

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 October 2020

**Executive Member:** Cllr Eleanor Wills – Executive Member (Health, Social Care and Population Health)

**Clinical Lead:** Dr Kate Hebden – Clinical Lead

**Reporting Officer:** Jessica Williams – Director of Commissioning

**Subject:** **COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE- ECG and ECG Interpretation, 24 hour Ambulatory ECG and event recorder Interpretation**

**Report Summary:** The purpose of this report is to present options for the locality for the commissioning of community cardiology diagnostics from March 2021.

Currently Tameside and Glossop CCG commission Broomwell Healthwatch to deliver community cardiology diagnostic services. Based on current activity levels the financial envelope equates to £305k per annum.

Broomwell Healthwatch is commissioned to deliver this service until March 2021. A procurement process is required for contract arrangements from April 2021

**Recommendations:** That Strategic Commissioning Board recommended to receive and acknowledge this report and to support a 3-6 month extension of the current contract to enable a procurement exercise to take place which will be facilitated by STAR procurement, the delay in this process starting earlier has unfortunately been exacerbated by the COVID-19 pandemic.

Support the procurement process outlined within the paper, including permission to award the contract following a successful procurement exercise

**Financial Implications:** **Budget Allocation (if Investment Decision)** £305k

**(Authorised by the statutory Section 151 Officer & Chief Finance Officer)** **CCG or TMBC Budget Allocation** CCG

**Integrated Commissioning Section – s75, Aligned, In-Collaboration** Fund Section 75

**Decision Body – SCB Executive Cabinet, CCG Governing Body** Strategic Commissioning Board

**Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance,** A Community Cardiology Diagnostics service has been in place for a number of years and as such has a

**Benchmark**  
**Additional Comments**

budget of £305k p.a. associated with it. This is a recurrent budget and the medium term financial plan assumes that spend will continue at current rates indefinitely.

Therefore budget is in place to re-tender this contract assuming the service is still considered clinically meaningful.

This service was subject to a competitive tendering process in 2016, so unlikely that significant QIPP savings will be generated again this year. But given the financial challenges the economy faces over the next few years, we should strive identify and realise any potential efficiencies as part of the re-tendering process.

**Legal Implications:**  
**(Authorised by the Borough Solicitor)**

The option to extend the contract was previously agreed by the Strategic Commissioning Board and the contract is due to end on 31 March 2021. If the Board agree to support a 3-6 month extension and the procurement process as the best option it would make sense for that decision to be taken now to avoid the need to come back for further governance before the contract expires. 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 3-6 month 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?**

In line with the policy objective of the corporate plan for longer and healthier lives.

**How do proposals align with Locality Plan?**

Meets the ambition of the Locality Plan for improved healthy life expectancy.

**How do proposals align with the Commissioning Strategy?**

This procurement is in line with the ambition of the NHS Long Term Plan to improve CVD diagnostics in the community.

**Recommendations / views of the Health and Care Advisory Group:**

N/A – no change in model. May be taken to HCAG following market consultation.

**Public and Patient Implications:**

No public and patient implications at this time

**Quality Implications:**

Any quality implications have been identified are discussed in

this paper

**How do the proposals help to reduce health inequalities?**

Clear mandate to identify and effectively address health inequalities.

**What are the Equality and Diversity implications?**

None identified

**What are the safeguarding implications?**

None identified

**What are the Information Governance implications?  
Has a privacy impact assessment been conducted?**

None identified

**Risk Management:**

The principal risk is not completing the procurement within the required timescales, this will be mitigated by extending the current contract by 3-6 months

**Access to Information:**

The background papers relating to this report can be inspected by contacting Mark Owen – Commissioning Project Manager:  
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## **1. BACKGROUND AND INTRODUCTION**

- 1.1 Tameside and Glossop CCG commission Broomwell Healthwatch to deliver community cardiology diagnostic services in partnership with General Practices. An ECG is a simple diagnostic test that can be used to check your heart's rhythm and electrical activity and identify conditions such as heart attacks and coronary heart disease.
- 1.2 The service covers two types of electrocardiograms (ECGs); a General Practice-based 12 lead electrocardiogram (ECG) service including provision of ECG machines and remote interpretation of all ECGs and a locality hub based 24-hour ECG service including provision of ECG machines and remote interpretation of all ECGs. Which takes place in one of the five neighbourhood hubs.

## **2. SERVICE MODEL**

### **12 Lead ECG**

- 2.1 A clinician undertakes an ECG on a patient within a GP surgery and transmits the recording 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 clinician and provide an immediate verbal interpretation of the ECG. 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 for inclusion in the patient record.

### **24 Hour ECG**

- 2.2 The supply of 24hr ECG monitors is managed on a locality basis. Tameside & Glossop CCG currently have 5 hubs across the locality. Broomwell Healthwatch provides the equipment and training to the hubs. This type of test also called Holter monitoring or ambulatory ECG monitoring, this involves continuously recording your heart's electrical activity for 24 to 48 hours, sometimes longer. This can help diagnose conditions such as atrial fibrillation or episodes of skipped beats which may be intermittent. The patient has a monitor fitted at a local hub, after 24 hours have passed the patient returns to the hub to have the monitor removed. The GP Practice then uploads the data which, as with 12-lead ECG's, 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.
- 2.3 The service provides a community pathway for cardiology diagnostics to:
  - Provide an accessible, patient-centred service that delivers rapid access to diagnostics of cardiac symptoms in a setting closer to home and avoids unnecessary hospital appointments.
  - Link diagnostic services in primary care with secondary care so that patients will receive accurate and timely care without the need for duplicating tests.
  - Allow GPs to treat conditions within the practice and support better management of conditions for improved health outcomes.
  - Reduce demand and waiting times for secondary care diagnostic services.
  - Minimise the impact of the disease through faster and more effective diagnosis (with fewer hospital admissions and re-admissions) and reduce overall mortality.
  - Provide feedback that will enable GPs to better manage their patients in primary care
  - Ensure that users of the community diagnostics service receive effective communication and have a positive experience.
- 2.4 The phase 3 of the NHS response to the COVID-19 pandemic guidance states that the CCG must accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including better targeting of long-term condition prevention and management. This is also reflective in the NHS Long Term Plan that early detection

and treatment of Cardiovascular Disease can help patients live longer, healthier lives through the use of ECG testing.

### **3. CURRENT POSITION**

- 3.1 Broomwell Healthwatch have successfully delivered services to Tameside & Glossop for a number of years. The current contract began April 2016 as a 3 year contract following a successful procurement process with the option to extend for two years. The option to extend was taken up and will end on 31 March 2021. The indicative annual contract value for the 2 services is £305k. The current contract has consistently over performed and activity has grown exponentially over the life of the contract. As the contract is now coming to an end we would look to re-procure this service to continue providing a value for money service within a community based environment.

### **4. ACTIVITY AND PERFORMANCE**

- 4.1 Current average activity for the 12 Lead ECG service is 839 reviews each month, with activity increasing by 16% over the course of the contract. Current average activity for the 24 hour ECG service is 91 ECGs is 91 per month, with activity increasing by 76% over the course of the contract.
- 4.2 Rising levels of activity are essential as early mortality rates (under 75 years) from coronary heart disease in Tameside & Glossop are significantly higher than the England average. A proactive approach to diagnosing and testing for heart conditions is essential to raise healthy life expectancy.
- 4.3 The NHS long term plan states that cardiovascular disease causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. This is the single biggest area where the NHS can save lives over the next 10 years. Increasing activity will also help increase the diagnosed prevalence of atrial fibrillation (AF). Public Health England estimate that there could be an additional 1,050 people with undiagnosed atrial fibrillation across Tameside and Glossop.

### **5. PROPOSED WAY FORWARD**

- 5.1 Due to the current contract coming to an end we propose to go out to full procurement for the Community Cardiology Diagnostics Service. This includes the 12 lead and 24hr ECG service. The new service will ensure that to reduce health inequalities we will have equitable access across Tameside and Glossop, and look to develop priority lists for reflect how health needs and care may have been exacerbated during the COVID-19 pandemic.

### **6. FINANCIAL ASSUMPTIONS**

- 6.1 This is an activity-based contract, if successful, activity will continue to increase and deflect urgent activity away from other services. Due to the nature of this contract it is not deemed suitable for a block contracting arrangement. The current financial envelope for this service is £305k including (CQUIN). As we would expect this to be a standard NHS contract this would increase in line with inflation. Financial efficiencies will be gained wherever possible.

## **7. PROCUREMENT PROCESS**

- 7.1 The Covid-19 pandemic led to a necessary pause in the procurement programme. This delay has meant that the timeframe required for a full re-procurement would place unnecessary pressure on willing Providers at a time where resources are stretched. As this contract has already been extended a procurement process is required to give the current Provider sufficient contractual notice, allow an effective procurement process and safe mobilisation period we propose an extension of the existing contract by 3-6 months.
- 7.2 Some contracts are subject to procurement restrictions due to uncertainties associated with the pandemic, however as this procurement involves maintaining an essential service procurement can proceed as planned.
- 7.3 Regulation 32 of the Procurement Regulations allows authorities to directly award/modify existing arrangements in extreme urgency. Advice from STAR procurement is that if Covid has meant that the CCG has had to focus its efforts and resources elsewhere that this is a justifiable reason for a temporary contract extension.
- 7.4 We are also mitigating risk of challenge from the market by looking at conducting market engagement activity, which demonstrates the intention to procure the contract as soon as possible.
- 7.5 Planning meetings with clinical input have been held with key staff from STAR procurement, CCG commissioning, finance and contracting. This group have amended the service specification and developed a detailed project initiation document. The proposed new contract would run from July / October 2021 – July / October 2024 with the potential for two additional years.
- 7.6 The full procurement timetable can be seen in the **Appendix 1**.

## **8. RECOMMENDATIONS**

- 8.1 As set out at the front of the report.