

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 20 June 2018

Officer of Single Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: **COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE: ECG AND ECG INTERPRETATION, 24 HOUR AMBULATORY ECG AND EVENT RECORDER INTERPRETATION**

Report Summary: Tameside and Glossop CCG commission Broomwell Healthwatch TeleMedical Monitoring Services Ltd to deliver community cardiology diagnostic services:

- Practice based 12 lead ECG service including provision of ECG machines and remote interpretation of all ECGs.
- Neighbourhood based 24hour ECG service including provision of ECG machines and remote interpretation of all ECGs.

Broomwell have delivered services to Tameside & Glossop for a number of years. The current contract was let in 2016 (1 April 2016) as a 3 year contract following a formal procurement process. The current contract will end on 31 March 2019. The indicative annual contract value for the 2 services is c£190k.

The purpose of this report is to present options for the future commissioning of community cardiology diagnostic services for the population of Tameside & Glossop.

Recommendations: The Strategic Commissioning Board are asked to consider this report and advise on their preferred option, noting that the preferred option of the Commissioning Directorate is Option 1.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	£310k 2018/19	-	-	£310k 2018/19
Total	£310k	-	-	£310k
Section 75 - £'000 Decision: SCB		A recurrent budget of £310k is in place to fund this service. This includes both payments under the Broomwell contract and support payments to GPs for delivery of their part of the pathway. The service is paid for on a cost and volume basis, therefore actual payments due may vary from the budgets quoted above based on actual activity.		
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison The finance task and finish group have reviewed this paper and support the recommendation to extend the contract for a				

further 2 years.

Equivalent diagnostic tests performed in an outpatient setting are significantly more expensive than the current community service. On this basis, the CCG delivered substantial QIPP savings 3 years ago when this contract was first signed.

These historic savings are now fully embedded in recurrent budgets and any return to PbR would result in a financial pressure to the economy.

On the assumption that the contract can be extended on the current terms, recurrent budgets are sufficient to continue funding the service.

Legal Implications:

(Authorised by the Borough Solicitor)

This contract has provision for extension by 2 years from 1 April 2019, until 31 March 2021, on 6 months notice. If the Board agree this option is the best, it would make sense for that decision to be taken now to avoid the need to come back for further governance before the need to give notice of intention to extend on 30 September 2018.

There is no reason, given the detail provided in the report, to be concerned that the public law fiduciary duty is not being met, and so the request for a 2 year extension in this case, given the effective monitoring of the service and the service's responses and performance, would seem reasonable in this instance.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the living and ageing well elements of the Health and Wellbeing Strategy.

How do proposals align with Locality Plan?

The proposals are in line with the locality plan and the Care Together model of care as they support delivery of early and effective diagnosis and therefore treatment of cardiovascular conditions, with care delivered close to home and in the community.

How do proposals align with the Commissioning Strategy?



The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme supporting early and effective diagnosis and appropriate treatment.

Recommendations / views of the Health & Care Advisory Group:

HCAG considered a version of this report at their meeting in May 2018 and were supportive of Option 1. The request was that commissioners continue to work closely with the ICFT, through the Heart Disease Programme Board, to optimise the alignment of this service with those delivered by the ICFT. HCAG members spoke highly of the quality and effectiveness of the services delivered by the provider under the current contract.

Public and Patient Implications:

The procurement process which was undertaken when the contract was awarded to Broomwell in 2016 was informed by extensive patient engagement, supported by the (then) Tameside & Glossop NHS FT. Commissioners will ensure that if the contract extension is supported, patient reported outcomes and patient satisfaction measures form a key part of the contract monitoring process.

Quality Implications:	A Quality Impact Assessment has been completed and is attached.
How do the proposals help to reduce health inequalities?	The proposal will ensure the delivery of timely and effective diagnostic services to meet individuals' needs across the locality, delivered in community settings and close to people's own homes.
What are the Equality and Diversity implications?	An Equality Impact Assessment (EIA) has been completed and is attached to this report.
What are the safeguarding implications?	The commissioned model will include all required elements of safeguarding legislation, and if the SCB decision is to extend the current contract, commissioners will ensure this is in place for the period of any contract extension.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Broomwell receive referrals from GPs in the locality and as existing holders of a standard NHS contract work within the required IG regulations. This will continue to be assessed through the contract management process.
Risk Management:	The contract will continue to be performance managed by the commissioning directorate with support and input from colleagues in the finance directorate and contract management team.
Access to Information :	<p>The background papers relating to this report can be inspected by contacting Alison Lewin, Deputy Director of Commissioning:</p> <p> Telephone: 07979 713019</p> <p> e-mail: alison.lewin@nhs.net</p>

1 BACKGROUND AND INTRODUCTION

- 1.1 Tameside and Glossop Clinical Commissioning Group (CCG) commission Broomwell Healthwatch Tele-Medical Monitoring Services Ltd to deliver community cardiology diagnostic services:
 - Practice based 12 lead ECG service including provision of ECG machines and remote interpretation of all ECGs.
 - Neighbourhood based 24hour ECG service including provision of ECG machines and remote interpretation of all ECGs.
- 1.2 The procurement of Community Cardiology Diagnostic services was carried out in 2015-16 following a decision made through CCG governance. The rationale for the service model was that the service would reduce the number of unnecessary referrals to secondary care, allow GPs to carry out diagnostic tests in their practices, allow patients to be seen more promptly, and ultimately to support the delivery of improved health outcomes for people with cardiovascular disease in Tameside and Glossop. The business case set out expectations that the model would reduce the number of diagnostics carried out in secondary care. 35 practices responded in support of the Broomwell service delivered prior to 2016-17 and the further development of community cardiology diagnostics. Broomwell were the successful bidders through the formal procurement process.
- 1.3 Broomwell have delivered services to Tameside and Glossop for a number of years. The current contract was let in 2016 (1 April 2016) as a 3 year contract following a formal procurement process. The current contract will end on 31 March 2019. The indicative annual contract value for the 2 services is c£190k (see section 3 below).
- 1.4 Broomwell are the provider of community cardiology diagnostics to all Greater Manchester localities (with the exception of Oldham) and have a significant number of contracts nationally.
- 1.5 The service was procured to provide a community pathway for cardiology diagnostics with the following objectives:
 - Ensure patients receive the appropriate levels of care commensurate to their need at the earliest point in the pathway;
 - Access to prompt expertise in ECG testing and interpretation;
 - Swifter confirmed diagnosis enables management care plans to be produced in primary care or onward referral to secondary care with diagnostics already undertaken;
 - Assess to diagnostics closer to home;
 - Patients may avoid unnecessary hospital attendance;
 - Patients are able to access care within their local community;
 - Ensure optimum use of resources;
 - Improved patient experience by reducing anxiety, as tests can be undertaken immediately or within a few days of referral, with results available shortly after;
 - Reduction in hospital attendances.
- 1.6 As part of the Tameside and Glossop Locally Commissioned Service arrangements with General Practice, a service specification and contract is in place for the GP element of the ECG pathway, as described in section 2 below.
- 1.7 The purpose of this report is to present options for the future commissioning of community cardiology diagnostic services for the population of Tameside and Glossop.

2 SERVICE DESCRIPTION

- 2.1 The specification in the current contract states that the Service Provider (Broomwell) shall:

- Provide a timely, locally accessible service within the community;
- Rapid access to quality assured results;
- Increased access to diagnostic procedures;
- To ensure optimal client care, related to diagnostic outcomes;
- Address health inequalities;
- Improved quality of life for patients and their relatives/ carers;
- Provide a best value patient-focused service that fulfills the clinical needs of patients and other users;
- Provide safe, efficient, responsive, comprehensive and effective services which meet National guidelines, accreditation requirements and statutory regulations;
- Provide a flexible and appropriate service that respond to changes in patient care and organisational requirements;
- Ensure that service standards are met through the appropriate use of qualified and registered staff. Maintain a balanced skill mix that provides the best value service and ensure all staff are developed and trained to be competent for the work to be undertaken;
- Work within, and meet the standards of a quality management system, ensuring all standard operating procedures comply with, National minimum standards and regulatory body's requirements;
- Ensure that training is provided to GP practice staff to ensure the equipment is fitted correctly. Any training costs should be covered within the cost of the interpretation.

2.2 As outlined in section 1.1 there are 2 elements to the service commissioned from Broomwell, and these are described below:

12 Lead ECG Pathway

A clinician records an ECG on a patient at the surgery and then contacts Broomwell Healthwatch. The ECG recording is transmitted via telephone/internet to a team of clinically trained staff who are available to interpret the results. During transmission, the Broomwell Healthwatch team are in constant communication with the patient's doctor/nurse and, having awareness of the clinical situation, are then able to provide an accurate interpretation and provide an immediate verbal interpretation of the ECG to the practice staff. Following the immediate verbal report, a full written ECG report is sent back to the surgery (usually within 30 minutes), together with a copy of the ECG usually by email for inclusion in the patient record.

24 hour ECG Pathway

The supply of ECG Ambulatory monitors is managed on a locality basis. Tameside & Glossop CCG currently have 8 hubs across the locality. Broomwell Healthwatch provides the equipment and training to the Hubs. The equipment is fitted at and returned to the Hubs following referral by the patients' GP/Practice Nurse. As with 12-lead ECGs, the recording from the ambulatory monitors is interpreted by Broomwell Healthwatch clinical staff. The results are sent to the GP Practice within 3 working days of the machine being returned to the Hub. In the cases where the test has been unsuccessful due to equipment failure, the patient will be contacted by the Hub to ask them to return and have the equipment re-fitted. This will only count as one test for financial purposes. In the cases where an event recorder has been fitted, the equipment has worked but the patient has not pressed the event button, so no recording has been made, the referring GP should be updated about this and can decide whether they want to re-refer the patient for another test. The majority of ambulatory recordings will be for 24 hours however, an event recorder is also available.

2.3 Staff training is delivered by Broomwell to ensure that service standards are met through the appropriate use of qualified and registered staff. A skill mix is maintained that provides an effective, competent and value for money service. Training is provided where required to General Practice to ensure equipment is fitted correctly.

- 2.4 The provider takes complete responsibility for all telemedicine equipment and servicing. A 'repair/replace' facility is available to the hubs enabling any equipment problems to be resolved within 48 hours by repairing or replacing said equipment.
- 2.5 There is a service specification in place, which is part of the Tameside & Glossop Locally Commissioned Service contracts with General Practice, which outlines the responsibilities of General Practice as:
- Ordering appropriate supplies from the provider;
 - Undertaking the 12 lead ECG test;
 - Downloading data to the provider in order to interpret the test;
 - Onward referral to secondary care if required.

3 FINANCE, ACTIVITY AND PERFORMANCE

- 3.1 The Commissioning Directorate with support from finance and contracting colleagues are responsible for the monitoring of this contract, and receive monthly reports from Broomwell. Annual contract review meetings are held between the provider and commissioner.

Finance

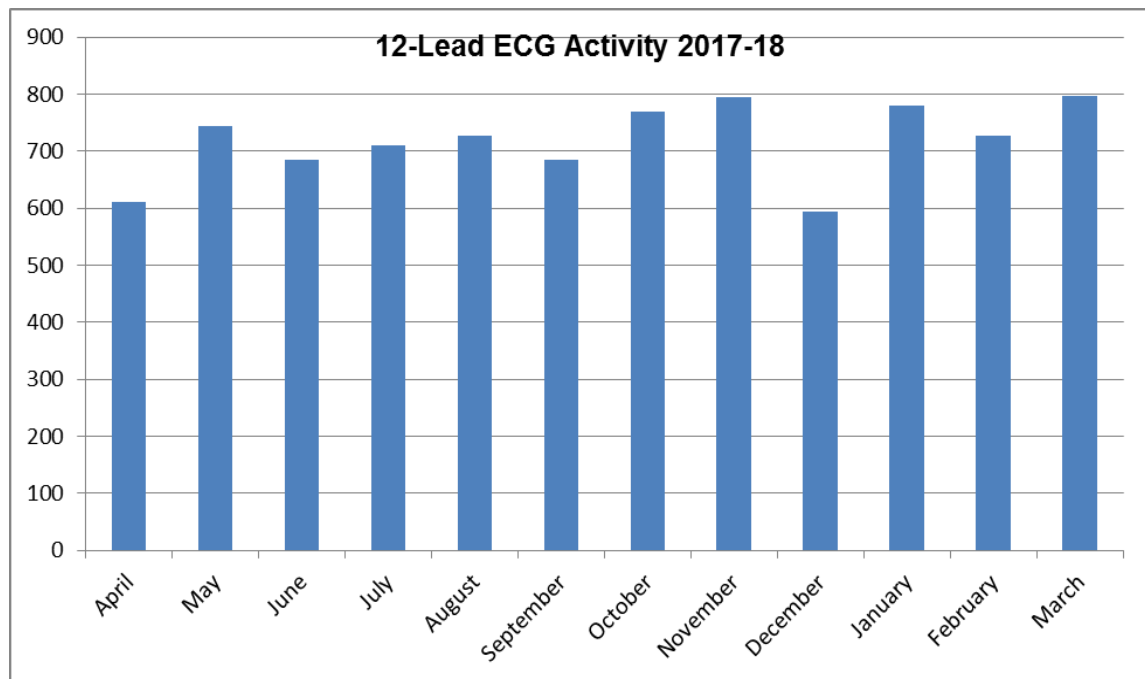
- 3.2 The annual indicative Broomwell contract value Broomwell is set out below:

Year	Indicative Value £
2016-17	185,985
2017-18	190,351
2018-19	190,544

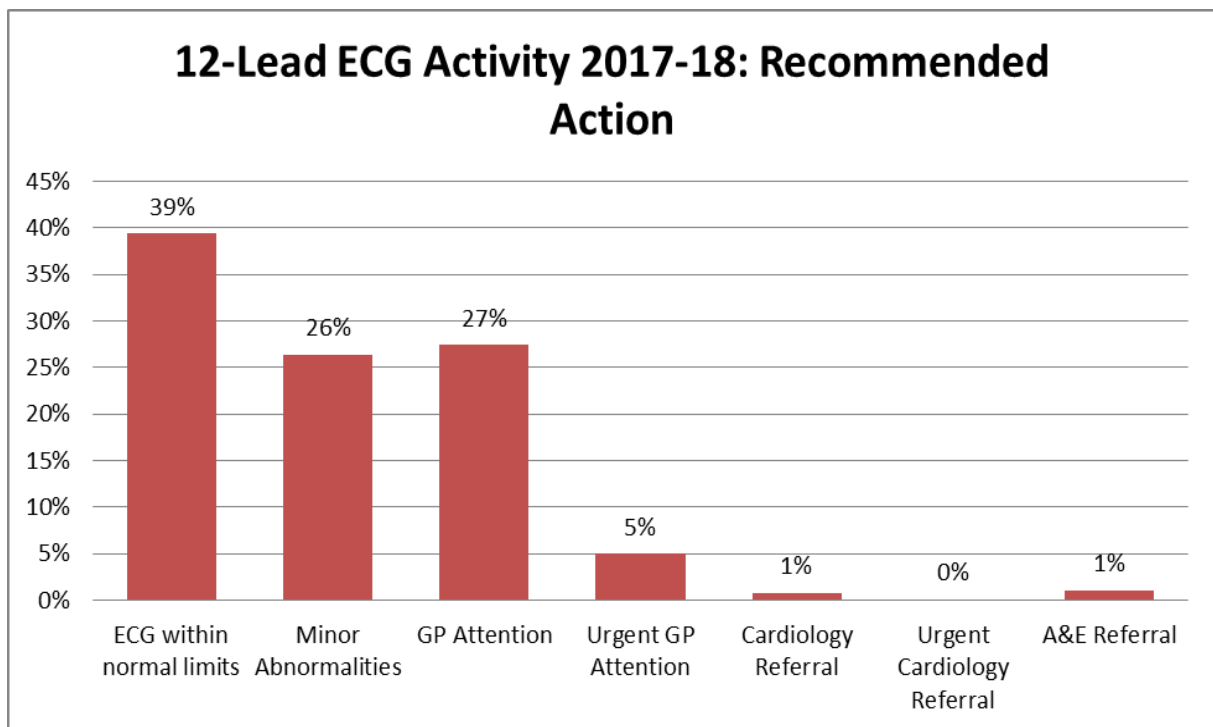
- 3.3 There is an associated budget in place as part of the whole community cardiology diagnostic service to support payments to GPs for delivery of their part of the pathway. GPs are paid £7 per test.
- 3.4 The payments are made based on activity levels as set out in the section below, and can therefore vary from the indicative contract values. This contract has been supported from a finance perspective due to the demand management nature from a secondary care perspective.
- 3.5 Indicative activity levels and contract value equate to c£24 per ECG, plus £7 GP fee.

12-Lead ECGs

- 3.6 **Activity:** In 2017-18, there were 8,620 12-lead ECGs carried out by Broomwell. The indicative activity level in the contract for Year 2 (2017-18) is 7168. The chart below shows the activity across the 12 months April 2017 – March 2018.



- 3.7 Broomwell provide commissioners with a breakdown of the outcome of 12-lead ECGs in the monthly performance reports. The chart below details the outcome of the 8,620 carried out in 2017-18.



- 3.8 **Performance:** In 2017-18, all KPIs relating to the time in which reports are sent to the practices were met for the 12 lead ECG service.

24-Hour ECGs and Loop Event Monitors

- 3.9 **Activity:** In 2017-18 there were 852 24-hour ECGs carried out by Broomwell via the 8 neighbourhood hubs. The anticipated activity level in the contract for 2017-18 (Y2) is 614. The activity for each of the hubs is included in the table below:

HUB 1	Brooke Surgery	119
HUB 2	Denton MP	130
HUB 3	Droylsden MP	48
HUB 4	King Street	58
HUB 5	Manor House	241
HUB 6	Market Street	48
HUB 7	Tame Valley	159
HUB 8	Town Hall	49
Total		852

3.10 In 2017-18 there were 146 referrals for Loop Event Monitors carried out by Broomwell via the 8 neighbourhood hubs. The activity for each of the hubs is included in the table below:

HUB 1	Brooke Surgery	28
HUB 2	Denton MP	16
HUB 3	Droylsden MP	1
HUB 4	King Street	13
HUB 5	Manor House	54
HUB 6	Market Street	13
HUB 7	Tame Valley	21
HUB 8	Town Hall	3
Total		146

3.11 **Performance:** The expectation is that referrals for 24-hour ECGs and Loop Event Monitoring will be seen for their first appointment within 3 weeks of referral. And that reports back to the referring GP will be received within 3 working days of the equipment being returned to the hubs. The table below summarises performance in 2017-18 against these indicators.

24 hour Tape MONTHLY ACTIVITY SUMMARY															
SUMMARY OF PERFORMANCE	% achieved	Ave monthly Target	Cumulative Data	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Time elapsed between Referral date and first appointment															
0-3 Weeks	66.2%	100.0%	564	61	54	44	53	36	33	40	50	31	48	52	62
4-6 weeks	33.8%	0.0%	288	11	20	24	9	30	21	9	25	44	51	26	18
Total	100.0%	100.0%	852	73	74	68	62	66	54	49	75	75	99	78	80
Time elapsed between receipt of data and reporting back to patient's registered practice															
0-3 days	98.9%	100.0%	844	72	71	68	60	66	54	47	75	75	98	78	80
3-6 days	1.1%	0.0%	9	1	3	0	2	0	0	2	0	0	1	0	0
Total	100.0%	100.0%	853	73	74	68	62	66	54	49	75	75	99	78	80
DNA Rate			38	5	4	6	1	1	3	4	2	5	0	2	5

Loop Event Monitors - MONTHLY ACTIVITY SUMMARY															
SUMMARY OF PERFORMANCE	% achieved	Ave monthly Target	Cumulative Data	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Time elapsed between Referral date and first appointment															
0-3 Weeks	51.7%	100.0%	77	6	17	3	6	9	7	6	15	8	6	15	13
4-6 weeks	48.3%	0.0%	72	14	10	8	14	7	1	2	1	15	10	9	8
Total	100.0%	100.0%	149	20	27	11	20	16	8	8	16	23	16	24	21
Time elapsed between receipt of data and reporting back to patients registered practice															
0-3 days	100.0%	100.0%	149	20	27	11	20	16	8	8	16	23	16	24	21
3-6 days	0.0%	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	100.0%	100.0%	149	20	27	11	20	16	8	8	16	23	16	24	21
DNA Rate			12	4	1	4	1	0	0	1	0	1	1	2	4

3.12 Broomwell have reached 98.9% (24 hour ECGs) and 100% (Loop Event Monitors) for reporting back to GPs within 3 working days.

3.13 During 2017-18 Broomwell have encountered problems with regard to 4 of the 8 hubs and the referral process, leading to below expected levels of performance for the referral to appointment times and the expected 3 week waiting time. The CCG have supported Broomwell, who reporting that practices were not communicating effectively with Broomwell up booking patients for appointments. Following a contract meeting held in March, the CCG and Broomwell have supported practices with resolving the issues and are now monitoring this weekly.

4 OPTIONS FOR FUTURE COMMISSIONING OF THIS SERVICE

4.1 In light of the information outlined in this report, SCB are asked to consider the following options for the future commissioning of community cardiology diagnostics.

4.2 **Option 1:** The current contract is a 3 year standard NHS contract with an option to extend by a further 2 years. We would need to give notice to the provider that this is our intention and we would need to inform the provider that this is our intent 6 months before the current contract end date of 31st March 2018 (i.e. 30th September 2018). This option could include a review of the KPIs and addressing any concerns regarding performance and / or activity through the usual contract monitoring processes.

4.3 **Option 2:** If the decision is NOT to take the option of extending the current contract with Broomwell, the commissioners could review the current service specification and with a revised specification run a full procurement exercise to identify an alternative community provider.

4.4 **Option 3:** If the decision is NOT to take the option of extending the current contract with Broomwell, the commissioners could review the current service specification and commence discussions with Tameside & Glossop ICFT with a view to including activity within the hospital based ICFT cardiology services – this option would be dependent on the ICFT being able to confirm capacity to take on the additional activity, to deliver to the commissioner specification, and would require discussions regarding the inclusion of any additional activity in the contract arrangements for 2019-20.

5 RECOMMENDATION

As outlined on the front of this report