SCHEDULE 2 – THE SERVICE

1. **Service Specification**

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| **Service Specification No.** |  |
| **Service** | 12-lead Electrocardiography (ECG) & Interpretation Service across Merton and Wandsworth |
| **Commissioner Lead** | Kemi Eniade – Commissioning Manager |
| **Provider Lead** | tbc |
| **Period** | April 2020 – March 2023 |
| **Date of Review** |  |

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| **1**. **Population Needs** |
| * 1. **National Context**   The 12-lead ECG is a non-invasive test used in the management of confirmed or suspected cardiovascular diseases It can be performed safely by healthcare professionals with appropriate training.  ECGs are used in a variety of situations in general practice to support patient care. Commonly this will include investigation of new symptoms such as palpitations, chest pain, dizziness or shortness of breath. In addition the test is used to investigate patients with hypertension, and to monitor patients taking cardio-toxic medications.  Atrial Fibrillation (AF) is the most commonly sustained adult cardiac arrhythmia. There is currently over 1 million people diagnosed with AF in the UK, with many more (25-30%) who are thought to have the condition without it being diagnosed yet. The prevalence of AF increases with age, and to more than 15% in those aged 75 years and over. AF increases the risk of death, stroke, thromboembolic events, heart failure, vascular dementia, hospitalisations, reduced quality of life and diminished exercise capacity.  NICE guidelines for the management of Atrial fibrillation (CG180)[[1]](#footnote-1) advises that manual pulse palpation must be performed to assess the presence of an irregular pulse that may indicate underlying atrial fibrillation in people presenting with any of the following:   * breathlessness/dyspnoea * palpitations * syncope/dizziness * chest discomfort * stroke/transient ischaemic attack   1. **Local Context**   A locally commissioned service to support the provision of electrocardiograms within primary care will deliver improved outcomes for the patient population. It further supports the three pillars of atrial fibrillation management, DECTECT, PROTECT & PERFECT which the CCG is committed to improve.  The proposed service will support GP practices in their delivery of care, support the provision of early reassurance to patients in GP Practices, provide early identification of rhythm abnormalities and ensure there is avoidance of unnecessary referrals to secondary care. This approach is in line with the current CCGs commissioning intentions to provide better access to services including care closer to home, earlier diagnosis, avoidance of unnecessary hospital attendance and integrated care.  The service will also help GP practices manage hypertension, new onset angina and ensure safe prescribing.  GP Practices will offer standardised and clinically effective primary care ECG service to their registered population which complies with the standards set out by the Clinical Guidelines by Consensus – Recording a standard 12-lead electrocardiogram (British cardiovascular society)[[2]](#footnote-2) .  It is expected that in almost all cases, ECGs will be provided within a practice setting, although GP practices may have a requirement to arrange to provide ECG monitoring to certain patients within the domiciliary setting – such as in patients’ own homes, or within residential settings such as care homes.  Across both Merton CCG and Wandsworth CCG, practices have formed Primary Care Networks (PCNs) which has continued to evolve and will develop into an effective collaborative entity working across a range of health and social care partners to improve patient care. |
| **2**. **Outcomes** |
| **2**.**1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | Domain 1 | Preventing people from dying prematurely | **X** | | Domain 2 | Enhancing quality of life for people with long-term conditions | **X** | | Domain 3 | Helping people to recover from episodes of ill-health or following injury |  | | Domain 4 | Ensuring people have a positive experience of care | **X** | | Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | **X** |   **2**.**2 Local defined outcomes**   * Support GP practices to the reduce the number of patients referred to secondary care for ECGs * Delivering comprehensive, equitable and convenient care (right place, right time) * To support GP practices to offer a patient focused, clinically effective and efficient service in support of delivering timely diagnosis and treatment in accordance with local and national targets * Responsive and effective ECG reporting into GP practice information systems |
| **3**. **Scope** |
| The Service will support and enable primary care practices to use 12-lead ECG as a diagnostic tool in the management of confirmed or suspected cardiovascular disease in primary care settings.  3.1 **Aims and objectives of service**  This service specification aims to:   * Assist GPs in making appropriate diagnosis and treatment of cardiac conditions in primary care settings. * Assist GPs in managing patients in a primary care setting and avoiding unnecessary referrals * Improve the detection of atrial fibrillation in primary care. * Ensure safe monitoring and prescribing.   3.2 **Service description/care pathway**  Actual ECG testing will be delivered at practice level by GP practice teams in suitable locations expected to be within the practice premises but may also include supporting patients within a domiciliary and/or residential setting. This element is outside the scope of the contract, i.e. is delivered by GP practices.  The elements of service to be delivered by the provider consists of 3 elements:   * (a) Provision of ECG equipment * (b) Staff training * (c) ECG interpretation and reporting   Note: Merton and Wandsworth CCGs have different requirements, based on the expectation that Wandsworth CCG GP practices will continue to procure and maintain their own ECG equipment. Additionally, a proportion of ECG interpretation within Wandsworth will be completed by GP practice staff themselves, with a reduced volume of ECG traces requiring interpretation and reporting by the provider. The following table sets out relevant indicate metrics.   1. ECG Equipment (Merton only)   The ECG diagnostic service provider will provide the ECG monitoring equipment for GPs, including the provision of consumables.   1. Staff Training (both CCGs)   The provider will provide training and support to primary care staff (nurses, healthcare assistants, GPs) who will be expected to carry out ECG tests. Training will include safe requesting and dealing with abnormal results.  (c) ECG Interpretation & Reporting Service (both CCGs)  The GP practice staff will be responsible for setting up ECG sensors, taking measurements and transmitting measurements to the ECG service provider.  The ECG diagnostic provider shall deliver an electronic written interpretation service for any adult ECGs undertaken and transmitted by primary care practices. The electronic report must be compatible with primary care clinical IT systems (both EMIS and Vision as relevant to each GP practice) to allow for efficient integration into the patients record.  The interpretations are to be made by a registered clinician (cardiac physiologist/cardiologist) with expertise in ECG interpretation.    The ECG interpretative report should include a risk rating, including red flags for clinically urgent cases, together with a copy of the ECG graph reading and clinical interpretative notes. In cases of onward referral to a cardiology outpatient appointment, the service provider will also make available an electronic file of the ECG trace recording on request to the secondary care cardiology department. The service provider should hold documentation and traces for five years. The enhanced ECG reports should be similar to the quality of reports practices currently receive from the Nelson.    The written interpretation report will be sent electronically to the referring practice for normal results and non-urgent patients. For patients who could be at clinical risk with abnormal investigation results, the report should also be phoned through and sent to the practice performing the ECG. The electronic report should be emailed to GP practices’ generic or specified email address rather than the referring GP.  **Relevant metrics are shown below:**   |  |  |  | | --- | --- | --- | |  | Merton CCG | Wandsworth CCG | | Number of GP Practices | 22 | 40 | | Number of Primary Care Networks (PCNs) | 6 | 9 | | Registered population (March 2019) | 223,000 | 410,000 | | Expected number of ECG machines to be provided | 22 | N/A | | Expected number of ECG interpretations to be reported by the provider back to GP practices:   * Year 1 (2020/21) * Year 2 (2021/22) * Year 3 (2022/23) | 4,291  4,394  4,499 | 496  510  524 |   3.3 **Population Inclusion**  Acceptance criteria   * When cardiac disease is suspected, and an ECG is clinically indicated. * When it is indicated as part of a patients’ routine assessment for a long-term condition or for an on-going review. * Routine ECG recording for the diagnosis and management of Atrial Fibrillation. * ECG monitoring for interpretation will be forwarded to the provider by GP practices specifically included within scope of the contract.     Exclusion criteria   * ECGs are not required for routine medicals and medical certificates. * ECGs are not to be performed as part of a pre-operative assessment. * ECGs is not provided to patients under the age of 18 years old.   3.4 **Training, Skills and Experience**  The interpretations are to be made by a registered clinician (cardiac physiologist/cardiologist) with expertise in ECG interpretation. The Provider must ensure that there is appropriate support and supervision available for those providing the service.  3.5 **Equipment**   * Installation, Testing and Calibration - The Provider will be responsible for supplying all necessary equipment to deliver the service, installation of the equipment and testing of its functionality during the mobilisation period. The Providers equipment and software must be totally compatible and integrate seamlessly with the GPs IT practice systems and meet NHS IT standards.      * Consumables - The Provider will be responsible for supplying all necessary consumables including patches and leads to deliver the service. The Provider must arrange for timely stock replenishment and delivery of consumables to assure service continuity. The Provider should also provide a quick reference list for Healthcare Assistance and nurses to check the required consumables needed for each ECG setup.      * Equipment Maintenance - The Provider shall make adequate arrangements for a repair/replace facility for all devices, enabling any equipment problems to be resolved within 48 hours by repairing or replacing the equipment.     3.6 **Quality Assurance**  The Provider will work within, and meet the standards of a quality management system, ensuring all standard operating procedures comply with the National minimum standards and regulatory body’s requirements.  3.7 **Key Performance Indicators**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator** | **Target**  **Threshold** | **Frequency of Monitoring** | **Consequence** | |  | **Reporting:**  ECGs have a written interpretation report, ECG graph and includes a risk classification rating. | 100% | Monthly | NHS Standard General Conditions apply | |  | **Turnaround Times:**  Maximum timeframes for simple 12 lead ECG investigations written interpretation reports to be created and sent back to the practice. | 100% within 24-hours | Monthly | NHS Standard General Conditions apply | |  | **Quality Control:**  ECG interpretation to be checked by a second clinicians. | 10% | Quarterly | NHS Standard General Conditions apply | |  | **Quality Control:**  Number of ECGs requiring amendment following checks | 2% | Quarterly | NHS Standard General Conditions apply | |  | **Quality Control:**  Reported disputes around clinical interpretations by secondary care provider | 0.5% | Quarterly | NHS Standard General Conditions apply | |  | **User Satisfaction:**  Number of complaints from GPs in one year | <2% of report delivered by the service | Annually | NHS Standard General Conditions apply | |
| **4**. **Delivery** |
| **4.1 Applicable national standards (e.g. NICE)**  The provider is required to ensure that they have a system in place to ensure that any and all required national standards or clinical guidelines are identified and adhered to in order to deliver a safe, qualitative and effective 12 lead ECG service to patients where required.  Applicable national standards (e.g. NICE)   * GC127: NICE Clinical Guideline on Clinical Management of Primary Hypertension in Adults * CG95 Chest Pain of Recent Onset: Assessment and Diagnosis of Recent Onset Chest Pain or Discomfort of Suspected Cardiac Origin (March 2010). www.nice.org.uk/guidnce/CG95 * CG108 Chronic heart failure. (August 2010) www.guidance.nice.org.uk/CG108 * Clinical Guideline GC180 Atrial Fibrillation: The Management of Atrial Fibrillation (June 2014) http://www.nice.org.uk/guidance/CG180 * CG127 Hypertension; Clinical management of primary hypertension in adults. (August 2011) http://www.nice.org.uk/guidance/CG127     **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**   * Society for Cardiological Science and Technology’s Approve Methodology for Recording a Standard 12-lead Electrocardiogram. |
| 5. **Applicable quality requirements and CQUIN goals** |
| There will be no national or local CQUIN schemes relevant to this service. All CQUIN funding is already included within the local tariff. |
| 6. **Payment** |
| The payment for the services will be via monthly invoicing submitted by the provider to include two elements:   * Monthly/Annual charge for equipment (tbc) * Monthly activity at agreed local tariff for ECG interpretations reported back to the CCGs. Payment will be carried based on activity number.   Invoices will need to be accompanied by disaggregated activity report detailing the breakdown of activity by:   * GP practice * CCG |
| 7. **Location of Provider Premises** |
| tbc |
| 8. **Termination** |
| tbc |

1. https://www.nice.org.uk/guidance/cg180 [↑](#footnote-ref-1)
2. http://www.scst.org.uk/resources/SCST\_ECG\_Recording\_Guidelines\_20171.pdf [↑](#footnote-ref-2)