

## 12 Lead Electrocardiogram (ECG) in Primary Care

<b>Service Specification No.</b>	
<b>Service</b>	12 Lead Electrocardiogram (ECG) in Primary Care
<b>Commissioner Lead</b>	NHS Lincolnshire Integrated Care Board (ICB)
<b>Period</b>	1 <sup>st</sup> April 2023 to 31 <sup>st</sup> March 2024
<b>Date of Review</b>	March 2023

### 1. Population Needs

#### 1.1 Local context

This enhanced service will deliver care and early reassurance to patients in GP practices, provide early identification of rhythm abnormalities and avoid unnecessary referrals to secondary care. This approach is in line with the current ICB Quality, Innovation, Productivity and Prevention (QIPP) programme which aims to provide better access to services, earlier diagnosis, avoidance of unnecessary hospital attendance and integrated care.

The scheme is focused on ensuring that the majority of direct GP referred outpatient ECGs can take place within primary care, offering patients improved access and enhanced continuity of care.

This practice-based ECG service will ensure that all patients who are referred to cardiology services have a current ECG attached to their referral. The ECG will be recorded on a device that meets BTS standards by staff who are appropriately trained. The service will be available in core hours 0800-1830hrs for any patient presenting with a history that requires an ECG.

#### Lincolnshire's Integrated Care System and Integrated Care Board

The NHS Lincolnshire Integrated Care System (ICS) was created on 1 July 2022 following an amendment of the Health and Social Care Act 2006.

The ICS is a partnership that brings together providers and commissioners of NHS services across Lincolnshire with local authorities and other local partners (such as the voluntary sector), to collectively plan health and care services to meet the needs of their population.

The 4 aims of the ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Lincolnshire Integrated Care Board (ICB) is the statutory body within Lincolnshire ICS responsible for the provision of health services, in accordance with the Health and Care Act 2022.

Lincolnshire ICB will use its resources and powers to collaboratively tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as the population ages
- getting the best from collective resources so people get care as quickly as possible

#### Lincolnshire ICB statistics

- Lincolnshire ICB has 82 practices
- The total registered population is 813,240 (as of January 2023)
- The registered population live in 7 different lower tier Local Authorities
- As of 2021, the male average life expectancy in Lincolnshire (78.3 years) is slightly lower than the national average (78.7 years). The average Lincolnshire life expectancy for females is 82.8 years, which is the same as the national average
- The 2021 overall premature mortality rate in Lincolnshire (deaths <75 years per 100,000) is 366.3, which is slightly higher than the national figure of 363.4
- The average level of deprivation in England as of 2019 was 21.7. Lincolnshire ICB as a whole is slightly less deprived than this, at 20.2. However, there are pockets of deprivation across the county that are within the national 20% most deprived areas (mainly around coastal and inner urban areas)

## **2. Outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

Domain 1	Preventing people from dying prematurely	Yes
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	n/a
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	Yes

## **3. Scope**

### **3.1 Aims and objectives of service**

The aim of the service is to provide improved patient access to ECG investigation and timely interpretation of the results in order to provide timely diagnosis and management. Specifically, this relates to:

1. Preventing unnecessary referrals to hospital for 12-lead ECG and delays in interpretation
2. Detecting atrial fibrillation and offer treatment to prevent strokes
3. Detecting people with conduction abnormalities requiring pacemakers
4. Safely monitoring patients taking medication that affects the conduction system
5. Providing timely ECG recordings when people present with palpitations, chest pain, breathlessness or transient loss of consciousness
6. Identifying serious conduction problems in people with transient loss of consciousness requiring urgent referral for pacemakers or further electrophysiological testing

7. Identifying the heart rhythm present when people present with palpitations
8. Providing part of the risk assessment of people presenting with hypertension
9. Screening those people with a family history of sudden cardiac death.

Practice based ECGs will be undertaken according to the patient's clinical condition, clinical judgement and clinical care pathways.

The objectives of providing an ECG service in primary care are to:

1. Establish a 12 lead ECG service in primary care to which every patient in the ICB has access.
2. Identify the training needs of clinical staff in order to perform a 12 lead ECG recording
3. Develop ECG interpretation and reporting either in practice or with the use of telemedicine.
4. Provide necessary investigations prior to patient attendance at outpatient clinics e.g., cardiology/general medical/memory clinics/pre-op assessment

### **3.2 Service description**

The service will provide a 12 lead Electrocardiograph (ECG) intervention and recording. It is envisaged that a few recordings will need specialist interpretation, either through NHS Advice and Guidance or an alternative. If specialist interpretation is needed a brief covering letter giving the clinical background and the RCG should be sent, electronically when possible

To perform an ECG on patients in whom it is clinically indicated:

- When cardiac disease is suspected
- When it is necessary to exclude cardiac disease
- When it is indicated as part of a patient's routine assessment for a long term condition or for hypertension review
- For the initial diagnosis and management of suspected atrial fibrillation.

All equipment must be used in accordance with the manufacturer's guidelines and instructions.

The responsible clinician should have the basic skills needed to interpret a 12 lead ECG including determining whether the ECG is normal or abnormal and decide what further action is required.

All staff interpreting ECGs will be expected to take part in professional development to ensure they are familiar with current best practice.

Patients requiring ECG recording will be offered the service at the GP practice and will not be referred to a secondary care provider for the recording except in exceptional circumstances such as the need to sedate the patient in order to obtain a satisfactory trace.

### **3.3 Population covered**

Patients must be temporarily or permanently registered with a General Practice within the geographical boundary of Lincolnshire ICB.

Patients must meet the acceptance criteria for the service.

### **3.4 Any acceptance and exclusion criteria and thresholds**

NICE recommend doing an ECG in practice for those with chest pain/acute coronary syndrome, which should be sent to hospital in advance of the patient when possible. However, doing the ECG should not delay the transfer to hospital.

### **3.5 Interdependence with other services/providers**

The service is an element of LW locality's cardiology pathway, which includes primary, community and secondary care elements. The provider must ensure effective relationships with all other services within the pathway including but not limited to:

- Onward referrals to be made by the patient's registered GP practice
- Information sharing protocols.

The service forms part of a system-wide service of partnership working between:

- GPs
- Primary health care teams
- Cardiology services
- The voluntary and community sector
- Independent health care providers.

### **3.6 Days/hours of operation**

The service must be available to patients over a minimum of five days per week.

### **3.7 Equipment**

The Provider will be responsible for the purchase and appropriate maintenance of equipment associated with the service. Staff members supporting elements of the service should have appropriate training for the equipment.

### **3.8 Reporting and Audit**

The Provider must ensure that details of the patient's monitoring as part of this service are included in his or her lifelong record. If the patient is not registered for primary medical services with the provider of this service, the provider must send this information to the patient's registered GP for inclusion in their lifelong medical record.

Reporting to include:

- Total number of ECGs undertaken
- Number of patients subsequently referred to cardiology (including through advice and guidance)
- Number of patient ECGs subsequently referred to a specialist for interpretation (including through advice and guidance)

The provider is encouraged to participate and present any clinical research supporting the further development of this service and improvements for patient care.

Providers should record all the required information detailed on the Minimum Data Set (MDS) which will inform a quarterly report. The required reporting template can be found in Schedule 6A of the contract

It is recommended that the practice use the following codes when recording the delivery of this enhanced service.

Procedure	READ codes	SNOWMED codes
ECG - General	321..	29303009

#### 4. Applicable Service Standards

##### 4.1 NICE guidance to be followed

NICE guidelines NG196 updated 30 June 2021

<https://www.nice.org.uk/guidance/ng196>

##### 4.2 Applicable local standards

Agreement to this specification places on the Provider an obligation to provide the specified service at the level of service, days and hours of operation and at the locations specified. Any variation can be made only with the agreement of the Commissioner. The Provider must plan for and put in place robust contingency arrangements for known or possible events which may include:

- Staff sickness
- Staff turnover
- Maternity
- Annual leave or other types of special leave.

**4.2.2** In the event of the provider being unable to provide the service they may suspend the service for not more than 24 hours. If it appears that the situation leading to the service suspension may last for more than 24 hours the provider must report this to the Commissioner who may give consent for the service to be suspended or restricted for not more than 21 days (3 working weeks). This may be renewed.

Agreement to the suspension of the service and any subsequent agreement to continue the suspension after 21 days will only take place if the Provider has demonstrated that they have made reasonable but unsuccessful efforts to substitute staff and resources from other areas of their operation, or failing that, by obtaining staff and resources from a third party.

In the event of suspension of the service for any period of time the Provider must inform all practices whose patients routinely use the service and must keep them informed of the situation as it develops, including informing them of the resumption of service.

**4.2.3** The provider must at all times comply with 'Code of Practice For The Promotion of NHS-Funded Services' and must ensure that the commissioning body has signed off any marketing materials before these are used or launched.

Use of the phrase 'NHS services provided here' is the preferred advertising mechanism.

##### 4.3 System resilience

It is expected that periods of expected high demand which could lead to the variation, suspension or restriction of the service provided shall be planned for accordingly as far as reasonably possible. For example, this may include winter pressure planning. The provider will be expected to actively contribute toward the commissioner-led System Resilience Plan, where required. Providers are strongly encouraged to have contingency plans in place with other local providers for suitably qualified and experienced staff to perform this service in the event that their own staff are not available.

In the event of a crisis situation such as a flu pandemic the Commissioner will after discussion with providers have the right to suspend the service until such time as the crisis is resolved.

#### **4.4 Professional standards and codes of conduct**

1. Providers must be registered with the regulatory body appropriate to their profession and must adhere to the professional standards and codes of practice.
2. The services provided and scope of this service will be reviewed with staff as part of the annual appraisal process.
3. The service provider must provide evidence to the ICB that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service.
4. The service provider will employ and maintain liability for all clinical staff and ensure that they have the necessary records clearance and are appropriately accredited to carry out their duties, in this case ECG recording and interpretation.
5. The service provider will ensure that formal and informal supervision and mentorship is undertaken and that clinical supervision is provided to staff in line with the organisation's clinical supervision framework.
6. Members of staff who undertake and report on ECGs will be trained to an appropriate standard and complete a competency based training in ECG recording and interpretation.

### **5. Applicable Activity and Quality Reporting Requirements**

#### **5.1 Applicable quality requirements**

Practices which take part in the scheme must demonstrate that service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standard. Practices may be required to provide commissioners with assurance that services provided are within the criteria of the contract general conditions, service conditions and particulars.

The Service Provider will notify the ICB Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly or by email [licb.clinicalriskincidents@nhs.net](mailto:licb.clinicalriskincidents@nhs.net) of all serious incidents. These must be reported by the service provider within one working day of the information becoming known to them.

The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.

**5.2** CQUIN goals will not be applied.

### **6. Location of Provider Premises**

Service delivery should be from a registered GP practice. Alternative service provision locations should be agreed with the ICB. Where a service provider is providing this service for a population covering several practices, agreement should be reached with the commissioner as to where these services will be located, in order to ensure equitable access to all patients.

The service may be provided as a home-based service in accordance with the registered provider's normal home-based services policies/guidance.

The provider's premises must meet the clinical requirements to provide primary care services as advised in clinical guidance. The premises must be kept clean and safe for use and should portray an image of high quality and professional services at all times.

It is a requirement that all providers have a fully operational NHS N3 (secure) connection and will be required to utilise appropriate NHS IT systems such as NHS mail, NHS SUS, e-Referrals etc. All relevant staff must have their own smartcard.

#### **7. Finance Schedule**

Please refer to Schedule 4 (finance schedule) for tariffs.