

Our Ref: ID294

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## Re: Freedom of Information Request

I write in response to your letter dated 10<sup>th</sup> September requesting further information in relation to the Community ECG service. At your request, this letter has been treated as a formal request for information under the Freedom of Information Act (2000) and your specific questions (numbered 1-9 in your letter) will be answered in turn.

Throughout your letter you make reference to concerns relating to the quality of service provided by the Wirral Heart Centre, therefore with your consent, these concerns will be forwarded to the provider of this service, Wirral Community NHS Trust, for response.

In relation to your specific questions, please see the CCG response below:

- 1. You have indicated that a group consisting of Consortium Chief Officers and GP Leads met to consider the continuation of previous initiatives. Can you please confirm who the GP Leads were and whether the objections on the proposed actions by the clinician from Wirral GPCC was noted in the minutes. Given that the majority of services that were decommissioned were initiated by WGPCC, it would have been reasonable for a clinical view from that group and this was noted in sending the recommendations to the QPF Committee.**

A dedicated review group consisting of the Chairs and Chief Officers from the 3 Wirral consortia was established to oversee this. GP leads present were Dr. Sue Wells representing Wirral Health Commissioning Consortium, Dr. John Oates representing Wirral GP Commissioning Consortium and Dr. Mark Green representing Wirral Alliance Commissioning Consortium. The output from these discussions was the development of the Quality, Performance and Finance (QPF) Committee paper entitled 'Consortium schemes 2014/15' which is attached to this response for your information.

- 2. You are aware that as providers of the service, Miriam Medical Centre and Moreton Health Clinic wrote to you in September 2014 with detailed justification for the service to be continued for the benefit of the people of Wirral. This service could very easily be operated in every practice or hub if more convenient. This could be done if people felt that Miriam and Moreton Health had somehow benefited in financial or other terms by hosting this service. We never received an acknowledgement to the letter. Can you clarify if the Group or the Committee of**

**the CCG that decided on the decommissioning of services were aware of the views expressed?**

The views expressed were taken into account and are referenced within the QPF Committee paper attached (see sections 2.6.3 and 2.6.4).

- 3. You refer to a decision by the CCG that for services to continue they should be "Made available on a Wirral wide basis, to ensure equity of access." Which appears to be the guiding principle of this group. Can you please provide details of which committee made that decision, minutes of such meetings and whether any consultation took place with clinicians in Wirral and more importantly the public of Wirral. In taking that decision did the CCG or a select group within the CCG take into consideration the socio-economic and health outcomes disparity within Wirral. It would have been helpful if the group carried out an impact assessment of their decisions. If such analysis was undertaken, I would appreciate if that information can be provided to understand the rationale underpinning those decisions.**

Following the Wirral CCG Capability and Governance review undertaken during 2014, one of the key recommendations was to improve leadership and development of the whole system strategy with specific reference to reviewing the Consortia structure of the CCG to reflect the need to have whole Wirral approaches to strategic issues.

The attached QPF Committee paper references the associated move away from devolved consortium-led commissioning through service development budgets in line with the recommendations from the Capability and Governance review. It is within this context that the decision not to continue with the ECG service was taken; an impact assessment was not undertaken as an alternative service was already available across Wirral.

This is consistent with all consortia schemes.

- 4. You indicate that these recommendations were made to the Wirral CCG's Quality, Performance and Finance Committee to make the final decision. Can you please clarify if this committee was provided with information on the Quality, Performance and Financial aspects of the services that were to be decommissioned as against the continued investment in the favoured providers of the CCG the Wirral Acute Trust and Wirral Community Trust. If such information was made available, is it possible to access such information through minutes of meeting or papers provided to the committee?**

See QPF Committee paper attached.

- 5. In your letter you indicate that this service was only available to a certain number of practices and this provided an inequity of access. It was available to around 25 out of the 56 Wirral practices and in our letter to you, we offered to extend this service to all Wirral patients. The consequences of this decommissioning effects around 35-40% of practices (around 130,000 patients) and should have been subjected to a proper consultation.**

As mentioned in response to question 3 above, the attached QPF Committee paper references the move away from devolved consortium-led commissioning through service development budgets in line with the recommendations from the Capability and Governance review.

It is within this context that the decision not to continue with the consortium commissioned ECG service was taken; ECG services were not decommissioned as an alternative comprehensive service was already available across Wirral.

- 6. You have indicated that ECG service is available through the Heart Centres. Can you clarify the cost to the Wirral health economy on commissioning this service through the Community trust? Our understanding is that ECGs are paid as part of a block contract which is made up based on activity and reference costs. The nationally recommended reference cost for an ECG is around £35 per case whilst the GP based service was costing around £20-25 per case. I am informed that the CCG is paying around £160 per ECG undertaken in secondary care. Please clarify if these aspects were taken into consideration by QPF Committee of the CCG in taking their decision.**

The Wirral Heart Centre is commissioned as part of a block contract with Wirral Community NHS Trust. Whilst the CCG is aware of the split of costs for each service within the block contract, the CCG does not hold information relating to the cost of the individual elements (such as ECG provision) within each discrete service. This information would need to be requested from the provider under a separate Freedom of Information request.

Please see attached QPF Committee paper for information relating to financial information provided to the committee.

- 7. Your letter refers to the fact that many practices have purchased their own ECG Equipment. Can you please clarify if the CCG carried out a consultation of practices to establish this fact, or was it simply the personal view of the GP Leads who attended this meeting? Does the CCG have figures of how many practices have appropriate equipment and also clinicians with skills to interpret them? In a recent meeting of the GP Federation, only 5 out of the 20+ practices had ECG equipment and only two practices had skills to interpret ECG's effectively. Practices have also had the cost of on-going training for clinicians to keep interpretation skills up to date. This is at a time when training budgets have been significantly reduced. Can practices offer assurance that they can afford to carry out this training? Is it safe and effective for practices to be carrying out such an important diagnostic facility, if so what checks and measures are in place?**

A consultation with practices was not undertaken in relation to the availability of ECG machines. However, it is common knowledge that the former Primary Care Trust offered all practices funding to purchase ECG machines if required within the practice.

Whilst it is entirely the practice's responsibility (and a CQC requirement) to ensure that staff are competently trained to undertake clinical procedures, the CCG does provide a

nominal training budget for each practice to support the clinical development of staff if gaps in competency are identified by the practice.

- 8. Your justification of the CCG's decision with comments that the " Committee did not feel there would be any risk posed to patients in any way from the lack of service" has not been supported by the outcomes to date. If a detailed analysis of the cost benefit aspects of ECG services in Wirral were taken into consideration, I request that such information is made public. Given that you have now been given examples of poor quality of service, will the CCG be reviewing the commissioning of this service?**

As mentioned at the beginning of this response, the issues you raise regarding the quality of service provided by the Wirral Heart Centre will be forwarded to the provider, with your consent, for further investigation. The CCG has also invested in the Datix system to enable practices to highlight issues regarding clinical risk and quality and it would be really useful if any further concerns could be recorded in this manner; this enables trends across Wirral to be identified and investigated appropriately.

Please also see attached QPF Committee paper for information relating to cost benefit information provided to the committee.

- 9. The Tele ECG service used the latest telecommunication technology to delivery a cost effective service. Whilst this service is being embraced nationwide and held as a model to transform services in the 5 year Forward Plan, Wirral CCG has taken a backward step by decommissioning such a patient centred initiative.**

Thank you for your comment in relation to telecommunication technology. Please be assured that Wirral CCG is focussing on how technology can support the efficient delivery of healthcare through the new models of care being considered as part of the Healthy Wirral programme.

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