

**Item: 8.2i**

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	25 June 2021
<b>Subject:</b>	Extended Primary Care Medical Services – 12 Lead ECG
<b>Presented by:</b>	Phil Davis, Strategic Lead Primary Care, NHS Hull CCG & Colin Webb, Commissioning Manager, NHS Hull CCG.
<b>Author:</b>	Colin Webb, Commissioning Manager, NHS Hull CCG

**STATUS OF THE REPORT:**

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

**PURPOSE OF REPORT:**

The purpose of this paper is to present the service specification and recommended tariff for the following Extended Primary Care Medical Services to the Primary Commissioning Committee for approval:

- 12 Lead Electrocardiogram in Primary Care

**RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee;

- a) approve the service specification for the 12 Lead Electrocardiogram Service In Primary Care.
- b) approve the associated recommended tariff.
- c) approve the use of PMS Premium to fund the services and
- d) approve the commissioning of this services from 1<sup>st</sup> October 2021 at PCN level.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, grounds for exemption

**CCG STRATEGIC OBJECTIVE** *(See guidance notes below)*

Integrated Delivery

This report supports the CCG objective of Integrated Delivery through the development of extended primary care medical services at scale.

**IMPLICATIONS:** *(summary of key implications, including risks, associated with the paper),*

Finance	The finance implications associated with these services is detailed within the paper. The committee are being asked to approve the use of PMS Premium funding for this service.
HR	None
Quality	Improved equity of services due to contracting at PCN level. Further quality aspects are identified within the individual service specification.
Safety	None

**ENGAGEMENT:** *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

A project group was established to review the service specifications comprising representation from:

- Commissioning
- Contracting
- Finance
- Quality
- GP Board Members
- LMC

The service listed above has never been formally commissioned by Hull CCG within general practice but has been provided within many of the practices across Hull for many years. There will be no significant change to service delivery.

During the engagement exercise with the Council of Members in relation to the Extended Primary Care Medical Services, the above service was raised as being carried out within primary care with no formal contracting route or remuneration.

Engagement has also taken place with Secondary Care Cardiology services to streamline and agree referral routes and associated administration.

Further engagement has also taken place with the Hull Primary Care Network Clinical Directors and Primary Care Resilience Group for Hull and East Riding of Yorkshire.

**LEGAL ISSUES:** *(Summarise key legal issues / legislation relevant to the report)*

None.

**EQUALITY AND DIVERSITY ISSUES:** *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	√
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section 7 in the enclosed report.	

**THE NHS CONSTITUTION:** *(How the report supports the NHS Constitution)*

This report supports delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

## **BASKET OF SERVICES - EXTENDED PRIMARY CARE MEDICAL SERVICES**

### **1. BACKGROUND**

As part of the Extended Primary Care Medical Services (EPCMS) review carried out in 2019 to support Out Of Hospital Care (OOH), it was identified that there are a number of services currently being delivered within Primary Care which are not considered as core services and therefore do not attract payment. We are referring to one such service that was included within the “Basket of Services” and presented to the Primary Care Commissioning Committee on the 23<sup>rd</sup> of October 2020.

- Electrocardiogram in Primary Care

A project group was formed to review current activity in relation to the above service, develop a service specification and associated tariff:

- Commissioning
- Contracting
- Finance
- Quality
- GP Board Members
- LMC

This paper concentrates on the service specifications and associated tariff.

Following approval of the service specification, the intention is to include this service as part of the EPCMS and will be commissioned via a Local Incentive Scheme from Primary Care Networks (PCNs) from 1<sup>st</sup> October 2021.

### **2. INFORMATION – 12 LEAD ELECTROCARDIOGRAM SERVICE**

#### **2.1 12 Lead Electrocardiogram in Primary Care - Appendix 1**

The aim of this service specification is to provide a formalised pathway to enable 12 Lead ECGs to be carried out within a primary care setting which:

- Ensures patients from right across the age range are cared for appropriately through an integrated model.
- Models of delivery are sufficiently scaled to provide the widest possible benefit to the local communities.
- Reduces pressure on Secondary Care services.
- Provide patients with greater choice and care closer to people's homes where it is clinically safe to do so.
- Help reduce inequality of care across Hull through provision of an accessible and convenient service in an out of hospital environment.
- Improve outcomes for patients with cardiac problems.
- Provide an integrated and collaborative approach to ensure a seamless service.
- Provide faster access to diagnostics and assessments and improve the management of cardiovascular conditions in a primary care setting.
- Reduce the need to refer patients for routine ECG recording and interpretation into secondary care services.
- Support management of patients with right treatment at the right time in the right place.
- To provide rapid interpretation of cardiac diagnostics and in some cases initial advice regarding management options.
- To reduce the number of referrals, so far as clinically appropriate, to secondary care.

The interpretations which are currently within scope of this service are:

- Normal sinus rhythm
- Sinus bradycardia
- Sinus tachycardia
- Heart block
  - 1st degree
  - 2nd degree (type 1)
  - 2nd degree (type 2)
  - 3rd degree/complete
- Atrial flutter
- Atrial fibrillation
- Supraventricular tachycardia
- Bundle branch block (left and right)
- Ventricular tachycardia (in an emergency)
- Ventricular fibrillation (in an emergency)
- Ectopic beats
- Sinus Arrhythmia
- Any significant abnormality that requires further evaluation

## 2.2 Activity

From January 2017 until December 2019 the recorded activity on SystmOne in Hull GP Practices regarding this service was:

- Count of 12 Lead ECGs recorded on Hull Primary Care SystmOne units between 2017 and 2019: **4,490**.
- 3 Year average of recorded 12 Lead ECGs: **1,497**

The activity data above must be considered with caution as the assumption is that not all of the recorded activity will have been performed within Primary Care and some of the figures will be recorded from discharge summaries provided by Secondary care.

## 2.3 ECG Audit in Primary Care

NHS Hull CCG has recently undertaken an audit of available 12 Lead ECG machines within Primary Care, this has identified a minimum of 31 machines and 71 members of staff with the skill set to interpret ECG recordings across all 5 PCNs.

## 2.4 Tariff

Following a review of work undertaken as part of this service, the following tariff is being recommended:

- £26.88 per 12 Lead ECG

The above tariff has taken into consideration the time commitment from each grade or member of practice staff required to complete this procedure to include but not limited to;

- 12 Lead ECG
- Interpretation & recommendations for further management where applicable
- Clinical System/Notes

If activity continues at the current rate, it is estimated that, based on payment per patient, the service will cost approximately £40,234.73 per annum. This figure could decrease once true numbers of patients obtaining a 12 Lead ECG in Primary Care is established.

Year 1	£20,117.37
Year 2	£40,234.73
Year 3	£40,234.73
Year 4	£40,234.73
Year 5	£40,234.73

### **3. COMMISSIONING AT PRIMARY CARE NETWORK LEVEL**

As of the 1<sup>st</sup> of April 2021, all Extended Primary Care Medical Services are now commissioned at PCN level therefore, practices are no longer individually commissioned to provide EPCMS. As PCNs have been delivering the service described in this paper, without remuneration, the intention is to commission this service at Primary Care Network level as of the 1<sup>st</sup> of October 2021.

The committee are requested to approve the commissioning of the 12 Lead Electrocardiogram Service at PCN level from 1<sup>st</sup> October 2021.

### **4. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee;

- a) approve the service specification for the 12 Lead Electrocardiogram service in Primary Care.
- b) approve the associated recommended tariff.
- c) approve the use of PMS Premium to fund the service and
- d) approve the commissioning of these services from 1<sup>st</sup> September 2021 PCN.