

# 24 hour Ambulatory Echocardiogram (ECG) in the community 2019-20

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## 1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, 24 Hour Ambulatory ECG, as a Local Commissioned Service.

## 2. Duration of Agreement

This agreement is for a period of six months, commencing from **1<sup>st</sup> April 2019** and ending on the **30<sup>th</sup> September 2019**.

## 3. Background

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 Sustainability and Transformation Programme which aims to provide better access to services, earlier diagnosis, avoidance of unnecessary hospital attendance and integrated care.

Local clinicians in both primary and secondary care believe it is readily feasible to transfer a proportion of 24 hour ECGs which are currently taking place in acute hospitals to community settings. The proposal is focused on transferring direct GP referrals currently made to secondary care to primary care services. The expectation is that the majority of direct GP referred outpatient ECGs can take place in a more convenient location for patients. This service shift will achieve substantial benefits for patients offering improved access, coupled with enhanced continuity of care.

## 4. Aim of Service

### 24 hour Ambulatory ECG

Echocardiogram (ECG) recordings and interpreting are able to be done by suitably qualified GPs in the community, thereby reducing the need to refer patients to Secondary or Acute units. This enables patients to have care closer to home and ensures that the time delay for request to investigation is minimal. This service aims to:

1. To provide a 24 hour ECG recording and interpretation service from primary care.
2. 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
3. Provide better access to services, earlier diagnosis, avoidance of unnecessary hospital attendance and integrated care

## 5. Service Outline

Each patient will be over the age of 16 and offered a 30 minute appointment.

Clinical criteria for undertaking procedure:

1. Patients with unexplained fainting attacks or dizzy spells, either more than once a day or infrequently but severe
2. Patients with palpitations
3. Patients with atypical chest pain thought to be angina, in whom an exercise ECG is not practical
4. To follow up after commencing medication where appropriate

Contra indications – none.

Follow up procedure:

1. Patient referred back to own GP for further management
2. If isolated SVTs only, then drug treatment should be commenced

Criteria for referring on:

1. If symptoms and ECG results correlate, except if isolated SVTs when treatment will initially be commenced in primary care.

## 6. Accreditation

Those doctors who have previously provided services similar to the proposed national enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

Staff assisting in 24 Hour ECG procedures should be appropriately trained and competent taking into consideration their professional accountability and the Nursing and Midwifery Council (NMC) guidelines on the scope of professional practice.

## 7. Pricing and Payment Arrangements

### - Pricing Arrangements

Practices will be paid **£30.30** per 24 hour ambulatory ECG procedure as defined in the service outline above.

### - Payment Arrangements

Practices will be commissioned based on indicative levels of activity using data from the previous years outturn. Practices will receive monthly payments based on the total indicative budget for the year with any adjustments to be made at year end if necessary.

## 8. Activity Reporting

Practices are required to submit the number of procedures undertaken on a quarterly basis via the Practice Commissioning Statement to [capccg.enhancedservices@nhs.net](mailto:capccg.enhancedservices@nhs.net) by the 15th day of the following month, following Quarter end.

Practices will need to record each procedure by the agreed read code.

This should be recorded with any relevant clinical coding entries and any other relevant data to ensure that compliance with this Service Level agreement can be demonstrated. Practices are encouraged to ensure that a clear audit trail exists to support post payment verification.

If Practices require help or advice on clinical recording, coding and reporting, please contact The Primary Care Information team via the following email address: [capccg.primarycareinformation@nhs.net](mailto:capccg.primarycareinformation@nhs.net)

## 9. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

#### **10. Performance**

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

#### **11. Safeguarding Adults**

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

#### **12. Care Quality Commission (CQC)**

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

#### **13. Termination**

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

#### **14. Signatories to the Agreement**

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration