

Service Specification No.	EPCMS 12
Service	Electrocardiogram Service
Commissioner Lead	Colin Webb, Commissioning Manager
Provider Lead	Hull Primary Care
Period	1 September 2021 – 31 March 2025
Date of Review	April - Annually

1. Population Needs

1.1 National/local context and evidence base

- 1.1.1 An ECG (electrocardiogram) records the electrical activity of the heart at rest. It provides information about the heart's rate and rhythm and shows if there is enlargement of the heart due to high blood pressure (hypertension) or evidence of a previous heart attack (myocardial infarction). An ECG can help detect arrhythmias, where the heart beats too slowly, too quickly, or irregularly. Coronary heart disease: where the heart's blood supply is blocked or interrupted by a build-up of fatty substances. Heart attacks, where the supply of blood to the heart is suddenly blocked.
- 1.1.2 Kingston upon Hull Local Authority Health Profile for 2019 reported the prevalence of Cardiovascular disease in the under 75 population is increasing with a mortality rate of 639 in the period 2016-2018 meaning both local and regional data is significantly worse than the national average.
- 1.1.3 The health of people in Kingston upon Hull is generally worse than the national average. Kingston upon Hull is in the top 20% most deprived districts/unitary authorities in England and about 27.4% (14,430) children live in low-income families. Life expectancy for both men and women is lower than the national average.
- 1.1.4 Electrocardiograms (ECGs) are occasionally used in primary care both for diagnostic and screening purposes, and to support referral to specialist services. Over the past decades, these ECGs have increasingly been recorded and interpreted within primary-care settings.

References:

1. British Journal of Cardiology <https://bjcardio.co.uk/2012/03/the-gap-between-training-and-provision-a-primary-care-based-ecg-survey-in-north-east-england/>
2. Local Health Authority Profile 2019. <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e06000010.html?area-name=kingston%20upon%20hull>
3. Department of Health Cardiovascular disease outcome strategy https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/217118/9387-2900853-CVD-Outcomes_web1.pdf

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

3. Scope

3.1 Aims and objectives of service

- 3.1.1 Help reduce inequality of care across Hull through provision of an accessible and convenient service in an out of hospital environment.
- 3.1.2 Improve outcomes for patients with cardiac problems
- 3.1.3 Provide an integrated and collaborative approach to ensure a seamless service.
- 3.1.4 Provide faster access to diagnostics and assessments and improve the management of cardiovascular conditions in a primary care setting.
- 3.1.5 Reduce the need to refer patients for routine ECG recording and interpretation into secondary care services.
- 3.1.6 Support management of patients with right treatment at the right time in the right place
- 3.1.7 To provide rapid interpretation of cardiac diagnostics and in some cases initial advice regarding management options
- 3.1.8 To reduce the number of referrals, so far as clinically appropriate, to secondary care

3.2 Service description/care pathway

- 3.2.1 Undertaking of a 12 lead ECG by a qualified Healthcare Professional.
- 3.2.2 The printing out (or uploading digitally) of an ECG tracing for interpretation by a qualified Healthcare Professional.
- 3.2.3 Interpretation of the ECG tracing remains the responsibility of the clinician providing the service who should not rely unduly on any computerised interpretation, but must be able to recognise patterns including the following:
 - 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
- 3.2.4 It is the responsibility of the referring clinician to provide adequate information to enable accurate interpretation of the ECG at the point of referral. This is to include a minimum of age, symptoms and differential diagnosis and should be provided using the appropriate referral form.
- 3.2.5 Referring clinician to record the outcome of the ECG in the patient's record.
- 3.2.6 Ensure that waiting times for the service do not exceed 4 weeks and will be maintained at 2- 4 weeks. Patients must receive an appointment date which is within 2 weeks of their referral date.
- 3.2.7 This service specification should not be used to claim for activity in conjunction with any other service provided i.e., minor injury clinics.
- 3.2.8 If a practice within a Primary Care Network registered with the Hull CCG but not contracted to deliver this service will be expected to refer patients using a secure electronic method.
- 3.2.9 In the instance of 3.2.8 both practices have a responsibility in monitoring the information flow through the secure electronic method.
- 3.2.10 The referring GP has the responsibility for any onward referrals as part of this service.

3.3 Population covered

- 3.3.1 All Patients registered with a GP practice that is a member of NHS Hull CCG.
- 3.3.2 The Provider must ensure that all Patients registered with a practice that is a member of the Primary Care Network can access the service.

3.4 Acceptance and exclusion criteria

3.4.1 The service is available to;

- Patients presenting to general practice with palpitation.
- Patients diagnosed in general practice with suspected atrial fibrillation
- Patients suspected or diagnosed with valvular heart disease.
- Patients requiring confirmation/exclusion of historical diagnoses of heart failure.
- Patients in general practice presenting with suspected hypertension.
- Patients with unexplained blackout with suspected cardiac cause.
- Advice/follow-up tests/investigations of patients previously diagnosed with a cardiac condition.
- Patients requiring cardiac investigation following NHS Health Check/CVD risk assessment.
- Patients presenting to general practice with chest pain not requiring urgent treatment.
- Patients discharged to the GP by secondary care accompanied by a care plan that requires an ECG as part of on-going care and monitoring.
- Patients who require an ECG as part of the Shared Care Framework where the agreed responsibility remains with the GP.
- Patients for whom a GP requires a cardiological opinion not covered in the above criteria.

3.4.2 The service is not intended for;

- Patients with suspected Myocardial Infarction.
- Patients with chest pain requiring urgent assessment (an ECG can be done but should not delay assessment/referral).
- Patients with evidence of life-threatening arrhythmia
- Patients with acute ventricular failure
- Paediatric cardiology
- Any cardiac emergency
- Patients with known non cardiac symptoms
- Patients who require an ECG as part of the Shared Care Framework where the agreed responsibility remains with the Specialist/Hospital.

3.5 Record Keeping

- 3.5.1 Maintain adequate records in the patient's lifelong record. This should include details of the patient's monitoring, any untoward incidents and evidence of patient consent to treatment.
- 3.5.2 Suggested read codes are:

<u>CTV3 Description</u>	<u>CTV3 Code</u>	<u>SNOMED Code</u>
12 Lead ECG	XE1PZ	268400002

PALPITATION GUIDELINES

This is a guide to the clinician in primary care to aid in decision making around further investigation and referral.

Management In Primary Care	Refer to Cardiology*		Refer to A&E
<ul style="list-style-type: none"> • Skipped beats • Thumping beats • Short fluttering • Slow pounding and • Normal ECG and • No family history and • No structural heart disease • Ectopics 	<p>General Cardiology</p> <ul style="list-style-type: none"> • History suggests recurrent tachyarrhythmia • Palpitations with associated symptoms <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> • Abnormal ECG <p style="text-align: center;">AND/OR</p> <p style="text-align: center;">R</p> <p>Known Structural heart disease</p>	<p>Specialist Arrhythmia</p> <ul style="list-style-type: none"> • Patients with T-Lo plus; • FH of SCD <40yrs • Significant heart disease <ul style="list-style-type: none"> • Abnormal ECG T-Lo with exercise • Sudden Cardiac Death (SCD) screening • Treatment for PAF and persistent AF plus; • Symptomatic • Congestive HF • Paroxysmal Tachycardia 	<p>Patients presenting acutely unwell with:</p> <ul style="list-style-type: none"> • Palpitations • 2nd/3rd degree heart block • Syncope with injury • Syncope with known structural heart disease • Myocardial infarction / cardiomyopathy /LVH / heart failure

3.5 Interdependence with other services/providers/bodies

3.5.1 The Provider will be required to ensure they communicate as appropriate with other providers such as;

- Hull University Teaching Hospital Trust
- City Health Care Partnership CIC
- Humber Teaching NHS Foundation Trust
- Other Hull GP Practices/PCNs

3.5.2 The referring primary care clinician will ensure suitable arrangements are in place for the referral of appropriate patients needing access to secondary care cardiology services.

3.5.3 Patients for whom a GP requires an ECG as part of the GPs responsibility in a Hull and East Riding Prescribing Committee (HERPC) Shared Care Framework <https://www.hey.nhs.uk/herpc/amber/> If it is the specialist responsibility to do the ECG then the specialist should arrange, then do and interpret the ECG result.

3.6 Equipment

3.6.1 Where required, the service will be able to provide:

- Standard 12 lead ECG equipment including electrodes
- Ongoing training and support to all members of the practice who will be required to use the equipment.
- The ability to provide the ECG recording in PDF format

3.6.2 The ECG equipment used and maintained to record patients must be used in accordance with the

manufacturer's guidelines and instructions.

3.7 Funding Arrangements, Payment and Verification

3.7.1 Payments for this service will be made under the following arrangements.

£26.88 per ECG within the scope of this specification.

3.7.2 Practices can only claim for procedures within the scope of this specification.

3.7.3 Activity claims are to be submitted on the appropriate Ardens template and uploaded to the Extended Primary Care Medical Services claims portal.

3.7.4 The payment for the services includes all consumables and aftercare associated with the procedure.

3.7.5 Primary Care Networks not wishing to provide this service but who require their patients receive an ECG within Primary Care will be expected to sign up to this specification and then sub-contract/refer this work to another Primary Care Network providing this service. Referrals between practices are expected to be made using a secure electronic method.

3.7.6 The Primary Care Networks will be subject to routine post payment verification (PPV) process in respect of delivery of this service. It is intended that practices continue to carry out those procedures currently undertaken within their existing work and keep a record of all enhanced procedures.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.1.1 As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges).

4.2 Applicable local standards

4.2.1 The Provider must be able to provide evidence of staff training and competency which may be requested by the Commissioner at any time.

4.2.2 The provider will be responsible for any maintenance and/or repair of equipment relating to this service.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

5.1.1 The Provider will develop and follow a standard operating policy for provision of this service.

5.1.2 It is a condition of participation in this service that practitioners will give notification, within 48 hours (two working days), of the information becoming known to him/her, to the CCG clinical governance lead, of all relevant significant adverse events, emergency admissions or deaths of any patient treated under this service through the current incident reporting process. This is in addition to any statutory obligations.

6. Location of Provider Premises

6.1 Premises

6.1.1 The service will be provided from the Provider's Premises located at: Hull GP Practices.

7. Individual Service User Placement

Not applicable