

Diagnostic activity

Count each echocardiogram carried out in the month in review as one unit of activity. If a patient has a repeat echocardiogram on the same day, then count this as two units of activity.

Examples

1. If a patient has an angiography followed on the same day by an echocardiogram, these are counted as two sets of activity. Record the echocardiogram as a unit of activity.

2. A patient has two echocardiograms on the same day, eg before an interventional procedure and a follow-up echocardiogram after the procedure to check if the procedure has been successful. Record this as two units of activity.

3. A patient has both a trans-thoracic echocardiogram and a stress echocardiogram on the same day. Record this as two units of activity.

4. A patient has several echocardiograms but these are performed on different days, eg one echocardiogram preoperatively on admission to hospital, one as part of the transcatheter aortic valve implantation (TAVI) procedure and one before they are discharged. Each scan should be recorded as a separate unit of activity.

Each unit of activity should be recorded in one of the following ways (summarised in Figure 1):

- **Waiting list tests**

  In the month in review count the number of echocardiograms that were carried out for patients who had been waiting on a waiting list. Include all relevant tests irrespective of referral route (GP referral, hospital-based clinician referral or other route) and setting (outpatient clinic, inpatient ward, imaging department, primary care one-stop centre, catheter laboratory, etc.).

  Patients will be added to a waiting list in the following circumstances:

  1. A GP has referred the patient for a new diagnostic echocardiogram.
  2. A hospital-based consultant has referred the patient for a new diagnostic echocardiogram.
  3. A hospital-based consultant has referred the patient for a follow-up diagnostic echocardiogram and the patient has waited for this beyond the requested appointment time. For example, if a clinician sees the patient on 1 February and requests a repeat echocardiogram in 6 months' time, but this test is not completed by 1 August, then the patient is now waiting and on an active waiting list. If the echocardiogram is completed during the month in review, then this will be classed as waiting list activity.

- **Planned tests/procedures (surveillance)**

  In the month in review count the number of echocardiograms that were carried out as part of a treatment plan, and as such were required within a specific timeframe or to be repeated at a specific frequency. Include all relevant tests irrespective of referral route (GP referral, hospital-based clinician referral or other route) and setting (outpatient clinic, inpatient ward, imaging department, primary care one-stop centre, catheter laboratory, etc).

Examples of patients on treatment plans

1. A patient who has been diagnosed with a heart condition requires a repeat echocardiogram following 6 months of treatment.
2. A patient who is on a treatment that can affect heart function (eg Herceptin for breast cancer) requires a check of their heart function in 3 months' time.
3. A patient who is discharged from hospital requires an echocardiogram in 6 weeks, before they next see their doctor as an outpatient.

- **Unscheduled tests/procedures**

  In the month in review count the number of unscheduled echocardiograms carried out during an inpatient admission as well as any echocardiograms performed on patients in A&E.

  Any echocardiogram carried out on an inpatient who has been admitted primarily for an operation or therapeutic procedure should be reported as diagnostic activity in the 'unscheduled' column of the pro forma.

Examples of unscheduled echocardiograms

1. An echocardiogram for a patient who has been admitted to the ward.
2. An echocardiogram for a patient who has been transferred to the intensive care unit from another ward or theatres.
3. An echocardiogram for a patient who has presented to A&E.
4. A patient is sent to the catheter lab following a non-elective admission (eg for primary percutaneous coronary intervention or a valve intervention) and an echocardiogram is performed to ensure the intervention has been successful.
5. A patient requiring an echocardiogram for any suspected postoperative complication.
6. A patient who is seen by a cardiologist in outpatients is referred for a therapeutic intervention, eg a transcatheter aortic valve implantation (TAVI) or mitral valve clip procedure, in 4 weeks' time. An echocardiogram is performed during the procedure to ensure the intervention has been successful.
7. A patient is referred for a procedure such as an atrial septal defect, patent foramen ovale or ventricular septal defect closure. An echocardiogram is performed during the procedure to ensure the intervention has been successful.

Diagnostic waiting times (see Figure 2)

The Diagnostic Waiting Times Standard for echocardiography relates to both the acquisition and reporting of the echocardiogram. Additionally, it is not considered good clinical practice to acquire successive echocardiography studies and then block report on these later.

Who to include

Include all patients who are waiting for an echocardiogram at the end of the **last day** of the month in review, irrespective of referral route (GP referral, hospital-based clinician referral or other route) and setting (outpatient clinic, inpatient ward, imaging department, primary care one-stop centre, catheter laboratory, etc).

Examples

1. A new patient who has been referred for an echocardiogram and has yet to have this at the end of the month in review should be counted on the waiting list.
2. A patient who is waiting for a planned (surveillance) echocardiogram and whose wait at the end of the month in review has gone beyond the planned time should be counted on the waiting list. For example, a doctor sees a patient on 1 February and requests a repeat echocardiogram within 6 months. On 1 August, 6 months later, that echocardiogram has not been performed and the patient is now waiting for their investigation. On 31 August, the month in review, the patient should be counted on the waiting list and every month thereafter until the echocardiogram is performed.
3. An inpatient who requires an echocardiogram may be added to the waiting list to receive this (with the exceptions identified below). However, those who are medically fit for discharge should not be kept in hospital for the sole purpose of having an echocardiogram. Instead, the echocardiogram should ordinarily be requested for outpatients. The clock will start when the request is made and stop once the echocardiogram is performed.

Who to exclude

Do not include waits for an echocardiogram where:

- The patient is waiting for a **planned** (or surveillance) echocardiogram and is recorded on a planned waiting list. For example, a patient was seen in May and the consultant requested an echocardiogram in 6 months' time; if the month in review is August, this patient will be on a planned waiting list and **should not** be included as a patient who is still waiting to receive their echocardiogram.

- The patient has been admitted to a hospital bed and is waiting for an emergency or unscheduled echocardiogram as part of their inpatient treatment. While inpatients are expected to have diagnostic assessments as part of their care in hospital, these should not be the primary reason for their continued stay in hospital. However, if they are, the patient should not be counted on the waiting list and the activity for these investigations should be recorded as ‘unscheduled’.
- Patients who are waiting for a therapeutic intervention, such as an operation, and may require a routine echocardiogram following their admission. The wait is primarily for the intervention, not the echocardiography scan.

Questions about the waiting list

Do we need to record the waiting times for an unscheduled test?

If a patient is waiting to be admitted for a procedure that requires an echocardiography test, the waiting time for that test does not need to be recorded because the wait is primarily for the procedure. The **activity** for the echocardiography should be recorded as ‘unscheduled’ once it has been performed.

What if a follow-up/surveillance patient does not have a request for an echocardiogram on a specific date?

If a patient needs an echocardiogram on an ad-hoc basis, eg should their symptoms deteriorate, they will only be added to the waiting list once the decision is made to refer them for a test.

How should we record waiting times for echocardiograms that are outsourced to another provider?

The trust with overall clinical responsibility for the patient should hold the waiting time clock. This tends to be the host trust. So where Trust A has outsourced its echocardiography service to Trust B, it should continue to be the trust that reports patients on its waiting list.

Do we need to record the waiting times for a patient who requires an echocardiogram after they have been discharged from hospital?

If following an inpatient or day patient procedure the next available appointment for an echocardiogram as an outpatient is requested, the patient should have their waiting time recorded. The clock starts when the request is raised and stops when the test is performed. If the resource becomes available for the patient to have the echocardiography test while they are still in hospital, then the clock will stop once the test is performed.

If the clinician requests the test is deferred for a period of time, eg 8 weeks, the waiting time does not need to be recorded as this is a planned wait. If the patient has to wait

beyond the specified timeframe (8 weeks in this example), the waiting time will be recorded once 8 weeks have elapsed and the clock will start. The clock stops once the test is performed.

How to count the waiting time

For each patient still waiting, report their length of wait in weeks on the **last day** of the month in review.

To measure the waiting times for patients newly referred to the service:

- The clock starts when the referring GP, hospital-based clinician or healthcare specialist requests an echocardiogram.
- The clock stops when the person has the echocardiogram.

To measure waiting time for a patient who is having a repeat (surveillance) echocardiogram:

- The clock starts as soon as the timeframe the referring doctor requested for the test is exceeded. For example, if a doctor sees the patient on 1 January and requests an echocardiogram within 6 months, the clock starts on 1 July. At the end of August, the month in review, the patient will have been waiting for 8 to <9 weeks.
- The clock stops when the patient has the echocardiogram.

In line with Department of Health and Social Care RTT guidance, if the patient cancels or misses an appointment for the echocardiogram, the clock is stopped, and the waiting time is set to zero. It starts again from the date of the missed appointment. All efforts should be made to see the patient as soon as possible especially where there is a clinical urgency and ideally before their timed pathway milestone.

If there was a significant technical challenge when performing the echocardiogram but the patient still intends to have the test and, for example, returns a week after their original appointment time, the clock is not reset. If this results in a breach of the 6-week standard, this is considered to be within tolerance. An example of a technical challenge is the patient having a physical impairment on the day of their appointment, such as bruised ribs, which prevents the scan from being completed that day.

In line with Department of Health and Social Care RTT guidance, if a patient turns down reasonable appointments – that is, two separate dates at 3 weeks' notice, then the diagnostic waiting time for the echocardiogram can be set to zero from the first date

offered. All efforts should be made to see the patient as soon as possible especially where there is a clinical urgency and ideally before their timed pathway milestone

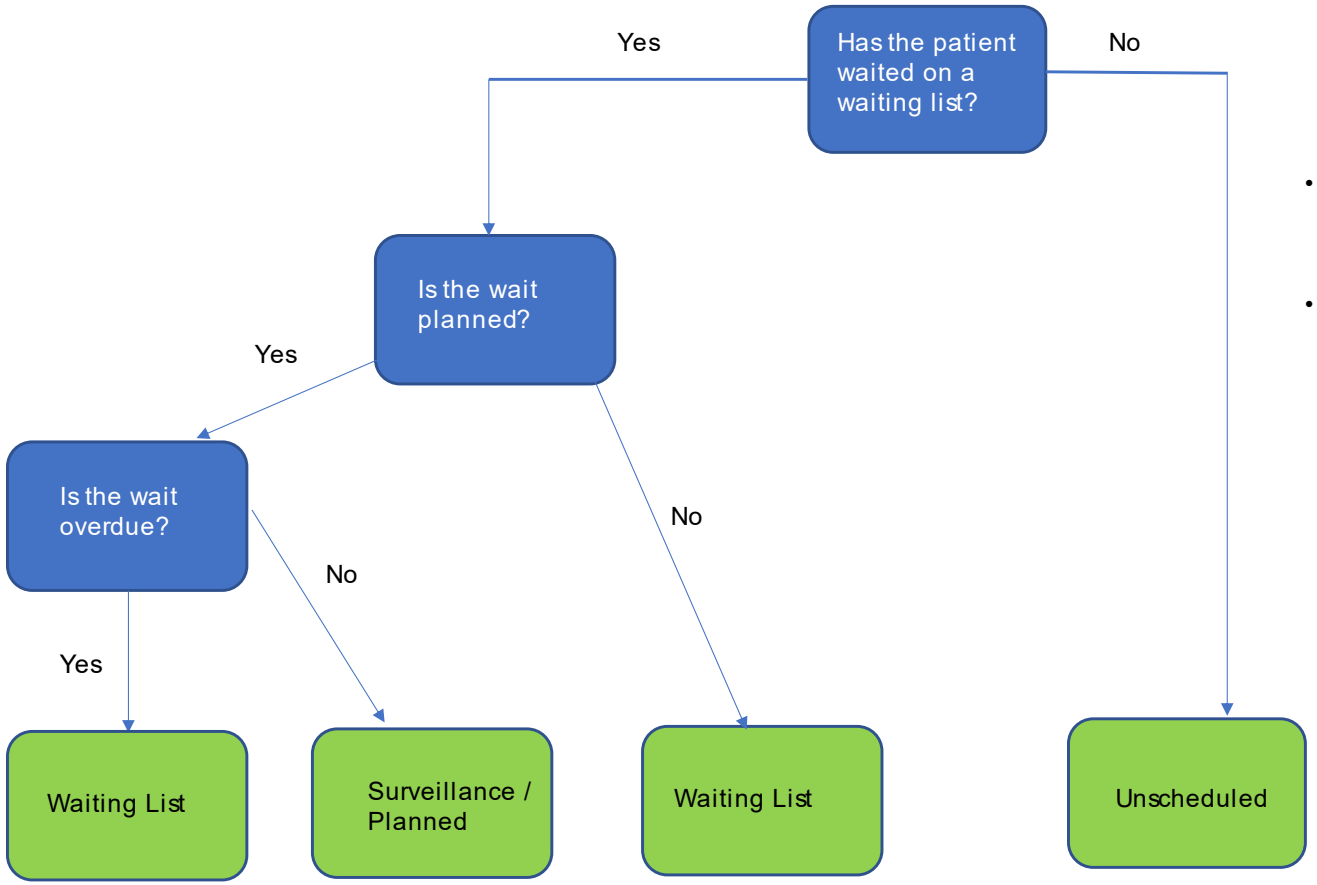
If a patient repeatedly fails to attend for their echocardiogram, then the provider must decide when the appropriate time is to discharge the patient back to the care of their GP or referring consultant and remove the patient from any waiting list, informed by clinical judgement.

Patients waiting for an echocardiogram and another diagnostic test

If a patient is waiting for an echocardiogram and another diagnostic test, eg a lung function test, to check for the cause of breathlessness, then the waiting time for the echocardiogram should be reported separately from that for the lung function test.

If a patient requires an echocardiogram to ensure they are fit to proceed with another diagnostic intervention, eg an angiogram, then the waiting time for the echocardiogram should be reported separately.

Figure 1: Recording echocardiography activity in DM01



- All patients seen in an emergency setting and inpatients seen for echocardiography as part of their treatment should be classified as "unscheduled"
- Any patient that is referred for an immediate echocardiogram, for example on the same day following an outpatient appointment, this should be classed as "waiting list" (the patient has waited 0 days)

Figure 2: Recording echocardiography waiting times in DM01