

Local Enhanced Service Specification:

Recording of 12 Lead ECGs in Primary Care

Service Specification No.	
Service	Recording of 12 Lead Electrocardiograms (ECGs) in Primary Care
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	1 st May 2025 – 31 st March 2026
Date of Review	To be reviewed Annually

<p>1. Population Needs and Background</p> <p>1.1 National/local context and evidence base NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.</p> <p>The scope of this specification will cover all 196 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.</p> <p>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.</p> <p>This scheme is focused on ensuring that all direct GP referred outpatients ECGs can take place within primary care, offering patients improved access and enhanced continuity of care.</p> <p>The recording of the Electrocardiograph is a suitable procedure to be undertaken in a primary care setting.</p>
<p>2. Scope & Service Standards</p> <p>2.1 Aim The aim of the service is to deliver a universal enhanced offer to all patients in Lancashire and South Cumbria, setting out the services that General Practice should provide under this specification.</p> <p>The aim of the service is to provide improved patient access to ECG investigation and timely interpretation (using the ICB Commissioned Interpretation Service) of the results, in order to provide timely diagnosis and management.</p> <p>Specifically, this relates to:</p> <ol style="list-style-type: none"> a) Preventing unnecessary referrals to hospital for 12-lead ECG and delays in interpretation. b) Detecting atrial fibrillation and offer treatment to prevent adverse outcomes. c) Detecting people with conduction abnormalities. d) Safely monitoring patients taking medication that effects the conduction system.

- e) Providing timely ECG recordings when people present with palpitations, chest pain, breathlessness or transient loss of consciousness, suitable to be managed in primary care.
- f) Identifying serious conduction problems in people with transient loss of consciousness requiring urgent referral for pacemakers or further electrophysiological testing.
- g) Providing part of the risk assessment of people presenting with hypertension.
- h) Screening those people with a family history of sudden cardiac death.

2.2 Service Description/Care Pathway

The service will provide a 12 lead Electrocardiograph (ECG) recording. Interpretations will be carried out by the ICB's commissioned specialist interpretation provider.

The ICB's commissioned specialist interpretation provider will interpret the ECGs which are sent to their centre however, they are not responsible for diagnosing the patients, it is the responsibility of the healthcare professional who has the patient in front of them to diagnose the patient and take any necessary action.

Healthcare professionals will record a 12 lead ECG on a patient at the practice and transmit the ECG via a telephone line to ICB's commissioned specialist interpretation provider for interpretation.

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

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, medication monitoring or for hypertension review.
- For the initial diagnosis and management of suspected atrial fibrillation.

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.

The clinical indications for 12 lead ECG in primary care are many and cannot all be listed here. The decision to perform the test is at the absolute discretion of the primary care clinician as the ordering party.

Please note that:

- Patients presenting with acute symptoms suggesting of myocardial infarction should be transferred immediately to A&E by calling 999. Whilst NICE recommend an ECG, this must not delay a request for ambulance conveyance nor the transfer to hospital (NICE Guidance CG95)
- A normal ECG does not exclude myocardial infarction.
- There is no requirement or obligation to perform a 12 lead ECG routinely as part of every referral to cardiology services if the ECG does not alter the decision to refer.
- The member of staff conducting the ECG must be appropriately trained and competent to do so.

Summary of Practice requirements:

- Provide 12 lead ECG service.
- Comply with service standards.
- Ensure appropriate training of technicians and clinicians.
- Report any serious incidents to Lancashire & South Cumbria ICB.
- Ensure claims data is accurate.

Days / Hours of Operation

The service must be available to patients during core hours to meet the reasonable needs of the practice population.

Equipment

The ICB's commissioned specialist interpretation provider will provide the Practice with one 12 lead ECG device subject to agreement by the commissioner.

The ICB's commissioned specialist interpretation provider is responsible for maintaining or replacing any of these devices which suffer mechanical damage (except for cases where such damage is caused by the actions of staff or patients of the GP practice) for up to 12 months from the date the device has been installed and in the case of leased devices for as long as the period of the lease.

Where damage has been caused by the actions of staff or patients of the GP Practice it is the practices responsibility to maintain or replace the device.

Any additional devices are subject to agreement by the commissioner and will be dependent on practice list size and usage.

The practice is responsible for purchasing all consumables associated with the delivery of ECG reporting, this includes electrodes which can be purchased from the ICB's commissioned specialist interpretation provider or alternative suppliers.

The handling of consumables and associated activities (e.g. procurement, storage, prescribing, decontamination and disposal of consumables) must be safe and in line with current legislation, licensing requirements, good practice, and any national guidelines.

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

Home visits are included in this specification to enable Providers deliver a comprehensive service to their population.

It is the practices responsibility to ensure telephony is compatible with submitting the ECG via the telephone line. The practice is to purchase any telephones or equipment if required, e.g. a compatible mobile telephone for home visits.

Expected Timeframes for Interpretation

Staff at the ICB's commissioned specialist interpretation provider will give an immediate initial verbal interpretation, followed up by a full written interpretation sent back, together with the ECG trace to the practice who transmitted it.

2.3 Population covered

NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.

The scope of this specification will cover all 196 practices and registered patients and temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

Recipients of this service will be registered patients requiring a diagnostic 12 lead electrocardiograph. Patients must meet the acceptance criteria for the service.

ECGs can be undertaken for any age group, however for any person under age 16, the interpretation service will provide only a limited report (on rate and rhythm).

2.4 Any acceptance and exclusion criteria and thresholds

ECGs carried out for the purposes of any 'routine' (usually private) medical examination or assessment are excluded.

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

This specification does not include ECGs requested by secondary care or other providers.

2.5 Interdependence with other services/providers

Staff involved with the provision of this service must work together with other professionals where appropriate. Where appropriate, the provider should refer patients to the other necessary services and to the relevant support agencies using the locally agreed guidelines:

- NHS Lancashire & South Cumbria ICB
- Primary Care Providers
- ICB's commissioned specialist interpretation provider.
- Local Acute Trusts (Secondary Care Consultants - Cardiology)
- Locally Commissioned Community Cardiology Service

Contact with the Lancashire Cardiac Network for training / support purposes will be encouraged.

2.6 Applicable national standards (e.g. NICE)

The delivery of the commissioned service is underpinned by the appropriate standards including but not limited to:

- Chest pain of recent onset - NICE Guidelines (CG95)
- Unstable angina – NICE Guidelines (NG185)
- Stable Angina – NICE Guidelines (CG126)
- Hypertension in adults: diagnosis and management - NICE Guidelines (NG136)
- Atrial Fibrillation – NICE Guidelines (NG196)

Practices must ensure that latest national infection control and prevention guidance is adhered to.

2.7 Applicable standards set out in Guidance and/or issued by a competent

body (e.g. Royal Colleges)

- [The Society for Cardiac Science and Technology \(SCST\) Guidelines](#)
- [ECG Recording Guidelines 2024](#)
- [ECG Reporting Guidelines 2024](#)

2.8 Applicable local standards

The Provider is responsible for ensuring that:

- **Premises** used are registered with the Care Quality Commission (CQC) and the service is provided in a suitable setting.
- **Equipment** meets all criteria set out in national and local guidance and is maintained in line with the manufacturer's guidance.
- **Training** meets all relevant criteria set out in national and local guidance and is maintained in line with manufacture's guidance.
- **Serious Incidents** within this service are reported to Lancashire & South Cumbria ICB.
- **Infection Control Guidance** is adhered to.
- **Privacy and Dignity Guidance** are adhered to.
- **Health and Safety** standards are met.
- **Information Governance** standards are met.
- **Safeguarding Adults, Children and Looked After Children Guidance** is adhered to, including statutory training.
- **Mental Capacity Act** – the Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

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.

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.

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 material before these are used or launched.

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

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.

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 service 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.
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.

Clinical Governance

Clinical governance arrangements for this service are as set out in Schedule 5 of the NHS Standard Contract. In addition, the provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.

Patient Satisfaction

Where appropriate, patient satisfaction feedback about the service should be offered to all patients accessing this service and quality improvements should be made as an outcome of this feedback.

Training Requirements

It is the practices responsibility to ensure that all personnel involved in delivery of this service are familiar with the requirements and any relevant guidance.

Training should be recorded and made available as evidence if required.

Practices should update training as per Enhanced Service speciality and specification.

Professionals delivering any part of this service must be suitably trained and accredited. This can be achieved through:

- Self-directed learning
- In house practice or PCN learning events
- ICB / Training Hub educational events (where available)

ECG recording:

- All staff involved in performing ECGs must be adequately trained and training must be up to date and reflected in annual appraisal.
- Further training resources to support competency can be found at the Lancashire & South Cumbria Training Hub [Lancashire and South Cumbria Training Hub – Supporting Quality Education and Development in Primary Care](#), [Home - elearning for healthcare](#) and [clinicalskills.net](#)
- Staff should be encouraged to study for the [SCST | The Society for Cardiac Science and Technology \(SCST\)](#) Award or Certificate in Electrocardiography although this is not a requirement.

Practices are expected to complete an annual self-declaration stating that all relevant staff and clinicians have been, or are planning to be, appropriately trained.

The Lancashire & South Cumbria Training Hub ([Lancashire and South Cumbria Training Hub](#)) will support training requirements for Local Enhanced Services by providing, commissioning or signposting relevant education and training resources. Practices are not obliged to access training from L&SC Training Hub and may obtain relevant training from other sources.

Training costs are provided to the practice as part of this specification (except where otherwise specified) as per section 5. It is the practice’s responsibility to access and pay for appropriate training.

2.8.1 IT

2.8.2 Data standards

The provider must supply the CCG with such information as it may reasonably request for the purposes of monitoring the provider’s performance of its obligations under this specification.

The Provider must ensure that details of the patients’ monitoring as art of this service are included in his or her lifelong record.

Providers must use the Lancashire & South Cumbria ICB approved code as described in the specification.

12 lead ECG or Standard ECG and	268400002 / 164847006 and
---	-------------------------------------

Enhanced services administration	166221000000105
<p>Where two ECG procedure codes are entered on the same day, payment will be made for one procedure only.</p> <p>Some ECG recording machines are integrated with clinical record systems and will automatically enter a code to indicate that an ECG has been performed. To ensure payment, practices must make sure this is the correct ECG procedure code and that the 'Enhanced service administration' code is entered on the same date.</p> <p>Providers must have systems in place to ensure that claims data is accurate.</p> <p>Records Adequate records must be maintained to provide an audit trail for post payment verification purposes.</p>	
<p>3. Applicable quality requirements and CQUIN goals</p>	
<p>3.1 Applicable Quality Requirements</p>	
<p>4. Location of Provider Premises</p>	
<p>Service delivery should be from a registered GP practice. Alternative service provision locations should be agreed with the ICB.</p> <p>This service may be provided as a home-based service in accordance with the registered providers normal home-based services policies / guidance.</p> <p>The providers 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.</p> <p>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.</p>	
<p>5. Finance</p>	
<p>Payment: £0.96 per weighted head of population.</p> <p>Prices are inclusive of training, all equipment costs and consumables, unless otherwise stated.</p> <p>No payment will be made in respect of ECGs undertaken by staff not directly employed by the Provider.</p> <p>In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate. Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of</p>	

incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

6. Contract and Monitoring Arrangements

Reporting to include:

- Number of patients seen as part of the service.
- Total number of ECGs undertaken.
- Reason for undertaking a 12 Lead Diagnostic ECG
- Number of patients subsequently referred to cardiology as a result of ECG undertaken in primary care (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.

These should be recorded using the appropriate READ/SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction where possible.

All details regarding data quality and submission of data can be found in the supporting Technical Guidance Document.