

### FAQs for ECGs

Q: If Practices are able to interpret ECGs, will this be included in this LES?
A: Broomwell currently interpret ECGs in some areas. This contract will continue & be commissioned to support all practices who are undertaking the ECG LES. We are aware currently some practices undertake their own interpretation of ECGs. If practices want to continue to do this, that is fine. But there are benefits to using Broomwell and the reports are very detailed.
Q: What happens if we are being asked to provide ECG by another provider? E.g. hospital clinic/ psychiatry, will this be funded?
A: This is not covered within this specification and would be considered workload transfer. If you feel it is appropriate, and you are happy to do it, then that is your choice as a practice. However, this spec is about ECGs being generated within the surgery for primary care reasons.
Q: We have PDS Medical who do ECGs & interpretation for West Lancs, what happens there?
A: Will depend on what practices decide to do in West Lancs. If all practices decide to deliver the ECG LES, yes would look to decommission PDS.
Q: Will secondary care be able to ask to do them?
A: Exclusion criteria has been updated to reflect ECGs from secondary care and other providers are not required under this specification.
Q: We already provide ECGs within our practice and work alongside Broomwell Services who provide instant specialist feedback. What happens to these services? This service started with the old Primary Care Trusts. While this service puts pressure on our practice it would be nice to re-imbursed for it. The service can take up to an hour of a nurse's time and sometimes longer if the patient needs referring.
A: Broomwell currently interpret ECGs in some areas. This contract will continue & be commissioned to support all practices who are undertaking the ECG LES.
Q: What happens if the device provided by Broomwell needs to be maintained or replaced after the 12 months stipulated in the specification? Would be unfair to expect that to be funded by practice.
A: As part of the contract with the Specialist Interpretation Service ECG devices are leased. This ensures the devices can be replaced quickly to minimise disruption to the service.
Q: Are home visits included within the specification? We don't currently do home visits for ECGs, funding needs to reflect the additional time required for these.
A: We expect that home visits for ECGs will be minimal. This has been factored into the costing calculations
Q: Will training be provided on how to use the ECG device?
A: The Specialist Interpretation Service will provide training on how to use the ECG devices to practices.
Q: Housebound ECG can be difficult if there is no phone available in house you are visiting. Are we going to get new machine at practice level to get paper copy or a review of ECG externally as we get for in house patients?

A: Home visits are included within the service specifications. The expectation is the delivery of domiciliary ECGs will be in exceptional or very specific circumstances only. The specifications outlines it is the responsibility of practices to ensure additional equipment availability.

Q: The specification says that ECGs cannot be undertaken by anyone other than practice staff – does this include ARRS and PCN employed staff (as part of the wider practice team?)

A: If ARRS or other staff are employed directly by the practice then this is permissible. If by PCN or other provider, staff then this would require additional conversations with local commissioning teams.

Q: Can someone just clarify re the 12 lead ECG, why do we have to send for interpretation? It is a waste of money if we can interpret in house

A: Broomwell currently interpret ECGs in some areas. This contract will continue & be commissioned to support all practices who are undertaking the ECG LES. We are aware currently some practices undertake their own interpretation of ECGs. If practices want to continue to do this, that is fine. But there are benefits to using Broomwell and the reports are very detailed.

Q: When will we get new ECG equipment?

A: We are working with the provider to roll out the devices. They will be in contact over the next few weeks.

Q: How many ECG machines will we receive please - Is it based on list size? Will branch surgeries be considered?

A: Initially 1. We are currently undertaking a stocktake of all devices currently on the contract and will know more after that. We are aware of branch surgeries and will be taking them into consideration

Q: Is Broomwell being stood down - and a new provider?

A: Broomwell is continuing for 12 lead ECGs so your service will not change

Q: There is no spec for the 24 hour ECGs, so do we need to stop doing them and refer all to secondary care if they are not being funded. What are the timescales for this?

A: 24 hr ECGs are not on the list of services that the ICB will be consistently commissioning. The current LES will cease on the 30<sup>th</sup> April 2025

Q: Has it been confirmed about ARRS staff doing ECG's?

A: Yes the specification is being amended

Q: Please can you explain how we can start from May certain LES's i.e. 24hr ECG without the equipment? And if the ICB cannot deliver this equipment for May where do practices refer to in the interim?

A: 24hr ECGs are not being commissioned from General Practice. Any equipment required for the 12 lead ECG service will be delivered to practices in April ready for the 1st May 2025.

Q: Will practices still be able to send patients for bloods and ECGs to local treatment rooms in BWD if practices sign up to Phlebotomy LES or will they be turned away from 1st May? Mindful with all the planning in the world during April, recruitment and converting non clinical rooms into clinical rooms to provide this service might not go ahead from 1st May. Can Practices have the assurance that Treatment Rooms will still see our patients and not be turned away for bloods and ECGs?

A: Generally any practices who choose to provide the phlebotomy LES will no longer have access to community clinics/appointments from the 1st May 2025. Any practices who have issues with a 1st May start date need to contact their local team to work through any short term alternative arrangements.

Q: Please can we have an update on delivery of Broomwell machines?

A: The roll out of machines is continuing. If you haven't already got a machine and would like one please email [lscicb.primarycareles@nhs.net](mailto:lscicb.primarycareles@nhs.net) and we will organise one for you.

Q: Are Broomwell increasing their capacity as I believe it is difficult to get through on the phone between 10am-3pm and causing delays in clinics

A: Please can you email any specifics around days and occasions to the inbox ([lscicb.primarycareles@nhs.net](mailto:lscicb.primarycareles@nhs.net)) and we will pick it up with Broomwell?

Q: Does a practice have to use Broomwell for the ECG LES?

A: Practices can do their own interpretations if they wish. The ICB is only funding Broomwell as an external company for interpretations

Q: Do we tick the enhanced service bit if they are done via Broomwell or do we click this regardless of how the ECG is taken within GP surgery?

A: If the 12 lead ECG is done in the GP surgery both boxes, ie. 12 lead ECG and Enhanced service admin needs to be ticked on the same date for the activity to be counted.

Q: Can we claim for an ECG if not done using Broomwell? We have a HCA who is deaf so she can't use the Broomwell device?

A: Yes, If the 12 lead ECG is done in the GP surgery both boxes ie 12 lead ECG and Enhanced service admin needs to be ticked on the same date for the activity to be counted.

Q: I think our extended access use the enhanced services admin when doing their consultations will the search pick these up on our ECG report. will we have to go through to exclude them from our claim?

A: If you are commissioning the extended access, then I would have thought you should still get paid then you pay the provider of the service on your behalf.