

SCHEDULE 2 – THE SERVICES

Service	12 Lead Electrocardiogram (ECG) Recording and Interpretation Service
Commissioner Lead	Coventry and Warwickshire Integrated Care Board (ICB)
Provider Lead	Coventry and Warwickshire General Practices
Period	1st March 2026 – 31 st March 2028
Service Review Date	December 2026

1. Population Need

1.1. National/Local Context and Evidence Base

An electrocardiogram (ECG) is a test used to check the rhythm and electrical activity of the heart to support the assessment and timely diagnosis of a range of cardiac and non-cardiac conditions, including arrhythmia and heart block.

Performing ECGs within a General Practice (GP) setting helps to improve patient access to local cardiac investigation and supports practices to effectively triage, diagnose and manage patients with suspected or established heart conditions.

1.2. Service Aim

The aim of the Local Enhanced Service (LES) is to increase patient access to 12 Lead ECG recording and interpretation services in a General Practice (GP) setting. Improving access to ECG services in this way will help to support the early identification of rhythm abnormalities and avoid unnecessary referrals into secondary care.

Service delivery will also help to ensure that patients requiring specialist review and intervention are identified early and referred into services in clinically appropriate timeframes.

All practices are expected to continue to offer all essential and those additional services they are contracted to provide to their registered patient list. The specification covers all relevant enhanced aspects of clinical care which are considered beyond the scope of essential services and not covered by the core GMS Contract or Quality Outcomes Framework (QOF) for Coventry and Warwickshire GP teams to undertake this work.

No part of the specification by commission, omission or implication defines or redefines essential or additional services. The service must be provided in a way that ensures it is equitable in respect of race, creed, culture, diversity, disability, sex, and age.

2. Outcomes

2.1. NHS Outcomes Framework Domains and 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	√

2.2. Locally Defined Outcomes

The LES seeks to improve the experience of local patients by offering a 12 Lead ECG diagnostic recording and interpretation service in a general practice setting for patients presenting with symptoms that require further investigation to diagnose, manage, or rule out a cardiac or non-cardiac condition.

The availability of this diagnostic test in general practice will help to enable immediate clinical decision-making or risk stratification to determine the need for onward specialist referrals.

Clinical indications include (but are not limited to) the investigations of the following symptoms:

- Breathlessness/dyspnoea
- Palpitations and suspected Atrial Fibrillation (AF)
- Syncope or dizziness
- Chest discomfort
- Stroke or transient ischaemic attack

The LES will also support delivery of a 12 Lead ECG recording and interpretation service for the following indications:

- ECG testing where this is clinically indicated as part of a patient's routine long-term condition assessment
- ECG testing for ongoing drug monitoring where this is clinically indicated in NICE guidance and included in the patient management plan (*please note, in these circumstances, the use of the 12 Lead ECG recording and interpretation service for this intervention is at the discretion of the primary care clinician*).

Patients presenting with acute symptoms that might suggest myocardial infarction are not suitable for this service and should be transferred immediately to A&E by calling 999.

The ambition of the service is to support the following health outcomes:

- improved detection rates for AF and other rhythm abnormalities
- Reduction in the number of AF related strokes
- Improve patient and clinical outcomes and fewer complications.
- Reduced need to utilise other services (including unplanned care services)
- Reduced waiting times
- Improved patient experience
- Reduced health inequalities by improved access to the service

Patients will be provided with up-to-date, evidence-based, and accessible information. to support them in taking personal responsibility when making decisions about their own health, care, and wellbeing.

Practices may choose to work with other GP practices across their place geography to sub-contract some elements of this service. However, responsibility for quality assuring the service that their patients are referred into, including activity reporting, will remain the responsibility of the service provider who holds the contract. In the delivery of this approach, practices will be required to demonstrate that sub-contractors have robust processes in place to ensure the smooth referral and management of all registered patients.

2.4. Aims and Objectives

The aims of service delivery are to:

- Ensure that an equitable and consistent 12 lead ECG recording and interpretation service is available to patients closer to home
- Prevent avoidable referrals to hospital for 12 lead ECGs
- Deliver high quality and responsive services for local people that improve patient outcomes
- Improve the detection rates of AF in primary care by ensuring that patients with suspected AF are seen and diagnosed in accordance with evidence-based practice
- Improve the detection rates in primary care for people presenting with cardiac conduction or rhythm abnormalities
- Improve the detection rates in primary care for people presenting with ischaemic heart disease
- Ensure the safe monitoring of patients taking medication that affects the cardiac conduction system
- Ensure the safe monitoring of patients diagnosed with a long-term condition (LTC) where there is an ongoing requirement to conduct an ECG as part of their annual review
- Ensure that the care delivered is consistent, safe, effective, and patient centred
- Provide patients with structured, high quality, evidence-based information to enable them to make fully informed decisions regarding treatment.
- Improve the health outcomes of patients, reduce inequalities, and ensure the most cost-effective use of local resources.
- Ensure that the services offered positively impact secondary care pathways and release capacity to support new referrals to secondary care.

The objectives of the service are to:

- Improve access to a 12-lead ECG recording and interpretation services
- Improve service user experience
- Improve outcomes through the delivery of care that is evidence based according to local and national guidance
- Optimise health and wellbeing
- Improve the integration of primary and secondary care services
- Ensure the efficient use of resources and avoidance of unnecessary appointments or use of other services

3. Scope

The Local Enhanced Service (LES) offers a 12 Lead ECG diagnostic recording and interpretation service for patients aged 16 years and above presenting symptomatically with suspected or established cardiac and non-cardiac conditions that require further investigation.

The LES will also support delivery of a 12 Lead ECG recording and interpretation service for patients where this test is clinically indicated as part of an annual LTC review or part of service requirements for ongoing drug monitoring if this is included in the patient management plan.

Any requirements for 12 lead ECG recording and interpretation as part of a routine medical examination or secondary care requests for this test as part of the pre-operative assessment process are not included with the scope of the service offer.

3.1. General Requirements

The provider will work to ensure that they can deliver the service for patients during practice opening hours at their registered premises. Services may also be provided at premises other than the practice's usual registered practice e.g. at premises used for Extended Access clinics. Subject to prior approval by the ICB Contracts Team within 1 month of any application being made, providers may sub-contract elements of service delivery to another provider that they are a member or constituent of (e.g. PCN or GP Federation).

The service provider should also ensure that they have the following general service requirements in place to support delivery:

- Access to suitably trained and qualified staff to deliver the service
- Ongoing access to appropriate room space during clinic times to meet privacy and dignity requirements.
- A process in place to record the details of each procedure in the patient's clinical record.

This should be implemented using the relevant standard clinical template that the ICB has provided for the service intervention. The basis for the systematic use of templates for data collection is that it will help to facilitate consistency in recording and support the automation of reporting activity for quarterly payment and ongoing service monitoring.

3.2. Service Description/Pathway

The service is intended for all suitable patients aged 16 years and above who present symptomatically with suspected or established cardiac or non-cardiac conditions that require further investigation.

The service will also support delivery of a 12 Lead ECG recording and interpretation service for the following indications:

- ECG testing where this is clinically indicated as part of a patient's routine long-term condition assessment
- ECG testing for ongoing drug monitoring where this is clinically indicated in NICE guidance and included in the patient management plan (please note, in these circumstances, the use of the 12 Lead ECG recording and interpretation service for this intervention is at the discretion of the primary care clinician).

3.2.1. Care Pathway

The Provider will deliver this service specification in line with the following standards and requirements:

- Confirm that the request has been made in accordance with the inclusion criteria for the service
- Ensure that consent has been obtained and documented on the patient's clinical record
- Ensure the ECG test is conducted within a suitable timeframe based on clinical need
- To mitigate clinical risk, ensure that an appropriately competent and qualified registered Healthcare Professional carries out a preliminary review of results before the patient leaves the premises to confirm that no urgent action is required
- Ensure that the full interpretation of the ECG is completed within 5 days of the test being undertaken.
- Advise the patient accordingly and act upon test results and recommendations
- Record the results in the patient's clinical record

- Support and contribute to ongoing patient education

3.2.1.1. Follow Up Actions

- All ECG results should be interpreted in the full context of the patient's symptoms, medical history, and clinical signs to determine the appropriate follow-up actions.
- If paroxysmal AF is suspected and not detected on ECG and episodes are less than 24 hours apart, the patient should be referred into the 24-hour ambulatory ECG monitoring service
- If the patient is symptomatic and episodes >24 hours apart, seek advice and/or refer the patient into the specialist service

3.3. Subcontracting Arrangements

At the discretion of the provider, referrals may be accepted from other GP practices across the same place area.

Where the practice wishes to sub-contract some elements of the service to other GP practices in the same place area, it will be responsible for agreeing and implementing a robust patient pathway.

This will include ensuring that the following actions are undertaken.

- Development of an agreed and safe referral process
- Recording relevant information in the patient's lifelong record
- Development of agreed standard operating procedure (SOP) for 12 lead ECG Recording and Interpretation
- Development of a SOP for onward patient referral to specialist care as appropriate
- Development of a SOP for all appropriate communication with the patient's registered GP.

Providers should ensure that all ECGs are conducted within a suitable timeframe based on clinical need.

Where the practice sub-contracts some elements of the service, it must ensure robust systems are put in place for the recording of information in the patient's EMIS record, prescribing and recall.

3.4. Interdependence with other services/providers

Collaborative working with peer GP Practices, PCNs and Coventry and Warwickshire ICB.

The requirements of the LES are interdependent with the development of a close working relationship with peer GP Practices and where applicable, the specialist (secondary care) service provider. This should include ensuring the timely receipt of information from the service provider, which includes documentation of the patient being seen by the specialist or practice-based service, if sub-contracting arrangements apply.

3.5. Access

As a minimum requirement for service delivery, the service must be offered during core hours. Providers should work to ensure that they have appropriate alternative arrangements in place to cover periods of extended staff sickness or extended annual leave. This could be through putting in place temporary sub-contracting arrangements. All changes to the clinical provider pathway, irrespective of whether they are temporary or longer-term arrangements should be agreed in advance with the ICB Contracts Team.

3.6. Minimum Reporting and Data Collection Requirements

Practices must ensure that all appointment slots delivered under this Local Enhanced Service are mapped correctly in line with the national Network Contract DES – Standardised GP Appointment Categories guidance, available here: [NHSE Slot Mapping Guidance \(2021/22\): www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/](https://www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/)

Any appointments delivered as part of extended access provision must be mapped to the “Extended Access Provision” service setting to ensure accurate national reporting.

A detailed support article, including a video walkthrough on how to carry out slot mapping, is available at: Primary Care IT – Mapping Appointment Slots -

https://support.primarycareit.co.uk/portal/en-gb/kb/articles/mapping-appointment-slots#Mapping_new_Slot_Types

Failure to correctly map appointment slots may impact data reporting and contractual compliance.

For each contact, the provider must record the type of intervention on to the patient’s clinical record. This should be actioned using the appropriate clinical coding listed in Section 6 of this service specification.

Using the ICB clinical template that has been provided for the service, providers must submit a quarterly minimum data set to the ICB Contract and Finance Teams to support payment.

Details should include the following information:

- Name of Practice and whether activity is delivered through subcontracting arrangements, including name of service provider.
- The total number of 12 Lead ECGs (recording and interpretation) undertaken in the quarter being claimed
- The total number of patients who receive a 12 Lead ECG in the quarter being claimed
- The total number of patients who receive a 12 Lead ECG recording test through a home visit
- The total number of patients who receive 12 Lead ECG in Extended Access Clinics

3.7. Equipment and Consumables

All equipment will be provided by the service provider. Equipment must meet all criteria set out in national and local guidance and be maintained in line with manufacturer’s guidance.

The provider will be required to undertake internal quality control audits as per advice from the equipment manufacturer.

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

Consumables are included in the cost of each service attendance.

3.8. Consent

The service provider should make sure that informed consent is given by the patient. This should include confirmation that the patient understands and agrees to receive a 12 Lead ECG at the time of the appointment booking.

3.9. Inclusion and Exclusion Criteria and Thresholds

3.9.1. Inclusion Criteria

The service is provided to patients who are registered with a general practice across Coventry and Warwickshire Integrated Care Board (ICB) and are aged 16 years and over. At the discretion of the practice, referrals may be accepted from any GP practice across the same place area as the registered patient.

3.9.2. Exclusion Criteria

The following indications and patient groups are currently not included under this specification, and practices will not be paid for these patients under this service agreement:

- Patients under 16 years of age
- Patients with suspected acute coronary syndrome (myocardial infarction or unstable angina)
- Urgent referrals
- Routine medical examination and/or assessment
- Secondary care requests as part of the pre-operative assessment process. The LES does not provide a substitute arrangement for secondary care specialities performing their own ECGs and Follow ups

In general, the service will support funding for one 12 Lead ECG recording and interpretation test per patient per calendar year. Additional patient activity in one calendar year may be subject to clinical audit prior to approval to help understand the rationale for additional service activity.

3.10. Workforce

The provider must ensure the following:

- The service has a named lead who is an appropriately qualified health care professional.
- All staff are appropriately competent, qualified and trained to deliver the specified level of service/intervention.
- All staff delivering the service are trained on all appropriate policies relating to the delivery of a 12 Lead ECG Recording and Interpretation Service
- Staff have access to refresher training as required to maintain clinical competence in delivering the specified service.
- Staff are CPR trained (adults) when they start to provide the service and should attend annual refresher training thereafter.
- Staff delivering the service must have undergone the relevant DBS check before delivering the service.

Whilst there is no single, formal national requirement in the UK for a specific number of 12-lead ECGs that must be interpreted annually to maintain competency, service providers should ensure that all health care professionals providing the service regularly deliver activity and commit to ongoing annual professional development. This will help to ensure that providers remain familiar with current best practice for safe and accurate interpretation.

3.11. Clinical Governance

The provider should ensure that there are robust governance processes in place to support delivery. All standards of communication should adhere to Caldicott and Data Protection guidelines.

In the context of all appropriate data protection and confidentiality requirements being in place, the service provider should comply with any commissioner requests for clinical audit of the service being delivered.

The contract team reserves the right to carry out clinical audit on all 12 Lead ECG activity submissions that fall outside the 95% range (2 standard deviations) of the mean number of 12 Lead ECGs being performed across the ICB within each quarter being claimed.

3.12. Equality and Diversity

The service provider must adhere to all relevant equality and human rights legislation, ensuring equal access to services for all patients, including those with protected characteristics. This should also include promoting a culture of respect and inclusion.

4. Applicable Service Standards

The Provider is responsible for ensuring the following;

- 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 manufacturer's guidance.
- Training meets all relevant criteria set out in national and local guidance.
- Serious Incidents within this service are reported to Coventry and Warwickshire ICB
- Infection Control Guidance
- Privacy and Dignity Guidance
- Health and Safety standards are met.
- Information Governance Standards are met.
- Safeguarding Adults Guidance is adhered to, including statutory training.

4.1. Applicable National Standards

The service provider will be 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).

The provider should continually review the evidence base for areas of good practice and innovation.

The following is a list of key relevant information. However, this list should not be seen to be exhaustive.

- NICE CG 196 (2021), 'Atrial fibrillation: diagnosis and management',
<https://www.nice.org.uk/guidance/ng196>
- SCST (2024), 'Clinical Guidelines by Consensus ECG Reporting Standards & Guidance: An approved method by the Professional Body for Cardiac Scientists (SCST)'

https://scst.org.uk/wp-content/uploads/2024/09/2024_ECG_Reporting_Guidelines_26-09-2024_V3_FINAL.pdf

- SCST (2024), Clinical Guidelines by Consensus ECG Recording Standards & Guidance: An approved method by the Professional Body for Cardiac Scientists (SCST)' https://scst.org.uk/wp-content/uploads/2024/09/2024_ECG_Recording_Guidelines_26-09-2024_V5_FINAL.pdf

4.2. Applicable Local Standards

A nominated lead clinician should have responsibility for the effective delivery of the service, including staffing, training, guidelines and protocols, service organisation, governance and liaison with other services.

The lead clinician should be a registered healthcare professional with appropriate competencies in this role and should undertake regular clinical work within the service.

The Service Provider is accountable and responsible for the following:

- Ensuring that the service has clear written protocols in place describing how it will be delivered by the practice. This should include the following arrangements:
 - Clear statements of roles and responsibilities of clinical and administrative staff.
 - Arrangements for booking appointments.
 - Processes to communicate information to other healthcare providers
- Ensuring that services are delivered in accordance with national and local guidelines.
- Appropriate computer-assisted decision-making equipment is used, and arrangements are in place for internal and external quality assurance.
- Ensuring the quality of care is audited at least annually
- Ensuring necessary infection prevention processes are in place, including safe disposal of electrodes, etc.
- Having back up arrangements in place for staff and equipment.
- Ensuring staff working within the service have the necessary registration, skills, knowledge, and competencies for the role they are undertaking.
- Ensuring staff work within their clinical competency.

Individual practitioners are accountable and responsible for:

- Ensuring skills, knowledge and clinical competencies relevant to their role and responsibilities in the service are acquired and maintained.
- Adherence to relevant professional guidance as issued by the General Medical Council (Good Medical Practice, 2024) or the Nursing and Midwifery Council (The Code: Standards of Conduct, Performance and Ethics for Nursing and Midwifery, 2018).

4.3. Incidents and Untoward Events

Providers will notify the ICB through the Learning from Patient Safety Events (LFPSE) reporting process (or any future agreed reporting tool), of any incident or near miss in connection to service delivery. Details must be reported within 72 hours of the information becoming known to the practitioner.

4.4. Accreditation and Training

The service provider must ensure that practitioners work within their clinical competency. It is the practice's responsibility to ensure that all clinicians and staff involved in delivery of this LES are familiar with the requirements and any relevant guidance. Professionals delivering any part of this LES must be suitably trained and accredited.

This can be achieved through:

- Self-directed learning
- In-house practice or PCN learning events
- Coventry and Warwickshire ICB educational events (where available)
- Training costs are provided to the practice as part of this specification (except where otherwise specified).

4.5. Business Continuity Planning

Good business continuity planning ensures response and recovery arrangements are in place and regularly reviewed so that services to patients can continue in the event of any disruption.

If the provider becomes aware of any immediate or future impact on service delivery, they must engage with the Contracts Team in the ICB at the earliest opportunity to allow joint consideration of what mitigations can be put in place and allow conversations/planning across the wider system. Those options could include consideration of sub-contracting arrangements to another provider subject to the prior approval of the ICB.

5. Applicable Quality Requirements

The service provider must comply with all the National Quality Requirements as set out in the NHS Standard Contract. The ICB reserves the right to audit either service quality or financial claims if it deems this to be appropriate to do so.

The service provider should also adhere to the following quality requirements:

- Significant Event incidents related to this service should be reported through the LFPSE process and learning shared within the practice.
- All serious incidents related to this service must be reported to Coventry and Warwickshire ICB through the LFPSE process
- 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.
- 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.

5.1. Internal Quality Control

The service provider should have processes in place to effectively monitor the quality of the service being provided.

5.2. External Quality Control

The service provider may be required to participate in an accredited external quality assurance scheme to review and assure good practice in service delivery.

6. Coding Records, Data Quality and Audit

Practices must have systems in place to ensure that claims data is accurate.

6.1. Clinical Templates and Service Reporting

Providers must ensure that they use the clinical templates that have been provided by the ICB for the service. This will help to ensure that they have systems in place for accurately capturing and reporting quarterly datasets to the ICB Contracts and Finance Teams for payment.

6.2. Coding

For the purposes of payment, the register of patients is defined as follows,

- Patients aged 16 years and over who receive a 12 Lead ECG for symptomatic investigation and the ECG has been interpreted as normal, equivocal or abnormal
- Patients aged 16 years and over who receive a 12 Lead ECG for medications that affect the cardiac conduction system and the ECG has been interpreted as normal, equivocal or abnormal
- Patients aged 16 years and over who have a LTC and receive a 12 Lead ECG as part of an ongoing requirement for annual review and the ECG has been interpreted as normal, equivocal or abnormal
- Date of 12 lead ECG interpretation within 5 days of the ECG recording code being applied

Section 6.2.1. below describes the codes that qualify for payment under the scheme. The default position for this service is that the activity data will be collated and submitted to the ICB for payment by the contracted service provider. Where practices work together to provide one or more elements of the service, data collection mechanisms will need to be agreed with the ICB.

The activity data submitted will be used to calculate payment. Adequate records must be maintained by the service provider and any other partner they choose to subcontract with to provide an audit trail for post payment verification purposes.

6.2.1. List of Codes for Data Collection

Practices are required to use the following SNOMED CT Terminology or EMIS codes outlined in Table 1 below to confirm that a patient has been monitored through this LES.

Table 1: List of Clinical Codes for Data Collection

Description		Clinical Codes
12 Lead ECG Recording & Interpretation	12 Lead ECG Recording (electrocardiographic monitoring)	46825001
	One of the <u>three</u> interpretation codes must follow within 5 days of the 12 Lead ECG Recording taking place for activity to be eligible for payment	
	12 Lead ECG Interpretation: Normal (within 5 days of ECG Recording Code)	164854000
	12 Lead ECG Interpretation: Equivocal (within 5 days of ECG Recording Code)	370359005
	12 Lead ECG Interpretation: Abnormal (within 5 days of ECG Recording Code)	102594003
	12 Lead ECG Recording: Home Visit	439708006

Payment is made based on the date of the interpretation code (to distinguish activity that may sit across quarters).

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6.3. Records

Adequate records must be maintained to provide an audit trail for post payment verification purposes.

7. Payments and Claiming

7.1. Payments

Providers will be remunerated as follows:

- **12 Lead ECG Recording and Interpretation: £28.69** (This will be paid in the quarter the ECG interpretation is completed)

Intervention	Description	Funding
12 Lead ECG Test	12 Lead ECG Recording and Interpretation	£28.69

Payments will be made based upon the number of eligible patients that service providers declare in their quarterly activity submissions.

The ICB reserves the right to audit service quality or financial claims if it deems this to be appropriate.

Prices are inclusive of training and equipment costs, unless otherwise stated.

Practices whose claims are at variance with expectations may be asked to submit additional evidence to support past or future claims. Coventry and Warwickshire ICB reserve the right to check practice held information at any time to support post-payment verification.

The ICB will uplift the LES annually in line with the annual uplift provided by the Department of Health and Social Care (DHSC).

7.2. Data Submissions and Practice Claims for Payment

Practices will be required to submit the data sets for activity being claimed by the **5th working day** of the following quarter.

Quarterly Activity Data Sets should include the following information:

- Name of Practice and whether activity is delivered through subcontracting arrangements, including name of service provider.
- The total number of 12 Lead ECGs (recording and interpretation) undertaken in the quarter being claimed
- The total number of patients who receive a 12 Lead ECG (recording and interpretation)
- The total number of patients who receive a 12 Lead ECG recording test through a home visit
- The total number of patients who receive 12 Lead ECG Recording in Extended Access Clinics

7.3. Late or Inaccurate Claims

Where a practice is aware of any delay or inaccuracy in claims it should notify the primary care contracting team without undue delay.

- Past overpayments will be recovered over a reasonable timeframe in agreement with the practice.
- Past underpayments (which must be supported by appropriate evidence) where claims are delayed by less than 6 months or fall within the same financial year (April-March), will be honoured. Delayed claims falling outside this timeframe will be managed on a discretionary basis.

8. Contract Termination

8.1. Termination

Unless otherwise notified, this LES terminates on 31st March, 2028.