Royal Devon University Healthcare NHS Foundation Trust

Ambulatory Cardiac Monitoring

Reference Number: F4913
Date of Response: 19/10/2022

Further to your Freedom of Information Act request, please find the Trust's response, in **blue bold text** below:

Royal Devon's Eastern FOI Office Response

1. Can you confirm which modalities the hospital has at its disposal for ambulatory cardiac monitoring ie how many Holter Monitors does the hospital own or Zio Patch etc?.

   Holter: 37 . Zio: 100+ via elective recovery funding (i.e. temporary source of funding)

2. In the financial year 2020/2021 how many referrals from primary care were received for cardiac rhythm monitoring?.
   The Trust can confirm that the information requested in question 2 is held by the Trust. The Trust has considered your request. However, cardiology tests requested by GP's are added onto the Trust's EPR (EPIC) system. Due to the way GP requests for cardiology tests are added onto Epic, it is not possible to identify the volume of GP requested tests without manually reviewing every referral. This would exceed the hours required as would require the manual extraction and manipulation of information from various sources. To carry out this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

   Under the Freedom of Information Act 2000 Section 12 (1) and defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004, a public authority is not obliged to comply with a request for information if it estimates that the cost of complying would exceed the appropriate limit. The limit of £450 represents the estimated cost of one person spending two and a half days in determining whether the Trust holds the information, locating, retrieving and extracting that information.

3. a) Can you provide the costs of each modality i.e. for Holter Monitoring, please provide the number of Holter Monitors, Zio patch etc at the Hospital,.
   The Trust can confirm that we hold this information. However, this information is commercially sensitive and its release would, or would be likely to prejudice the commercial interests of the Trust.
   In applying the exemption under section 43(2) the Trust has had to balance the public interest in withholding the information against the public interest in disclosure. The Trust has considered all the relevant factors in the public interest test and has reached the conclusion that the benefit to the public in applying the exemption outweighs the public interest in releasing the information requested, as a result of the

prejudices and losses that would potentially affect the Trust and patients. The release could jeopardise the company's future positions, which would cause a detrimental knock on effect on the market place, and would potentially limit the choices available to public authorities, including the Trust. This would potentially threaten the quality of products and services available to the Trust. The Trust considers that it is not in the public interest to do anything to undermine the competitive nature of the procurement process, and the disclosure of key information, as has been requested, could have that affect. The Trust believes that the consequences of releasing the information are serious and the likelihood of this occurring is high.

Therefore in conclusion, the Trust has reached the decision that the release of the information requested would be likely to be prejudicial to the commercial interests of the company concerned and the Trust, and that the public interest in withholding the information is greater than the public interest in releasing the information, and as such the information is being withheld under section 43 (2) of the Freedom of Information Act.

b) the purchase cost of each Holter Device, any costs associated with maintenance of the monitor such as, battery replacement, servicing etc.?.

Holter devices are reusable devices. The Trust is not able to respond accurately as we would need to review manual records of how many times these devices were not returned or had repair costs. Again, this is not data that we ordinarily keep in a ready to analyse format. To carry out this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

4. In the financial year 2020/2021 how many patients received ambulatory heart monitoring at 24h, 48h, 7days and 14days?

Years	Number of Attendances for Ambulatory Heart Monitoring			
	24 hours	48/72 hours	7 Days	Grand Total
2020	165	71	46	282
Nov	83	39	24	146
Dec	82	32	22	136
2021	390	132	79	601
Jan	106	34	21	161
Feb	126	46	27	199
Mar	158	52	31	241
Grand Total	555	203	125	883

Total: 883. All attendances (patient may appear more than once)
0 patients recorded for 14 days.

Caveats:

a. **Data is extracted from attendances between 01 November 2020 to 31 March 2021. This date range covers data that is available to us.**
b. **The Trust has only counted first attendances**
c. **Only includes appointments actually attended by patients**
d. **The Trust systems cannot distinguish between 48 or 72 hours.**

5. In the financial year 2020/2021, how many patients were monitored using each modality i.e. ECG, Holters, Zio, Bardy etc?

   Modality:

   HOLTER - 906 patients between 01 November 2020 to 31 March 2021. This date range covers data that is available.

6. In the financial year 2020/2021 what was the total yearly NHS cost per patient undergoing ambulatory heart monitoring?.
   The average cost per patient for the full financial year 20/21 is £100.24.

7. What is the average time from clinician receiving ECG data to patient prescribing?

   It is not possible to obtain this information for the following reasons:
   a. **ECG requests for patients come via the GP, and the results are sent back to the GP so we cannot determine when a treatment decision was made.**
   b. **For internal decision/monitoring by one of our consultants, the result can be given in the form of a letter hence, it is not possible to know if a prescribing decision was made.**