<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>24hr Ambulatory Electrocardiograph (ECG) Monitoring Locally Enhanced Service (LES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESENTED BY</td>
<td>Mark Taylor, Chief Officer</td>
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<tr>
<td>SUBMITTED TO</td>
<td>Governing Body, 18th June 2013</td>
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<tr>
<td>PURPOSE OF PAPER</td>
<td>The Governing Body is asked to agree the continuance of the 24hr Ambulatory ECG monitoring LES in a revised format.</td>
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<tr>
<td>IMPACT ON PATIENTS</td>
<td>Maintain the provision of a locally delivered service.</td>
</tr>
<tr>
<td>OUTCOME OF EQUALITY IMPACT ASSESSMENT</td>
<td>Equality of access and non discriminatory practice are a key requirement of the enhanced service specification.</td>
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**EXECUTIVE SUMMARY**

It was agreed at the governing body meeting of 16th April that the primary care 24hr Ambulatory ECG monitoring LES would be reviewed.

This enhanced service was set up in agreement with NHS Norfolk to deliver care and early reassurance to patients in a local setting, provide early identification of rhythm abnormalities and avoid unnecessary referrals to secondary care. This is in line with the current North Norfolk CCG commissioning strategy which includes aims to provide better access to services, earlier diagnosis, avoidance of unnecessary hospital attendance and integrated care. This will be further addressed through the work that has been done on the development of a pathway with the Cardiology Department.

Though take up by practices has been high, and patient feedback very positive, the CCG has been keen to better understand the affordability of the service in comparison to the alternative of referring patients to the Cardiology Department at the Norfolk and Norwich Hospital under tariff. As part of the review an audit was carried out across all 20 North Norfolk practices. The results of this audit have been used to estimate the costs of a service based solely on referrals to cardiology compared to the current service in primary care that utilises the 24 hour ambulatory ECG diagnostic tool, prior to deciding whether to refer on to cardiology. The results of this exercise (appendix 1) show that the costs are very similar based on the existing LES.

Clinical input has been provided by the Norfolk and Norwich Consultant Cardiologist Dr Julian Boullin who has produced guidance on the use of the 24hr Ambulatory ECG in primary care including further guidance on interpretation. This guidance has been approved by the Norfolk and Norwich University Hospital Trusts Clinical Guidelines Assessment Panel (CGAP). Incorporating this guidance into the enhanced service will help focus the use of resources on patients who most need it, and improve the flow of information between primary and secondary care. It will also help address issues around waiting times for the service that have been highlighted in patient satisfaction surveys.
It is anticipated that the changes to the LES (appendix 2) will reduce the number of procedures payable under it. As we do not know how many of the 24hr ECGs carried out to date were outside of the criteria advised in the cardiology guidance it is not possible to predict amounts at this point but a review of the figures will be carried out bi-annually.

Public Health consultant Dr Helen Adcock and registrar Dr Rebecca Hams have provided an independent review of the audit and their comments have been used in the revision of the enhanced service, particularly in ensuring the adequacy of the audit requirements, appropriate utilisation of the specialist interpretation service and the competencies of the clinicians carrying out the procedures.

Overall, this review has shown that clinically there is a place in primary care for this procedure and that, with the incorporation of the new cardiology guidance, the number of 24hr ambulatory ECGs being carried out will be reduced, without impact on the level of secondary care referrals. There is also potential for the specialist interpretation service to be utilised more which could lead to the number of secondary care referrals being further reduced. The qualitative aspects, which are harder to quantify, include better compliance by patients as the service is easier to access in more familiar surroundings at their local surgery, along with improved knowledge on assessment of cardiac arrhythmias in primary care.

**RECOMMENDATION**

The Governing Body is asked to approve the continuation of the LES under the revised specification attached at Appendix 2

Review the scheme again in January 2014 in order to evaluate its effectiveness and financial impact.
APPENDIX 1

SPECIALIST INTERPRETATION OF ECG’S

1. **Introduction**
   An agreement has been reached with NNUHFT to provide additional interpretation support.

2. **Service Description**
   Specialist diagnostic interpretation of ECG’s

   Providing GP practices with prompt, expert, clinical interpretation of ECGs

3. **Aims of Service**
   The aim of this service is to:
   - Provide a Specialist ECG diagnostic interpretation service
   - Avoid unnecessary and inappropriate referrals into Secondary Care
   - Assess the impact of such a service on:
     - Patients
     - Primary Care
     - Secondary Care

4. **Scope of Service**
   The service will be available to patients meeting the criteria detailed under the Local Enhanced Service for 24-hour Ambulatory ECG Monitoring requiring specialist diagnostic interpretation of their ECG in order to inform clinical decision making.

5. **Service to be Provided**
   Specialist diagnostic interpretation of ECGs by appropriately trained expert clinical staff of ECGs deemed clinically appropriate and submitted by the GP in order to support clinical decision making in primary care.

6. **Cost**
   Each 24-hour tape - £25

   Practices will be invoiced directly. The cost of this specialist interpretation service (or any other used by the practice), will be met by the practice from within the payment to the practice for providing the ambulatory ECG service.

7. **Activity Reporting and Monitoring**
   Practices using additional Specialist Interpretation services as part of the 24-hour Ambulatory ECG Monitoring Service will be expected to collect and submit the following information to NHS Norfolk bi-annually:

   - Number of tapes submitted for specialist interpretation
   - Clinical reason for undertaking the ECG
   - Action by the practice after specialist interpretation
   - Time taken for interpretation
   - Would the action of the practice been different if specialist interpretation services not been available.
### 24hr Ambulatory ECG - Current Service Cost Estimate

<table>
<thead>
<tr>
<th>Number of practices who completed and returned forms</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of practices who haven’t undertaken any ECGs</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Current Service Cost 12/13</th>
<th>Estimated Secondary Care Only Service Cost</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13 Est Total Cost @ enhanced service rate of £105 x 718 ECGs + 25% x 718 ECGs x £210 (estimated subsequent cardiology referrals)</td>
<td>74% x 718 ECGs</td>
<td>Cost if 74% of the total had been referred to cardiology 531 x £210</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>£</th>
<th>£</th>
<th>£</th>
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<tbody>
<tr>
<td>112,625</td>
<td>531</td>
<td>111,577</td>
</tr>
</tbody>
</table>

- **2012/13 Total**: 718 ECGs

- **Total number of 24 hour ECGs undertaken April 2012 - March 2013**: 718
<table>
<thead>
<tr>
<th><strong>2012/13 Sample - Last 20 Tests</strong></th>
<th><strong>Estimated Current Service Cost Sample Size 12/13</strong></th>
<th><strong>Estimated Secondary Care Only Service cost</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual number of test details provided (x2 practices listed less than 20)</td>
<td>Cost of total number of sampled tests @ £105 and Cardiology referrals @ £210</td>
<td>Cost if only cardiology referrals made @ £210</td>
</tr>
<tr>
<td>Of the last 20 tests - how many would have been a hospital referral?</td>
<td>£34,440</td>
<td>£51,030</td>
</tr>
<tr>
<td>Number of test results : Normal or less than 5% ectopic</td>
<td>228</td>
<td></td>
</tr>
<tr>
<td>Number of test results : Paroxysmal AF</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Number of test results : Abnormal (seek specialist opinion)</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Number of repeats tests undertaken</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Number of patients subsequently referred to Cardiology</td>
<td>81</td>
<td></td>
</tr>
</tbody>
</table>

Note of caution - this is a basic calculation based on the statistics available which will have an element of practice subjectivity. There other issues that will need to be considered including quality, patient compliance, patient satisfaction and clinical competency.
Appendix 2

Service Specification:
Primary Care 24-hour Ambulatory Electrocardiograph (ECG) Monitoring
North Norfolk Practices Only

Duration: 1st July 2013 – 31st March 2014

Scope: This DES is open to both PMS and GMS practices

The service will be reviewed by 30.03.2014 and the PCT reserves the right to terminate the service at this date.

Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

1. Service Description

This Local Enhanced Service Specification details the level of service to be provided by GP practices offering 24-hour Ambulatory Electrocardiograph (ECGs) within a Primary Care setting.

This Local Enhanced Service will fund the recording and basic interpretation of diagnostic ECG’s in Primary Care at a time convenient to the patient within normal surgery hours.

2. Background

A 24 hour ambulatory ECG is a diagnostic tool in the management of a group of selected patients experiencing arrhythmias. The scheme aims to see the mainstreaming of the recording and basic interpretation of 24 hour ambulatory ECGs in a Primary Care Setting. It provides patient-centred care as close to a patient’s home as possible.

This service was developed in response to the need for improved access and to try and reduce referrals to secondary care for this service.

3. Aims of Service

The aim of this Local Enhanced Service is to provide a 24-hour Ambulatory ECG monitoring service in a primary care setting in a timely and convenient manner reducing the need for avoidable referral into secondary care and the associated anxiety this causes in patients.

In addition, it allows practices to seek specialist interpretation, when they feel this is necessary.

4. Scope of Service

Recipients of the service will be registered patients identified through the pathway in the attached Guidelines for the Management of: Primary care assessment of cardiac
arrhythmias and ambulatory ECG monitoring in adults (Appendix 2) which have been developed by the Norfolk and Norwich Cardiologists.

Initial management should include a full history, cardiac examination, 12 lead ECG, renal function, TFTs, fasting blood glucose and FBC.

Inclusion criteria

- Patients with no high risk factors and frequent symptoms.
- Patients have to be capable of completing a diary card correlating symptoms to cardiac rhythm.

Exclusion criteria

- High risk patients pre-existing cardiac disease, significant congestive heart failure or left ventricular dysfunction, patients with no prior cardiac history but with an abnormal resting ECG (apart from 1st degree block or isolated RBBB), family history of sudden cardiac death <40 years.
- Patients with infrequent symptoms.

Area

This locally enhanced service will be available to patients meeting the required criteria as indicated above and who are currently registered with the practice.

Base/Locations

The service will be provided from the practice’s usual premises.

Hours of Service

The service will be provided during surgery hours.

Facilities/Equipment

The service shall provide all the required clinical self reporting ECG equipment. This equipment shall be maintained in accordance with manufacturers’ guidance and best practice and where appropriate, calibrated annually.

Specialist Interpretation

Used at the discretion of the responsible Clinician.

5. Service to be provided

Core service to be provided is the recording and basic interpretation of Electrocardiograph.

The practice will undertake audit and research work to verify findings and develop best practice. This includes the setting up of a clinical database template that includes all the items required for audit in section 8 below.

An additional service will be the Specialist Interpretation of the ECG readings when considered to be necessary. (Appendix 1)

6. Core and Specialist Skills and Competencies

Clinicians undertaking this service should be able to demonstrate that they have been trained appropriately and are competent to provide the service. A Clinician with
appropriate skills should have the Clinical responsibility to interpret and decide upon the further action required.

Clinicians responsible for carrying out 24 hour ambulatory ECG recording should:

- Demonstrate a continuing sustained level of activity
- Conduct regular audits
- Be responsible for the maintenance, upkeep and replacement of equipment
- Undertake appropriate CPD to ensure competency is maintained throughout the provision of this service
- Take part in necessary supportive educational activities

Where Clinicians choose to delegate this task, it must be undertaken by an appropriately trained health care professional. It is the responsibility of the delegating Clinician to be assured of the competency and experience of those delegated with this task.

Minimum volumes of activity:

In order for NHS Norfolk to be satisfied that a practitioner is maintaining their skills, they will be expected to perform a minimum of 12 procedures per year. If an individual practitioner falls below the threshold of 12 in two consecutive years they will cease to be providers of that procedure without evidence of retraining. If a practitioner carries out procedures that do not incur funding as they do not meet the agreed criteria for funding these procedures must not be claimed for but can still be included for the purposes of competency.

7. Continuing Professional Development

All clinical staff will have regular training and professional development in line with performance appraisal and development practice to ensure staff are familiar with current best practice.

8. Activity Monitoring and Reporting

Participating practices shall collate and monitor activity related to the Local Enhanced Service.

Full records of all procedures, screening and tests should be maintained in such a way that aggregated data and details of individual patients are readily accessible.

Practices should regularly audit and peer review outcomes.

Practices will ensure their recording processes enable them to monitor and undertake a biannual review and clinical audit of outcomes and to provide the results of this to the CCG. This shall include:

- Has the patient fulfilled the clinical criteria for this investigation.
- Total number of 24 hour ECG’s undertaken
- Patient Outcomes (Number of test results):
  - normal or less than 5% ectopic
  - Paroxysmal AF
  - Abnormal – seek specialist opinion
- Number (%) of repeats undertaken and reasons why repeats were necessary
- Number (%) of patients subsequently referred to Cardiology
- Number (%) of ECGs referred to the specialist interpretation service.
- Results of patient satisfaction survey.
The practice will undertake a bi-annual audit of the impact of the service on the local health economy – as appropriate to the service requirements i.e. Number of hospital admissions reduced, Number of referrals into secondary care.

The practice will review the effectiveness of the Specialist Interpretation service. (Appendix 2)

9. Service Commencement Date

This service commenced on 1st July 2013

10. Notice Period: Either party may give 3 months’ notice to terminate this service.

11. Costs

Provider Practices will be paid £105 per test, provided it can be evidenced that the correct pathway was followed and that the necessary audit data has been recorded.

This fee aims to provide reimbursement for staff time involved in undertaking the investigation, disposables/consumables associated with undertaking the investigation and maintenance/calibration/servicing/purchasing of equipment.

The fee also includes the amount that must be paid for specialist interpretation. (Appendix 1)

12. Quality Standards and Outcomes

In addition to the scope of the service and its aims, the provider will ensure the following:

- Clinicians requesting this investigation have the necessary training and education to ensure correct patient selection.

- All equipment used is maintained and serviced to manufacturer’s instructions.

- Quality Control and calibration of the equipment is carried out by trained staff following manufacturer’s instruction and stated limits.

- Patients and or carers receive relevant information in a format that is appropriate for the patient’s individual needs.

- Patients are satisfied with the access to the service, information given and their management.

Patient Experience

NHS Norfolk aim to ensure that information about patient experience is used systematically to support the review of services provided to patients. We expect that the Provider will give patients the opportunity to comment on their experience of using services on an ongoing basis, through patient surveys. Patient and Public Involvement work, PALS, complaints and other activities. It has been agreed that there will be a rolling programme to ensure that patients experience is assessed for all LES. It is expected that surveys will be repeated every 3 years or earlier if indicated by previous survey results. The CCG will indicate which services are to be surveyed each financial year. An example survey along with reporting requirements can be found at:-

http://nww.knowledgeanglia.nhs.uk/enhanced_services/patient_questionaire_enhanced_services.doc

Clinical Incidents

Sally Ross-Benham
Contemporaneously report any Serious Incidents (SI’s) following NHS Norfolk’s Serious Incident policy. The SI forma can be accessed via

http://www.knowledgeanglia.nhs.uk/qi/si.pdf

The responsibility to investigate incidents remains the responsibility of the service provider. Reported incidents will include any emergency admissions or deaths that may have been due to the relevant underlying medical condition. Findings will be collated by NNCCG and fed back to practices for shared learning. This is in addition to practitioner’s statutory obligations.

**Complaints:** Report complaints to NNCCG as required by current DH guidance.

**Equality of Access and Non Discriminatory Practice**

The Provider shall not discriminate between patients on the grounds of Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics.

The Provider shall provide assistance for patients who do not speak, read or write English or have communication difficulties (including limitation hearing, visual, oral or learning impairments).

The Provider shall provide to NNCCG information to effectively monitor the access to services and to fulfil all legal obligations as required by the Equality Act 2010. This will include providing information on:

- a) Assurance reports against Equality Objectives, NHS Equality Delivery System plans and priorities
- b) Action taken to monitor the equality of access to the service
- c) Findings from the monitoring
- d) Action taken to fulfil the provider(s) obligations under the Law
- e) Equality impact analysis

**Safeguarding of Children**

All organisations that work with children share a responsibility to safeguard and promote their welfare. The Provider must ensure that safeguarding children is an integral part of their governance systems. This responsibility is underpinned by a statutory duty under Section 11 Children Act (2004) which requires all NHS bodies to discharge their function with regard to the need to safeguard and promote the welfare of children. Also the National Service Framework for Children, Young People and Maternity Services (2004).

In order to comply with these requirements The Provider must have:

- Senior management commitment to the importance of safeguarding and promoting children's welfare.
- Staff training on safeguarding and promoting the welfare of children.
- Safer recruitment procedures in place.
- Arrangements for appropriate and proportional information sharing in response to safeguarding concerns Safeguarding Children packs have been issued by the CSU’s Safeguarding Children’s leads giving relevant training and contact information. This can be accessed via the CSUs Knowledge management web site
- Arrangements in place for investigating incidents that have a safeguarding element and a feed back process to the commissioning safeguarding team.

Sally Ross-Benham
Safeguarding Adults

Health services have a duty to safeguard all patients and provide additional measures for patients who are less able to protect themselves from harm or abuse. People who use services should be protected from abuse, or the risk of abuse, and their human rights respected and upheld. To achieve this all responsible agencies and individuals must work together to prevent abuse and safeguard adults where possible, and where preventative measures fail, to deal sensitively and effectively with incidents of abuse.

The provider shall work to the Care Quality Commission guidance Essential Standards of Quality and Safety and in particular Outcome 7, Safeguarding people who use services from abuse. In order to comply with these requirements the Provider shall ensure:

- Senior management commitment to the importance of safeguarding and promoting the welfare of vulnerable adults
- A clear line of accountability within the organisation for safeguarding and promoting the welfare of vulnerable adults
- Safeguarding adults as an integral part of patient care
- Safeguarding measures are understood, assured and improved
- Service development that takes into account the need to safeguard and promote welfare and is informed by the views of service users, families and carers
- Effective interagency working to safeguard and promote the welfare of vulnerable adults
- They comply with either Norfolk County Council or Suffolk County Council’s policies as set out below:
  - Norfolk Multi-Agency Safeguarding Adults Policy (2010)
  - Norfolk Multi-Agency Safeguard Adults Procedures (2010)
  - Suffolk County Council’s Adult Safeguarding Policy and Operational Guidance (2010)
- They follow the Department of Health Safeguarding Adults guidance
- Arrangements for appropriate and proportional information sharing in response to safeguarding concerns.