Appendix 3

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SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	To be confirmed
Service	Type 2 Diabetes Insulin Start LES
Commissioner Lead	Sara Stiddard, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)
Provider Lead	As per provider signatory
Period	1st April 2019 – 31st March 2020
Date of Review	September 2018

1. Population Needs

1.1 National/local context and evidence base

Type 2 diabetes is a chronic metabolic condition characterised by insulin resistance (that is, the body's inability to effectively use insulin) and insufficient pancreatic insulin production, resulting in high blood glucose levels (hyperglycaemia). Type 2 diabetes is commonly associated with obesity, physical inactivity, raised blood pressure, disturbed blood lipid levels and a tendency to develop thrombosis, and therefore is recognised to have an increased cardiovascular risk. It is associated with long-term microvascular and macrovascular complications, together with reduced quality of life and life expectancy.

This service should help to improve the quality of life for patients with Type 2 Diabetes Mellitus, improve the patient's understanding of his or her condition and reduce referrals to secondary care which will make the service more local and accessible to patients.

2. Outcomes

2.1 NHS Outcomes Framework Domains & 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 Local defined outcomes

Diabetes Insulin initiation occupies an important place in the management of type 2 diabetes . The National Diabetes Audit has shown BNSSG as outliers for 'diabetes treated to target'. Skilled clinicians are required in general practice for recognising insulin as the clear next step and initiating it with confidence as part of normal work.

This enhanced service specification outlines the process for undertaking treatment initiations in primary care, reducing the need for patient referral to secondary care. It will necessitate additional training for some practice clinicians and as such, will help improve the general management of patients with type 2 diabetes.

This locally enhanced service is an example of integrated primary and community care, with simplified access points for patients to specialised services. It is the expectation of the CCG that practices will contract for locality working based on the consultation outputs of an alliance contracting model for the delivery of Improved access.

3. Scope

3.1 Aims and objectives of service

Aims:

To provide an insulin initiation service for patients with type 2 diabetes which is convenient to the patient and provides safe, high quality, evidence based effective care.

The service detailed in this service specification must have a designated lead within the practice/locality. In usual circumstances routine insulin initiation and other non insulin injectable diabetes treatment initiation must be provided by the practice and its employed clinical staff and not by community or specialist nurses.

Objectives:

- To improve the quality of care provided in the community to patients with type 2 diabetes by making the service more accessible and responsive. This is facilitated by the shift from secondary to primary care and removing the need for patients to travel to acute trusts to undergo Insulin Initiation
- This enhanced service will fund practices to identify and initiate patients suitable for Insulin initiation, (Hba1c> 57)
- Provide patients with education around lifestyle and self titration of insulin doses, which in turn will promote the self care agenda as vital in the management of long term conditions such as diabetes
- The frequency of appointments is agreed on an individual basis with the patient.
- To reduce HbA1c to agreed individualised targets

- To reduce the long term complications of diabetes
- To reduce non-elective hospital admissions in patients with diabetes.
- To work towards NHS BNSSG CCG's objectives of delivering care closer to home
- Improve outcomes for patients by optimising glycaemic control
- Facilitate intensification of therapy in primary care, when this requires parenteral therapy
- Improve adherence to the latest NICE guidance
- Deliver safe, effective, and sustainable treatment
- Evaluation the quality of care for patients with diabetes through regular audit process

3.2 Service description/care pathway

The insulins prescribed as part of this LES should be in line with the BNSSG Joint Formulary. Prescribers are also expected to follow the BNSSG guidelines for the prescribing of ancilliary devices for blood glucose monitoring.

The patient outcomes requiring monitoring as part of this LES are:

- Identification of patients who need intensification of their drug therapy for diabetes
- Have a designated diabetes lead within the practice. Intensify drug therapy in line with BNSSG formulary
- Optimise glycaemic control
- Frequency of episodes of hypoglycaemia including emergency admission
- Ensure a patient centred approach to the initiation of insulin therapy which empowers the person with type 2 diabetes to be actively involved in their treatment
- Ensure that cost-effective consumables are supplied to patients
- Patients initiated on insulin therapy are coded on the EmisWeb prescribing system with "66AH0 – conversion to insulin"
- Provide safe, high quality, evidence based effective care

When starting insulin therapy in adults with type 2 diabetes, primary care should offer to refer patients to a structured education programme, and provide 1 on 1 support to patients, employing active insulin dose titration that encompasses:

- Injection technique, including rotating injection sites and avoiding repeated injections at the same point within sites
- Continuing telephone and/or face to face support
- Self-monitoring
- Dose titration to target levels
- Dietary understanding

- DVLA guidance (At a glance guide to the current medical standards of fitness to drive)
- Risks/causes and management of hypoglycaemia
- Management of acute changes in glucose control
- Support from an appropriately trained and experienced healthcare professional.

By agreeing to participate in this LES the practice will also be required to provide the following information:

- Share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in this LES. Information should be reported within 48 hours of the clinician being made aware of the incident and should be shared using the BNSSG CCG online clinical reporting tool Datix https://bnssg-datix.scwcsu.nhs.uk/
- Agree to extraction of data to monitor the number of insulin initiations in patients with type 2 diabetes via EMIS Search and Report
- Agree to the extraction of data to monitor the below outcome measures;

Diabetes Clinical and Social Outcome Measures
LTC 3 - Potential Years of Life Lost (PYLL) in people with diabetes
LTC14 Smoking in people with diabetes
LTC15 Obesity in people with diabetes
LTC16 Episodes of ill health requiring emergency admission in people with diabetes
LTC17 Days disrupted by care in people with diabetes
LTC19 Acute symptoms related to diabetes control
LTC23 Acute Kidney Injury (AKI) in people with diabetes
LTC53 Lower limb amputation in people with diabetes
LTC54 End-Stage Renal Failure (ESRF) in people with diabetes
LTC55 Blindness in people with diabetes
LTC57 Age at onset of first stroke in people with diabetes
LC58 Age at onset of first MI in people with diabetes

Initial Training: To ensure staff have the appropriate skills to deliver this Enhanced Service and are familiar with current treatments, the following pre-requisites for training apply to this LES:

- Practice Nurses/Clinical Pharmacists- completion of the 3 day locally run insulin initiation training facilitated by the Community Diabetes specialist team, or evidence of further training in diabetes if from outside of area. Prior to taking on insulin initiation training it is expected that a certain level of diabetes care competence has been achieved, this would normally include an accredited module in diabetes course received from an accredited training provider. Examples include:
  - ‘Care of the adult with diabetes’ module available from the University of the West of England (UWE). https://courses.uwe.ac.uk/UZTR3Q203/care-of-the-adult-with-diabetes
  - Diploma level education available from:
    - Education for Health https://www.educationforhealth.org/education/z-courses/

- Primary Care Training Centre: https://www.primarycaretraining.co.uk/training/

- GPs- At least one GP from each locality (who will clinically support the initiating clinician) to attend a 2 day insulin initiation and diabetes management course, or have evidence of attending an equivalent course in the last 2 years.

Assessment of Competency: All practitioners undertaking initiation of insulin shall have up to 10 supervised initiations assessed by the Community Diabetes Nurse Specialist and will be advised when they are deemed competent to initiate without supervision. The Practice will not be eligible for payment until competency has been assessed and confirmed.

3.3 Population covered

This service is for all patients registered with a GP in BNSSG.

3.4 Any acceptance and exclusion criteria and thresholds

The following exclusions will apply:

- Patients under the age of 16
- Patients with Type 1 Diabetes
- Patients with CKD 4 or worse (consultation with diabetes specialist and or renal team required)
- Patients with Gestational diabetes
- Patients with complex complications (unless agreed with secondary care there is appropriate communication mechanisms in place between primary and secondary care)
- Patients who have previously been initiated on insulin

3.5 Interdependence with other services/providers

Community based diabetes specialist services who deliver training and support for clinicians to be able to sign up to this LES. If practices do not sign up there will be an expectation for this service to be delivered by the locality in order to meet the needs of the population.

3.6 Service Budget

<u>What will be Paid For?</u>

Practices will receive one payment for each patient initiated onto insulin therapy.

<u>How will Payments be Made and Calculated</u>

The total number of patients initiated onto insulin therapy each quarter will be multiplied by the appropriate level of payment.

From 1st April 2019 payment will be transferred to practices on a quarterly basis.

How Will Activity Data be Obtained?

BNSSG CCG will obtain information on the number of patients being initiated onto insulin therapy under this LES using Emis Search and Report. By signing up to this enhanced service you agree for the data to be extracted as required.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The following guidance from NICE:

- Type 2 diabetes in adults: management. NICE Guideline 28 (December 2015)
  http://www.nice.org.uk/guidance/ng28

- NICE Diabetes quality standards:
  http://publications.nice.org.uk/diabetes-in-adults-quality-standard-qs6/list-of-statements

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- https://learning.bmj.com/learning/module-intro/insulin-diabetes-primary-care.html?locale=en_GB&moduleId=10053288

- https://www.rcn.org.uk/clinical-topics/diabetes/professional-resources
  Starting injectable treatment in adults with Type 2 diabetes (2013)

4.3 Applicable local standards

- The Bristol, North Somerset, & South Gloucestershire (BNSSG) Joint Formulary https://www.bnssgformulary.nhs.uk/
- BNSSG Type 1 diabetic blood glucose monitoring guidance
  https://www.bnssgformulary.nhs.uk/6-Endocrine-system-Guidelines/
- BNSSG Type 2 diabetic blood glucose monitoring
  https://www.bnssgformulary.nhs.uk/6-Endocrine-system-Guidelines/

  The Community Diabetic Nurse Specialist is to be consulted if there are any doubts about the appropriateness of commencing a patient on insulin

A. Reporting Requirements

BNSSG CCG will obtain information on the number of patients being monitored under this LES using Emis Search and Report. By signing up to this enhanced service you agree for the data to be extracted as required.

By agreeing to participate in this LES the practice will also be required to provide the following information:

- Assurance that a robust re-call system is in place to ensure recall of patients for the necessary monitoring
- Assurance that there is a process to identify and manage patients not engaging with the necessary monitoring including cessation of prescriptions supply.
- During quarter two submit a review of practice monitoring activity as per the provided template
- The practices current standard operating procedure for the above activities as part of the review of practice monitoring activity
- Share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in this LES. Information should be reported within 48 hours of the clinician being made aware of the incident and should be shared using the BNSSG CCG online clinical reporting tool Datix https://bnssg-datix.scwcsu.nhs.uk/
- Number of patients monitored each quarter as part of this LES if Emis Search and Report becomes unavailable.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

Principal:

Branch:

Recognition and Management of People with Dementia and their Family/Carers in General Practices, Primary Care Service

SCHEDULE 2 – THE SERVICES

Service Specifications

Service Specification No.	**To be confirmed**
Service	**Recognition and Management of People with Dementia and their Family/Carers in General Practices**
Commissioner Lead	**TBC, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)**
Provider Lead	**As per provider signatory**
Period	**1st April 2019 until 31st March 2022**
Date of Review	**1st September 2019**

1. Population Needs

1.2 National/local context and evidence base

Around 10,700 people across Bristol, North Somerset and South Gloucestershire are estimated to have dementia, however currently only around 67% of them have a diagnosis.

- In Bristol, around 4,200 people are estimated to have dementia, approximately 76% of them have a diagnosis.
- In North Somerset, around 3,300 people are estimated to have dementia, approximately 64% of them have a diagnosis.
- In South Gloucestershire, around 3,200 people are estimated to have dementia, approximately 62% of them have a diagnosis.

General Practitioners (GPs) have a crucial role in ensuring that early concerns about

memory problems are detected and responded to.

Following national and local awareness raising campaigns, people are encouraged to express concerns about their memory at an earlier stage to ensure people get the right support as early as possible. It is envisaged that this will increase the demand on GP practice time. It is also recognised that assessing people and making a dementia diagnosis at an earlier stage could be more challenging.

The GP practice does not only have a key role in the diagnostic process, it also has an important role in following the person with dementia and their family/carers through the different stages of their condition to ensure all the support is available for the person's ongoing management of health and well-being.

Dementia is a medical disorder and should be managed like any other serious long-term illness, including prompt diagnosis, regular monitoring, conducting health checks (for the person with dementia and their family/carers), ensuring people with dementia attend screening programs, advising on preventive actions, advanced decision making and contingency planning, and signposting people to local information, advice and support services as well as end of life care.

Dementia has been an increasing priority both locally and nationally over the past few years. There is evidence to suggest that a majority of patients and carers want a diagnosis and that diagnosis improves access to support and medication where indicated, and that support for carers enables patients to stay longer in their own homes.

This Service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

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 Local defined outcomes

It is expected that by delivering the Service, Providers will be able to deliver the following outcomes:

Domain 2 Enhancing quality of life for people with long-term conditions

- ✓ There is a culture in primary care of dementia being viewed and managed as a long term condition

Domain 3 Helping people to recover from episodes of ill-health or following injury

- ✓ There is a sustained level of diagnosis of dementia and on-going management in primary care, with appropriate signposting to post diagnostic services

Domain 4 Ensuring people have a positive experience of care

- ✓ People with dementia and their family/carers are highly satisfied that their GP practice understands their dementia and that they gain relevant information about their dementia
- ✓ Carers of people with dementia receive appropriate information and are signposted to support, to enable them to take a break
- ✓ BNSSG has an appropriately trained workforce of health professionals who are highly competent in supporting people with dementia

Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm

- ✓ An increased number of people with dementia receive a timely diagnosis of dementia in Primary Care

3. Scope

3.1 Aims and objectives of service

The Provider will work with the Commissioner to ensure that the Service meets the following aims and objectives:

- Ensure people with dementia and their family/carers receive the highest possible level of care.
- Ensure each practice has a lead GP and lead practice nurse/health practitioner for dementia.

- Increase the early recognition and diagnosis of dementia in every GP practice in BNSSG.
- Enable secondary care to support primary care to make a diagnosis of dementia.
- Provide a recall and comprehensive review system for people who are initiated and stabilised on Cholinesterase Inhibitors and/or Memantine in Primary Care with advice and support of the Dementia Wellbeing Service in Bristol and Avon and Wiltshire Mental Health Partnership in North Somerset and South Gloucestershire.
- Provide a comprehensive review process for people with dementia who are on anti-psychotic medication.
- Practices should aim for GPs to diagnose dementia in the majority of straightforward cases. Patients with atypical presentations such as young, rapid onset, frontal and Lewy Body patients might expect to be diagnosed by or with the support of the Dementia Wellbeing Service in Bristol and Avon and Wiltshire Mental Health Partnership in North Somerset and South Gloucestershire.
- Provide a holistic package of care to enable more people with dementia and their carers to live fuller lives and avoid crisis admissions.
- Enhance physical care and health promotion advice for all people and carers for people with dementia, especially regarding vascular dementia.

3.2 Service description/care pathway

To participate in the Service, Providers are required to carry out the following:

3.2.1 Basic Level

Evidence must be collected during the year, to fulfil the basic requirement of the monitoring form (Schedule 3). If this is not completed, the Provider will be required to return the funding to the commissioner at the end of the year. Requirements are:

1. Having a named lead GP and a named practice nurse/health care practitioner for dementia.
2. Named lead GP and named practice nurse/ other health care practitioner participate in yearly dementia training, provided or endorsed by Clinical Leads for Dementia; this could be in person or online and will be a maximum of half a day.
3. The named lead GP for dementia to provide a structured update session on dementia for all the other GPs and practice staff at least once a year.
4. Actively participate in evaluation of the service, this may include sending out surveys to patients/families and practice staff being interviewed.
5. Record carers on the carers register and signpost carers for short breaks, evidenced by at least 6 monthly meetings with the Carers Support Workers,
    - In Bristol and South Gloucestershire this is provided through the Carers Support Centre. In Bristol there is also the Bristol City Council (BCC) Integrated Carers Team.

- In North Somerset this is provided through the North Somerset Alzheimer's Society Dementia Support Worker Service.

3.2.2 Enhanced Level

Practices must evidence their participation in the basic section, via the monitoring form (Schedule 3) to be eligible to provide the enhanced level service. Providers should use the supplied EMIS template to carry out the diagnosis and enhanced review. Providers should:

- Undertake a diagnosis of uncomplicated dementia (Alzheimer's Disease or Vascular Dementia) within a Primary Care setting and provide appropriate post diagnostic support and signposting information.
- Carry out enhanced reviews of people with dementia and their family/carer (using the agreed template or equivalent) that delivers review of all medication including cholinesterase inhibitors, Memantine and anti-psychotic medication.

Create Care Plans for patients with dementia that where and when appropriate contain anticipation of End of Life Care Planning needs. This would include consideration and discussion of Do Not Artificially Resuscitate orders and a discussion about Preferred Place of Care / type of care preferably avoided (such as Hospital or ITU admission) These Care Plans should be developed using the Dementia EMIS template. For patients in the palliative care phase the appropriate additional shared care template should be used. Providers will need to consider how best to manage the reviews and may wish to work together to appoint a practice nurse to carry out all the reviews across a cluster of practices.

3.2.3 Detailed Description of the Enhanced Requirement

- Adopting the care pathway including management of people stable on dementia medication.
- To undertake investigations as indicated in Section 4 and investigate any abnormalities to exclude potentially treatable causes.
- To undertake a diagnosis of dementia and initiate medication in line with guidance provided in Section 4.
- To complete a plan (or ensure the practice dementia navigator or AWP equivalent has) for the patient that includes relevant information including where to go for further support and signposting.
- To note the diagnosis of dementia, if made in secondary care or by other providers and record accordingly with relevant read code.
- To review every person diagnosed with dementia at least once a year (6 monthly if on dementia related medication, 3 monthly if on anti-psychotic medication), following the review template provided in the Dementia EMIS template.
- To initiate where appropriate (with advice if needed) and continue the prescribing of Cholinesterase Inhibitors (CEIs) or Memantine. The new

BNSSG prescribing guidance confirms that GPs are able to initiate and follow up all three CEI's and Memantine and drugs for BPSD. This is now an expected part of this Primary Care Service – GPs may want to seek advice about the prescribing from the dementia clinical staff however GPs will do the prescribing. For the purposes of this enhanced service with the benefit of the annual educational events GPs are considered to have this 'specialist' knowledge.

- To notify the Dementia Wellbeing Service for Bristol or AWP for North Somerset or South Gloucestershire of any adverse drug reactions, deterioration in condition or any other clinical concerns regarding the person's health that cannot be managed in Primary Care

In order to qualify for payment the Provider must complete the work detailed above.

3.3 Population covered

This service is available to anyone who has suspected or confirmed dementia and is registered on the GP register.

3.4 Any acceptance and exclusion criteria and thresholds

This service is available to anyone who has suspected or confirmed dementia and is registered on the GP register and their needs can be best met in Primary Care.

3.5 Interdependence with other services/providers

This service is closely linked with Dementia Wellbeing Service in Bristol and AWP in North Somerset and South Gloucestershire who provide services in a community setting.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The National Institute for Health and Clinical Excellence (NICE) Dementia Quality Standards provides clinicians, managers and service users with a description of what a high quality dementia care should look like. The standards describe markers of high quality, cost-effective care that, when delivered collectively should contribute to improving the effectiveness, safety, experience and care for adults with dementia and their family/carers.

https://www.nice.org.uk/guidance/ng97

4.2 Applicable local standards

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group have a referral pathways tool to provide information for General Practitioners:

http://remedy.bnssgccg.nhs.uk/adults/dementia/

The following information is available for dementia:

- ✓ Pathway for diagnosis of dementia in Primary Care
- ✓ Guidelines for diagnosing Alzheimer's Disease in Primary Care
- ✓ Guidelines for prescribing and Reviewing Donepezil and Reviewing Memantine
- ✓ Guideline for Managing Behavioral and Psychiatric Disorder in People with Dementia

5. Contract Monitoring, Reporting and Financial Information

5.3 Outcomes, monitoring and evaluation

The Provider must provide NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) with such information as may be reasonably required to demonstrate that it has robust systems in place to deliver the Service.

The service will be measured against the service outcomes as defined in Section 2, using the key performance indicators which will be captured via monitoring forms and an online survey as set out in the table below:

Technical Guidance Reference	Quality Requirement / Outcome	Method of Measurement	Frequency	Used by Commissioner to evidence
Domain 2: Enhancing quality of life for people with long-term conditions				
NHS Outcome Domain 2	There is a culture in primary care of dementia being viewed and managed as a long term condition	Online Survey	Annual	The shift in opinion of dementia
Domain 3: Helping people to recover from episodes of ill-health or following injury				
NHS Outcome Domain 3	There is a sustained level of diagnosis of dementia and on-going management in primary care, with appropriate signposting to post diagnostic services	Monitoring form	Quarterly	Effectiveness of service specification
Domain 4 Ensuring people have a positive experience of care				
NHS Outcome	People with dementia and their	Feedback from people	Annual	To understand how people feel

Domain 4	family/carers are highly satisfied that their GP practice understands their dementia and that they gain relevant information about their dementia.	with dementia who have experienced the service		about the management of their dementia
NHS Outcome Domain 4	Carers of people with dementia receive appropriate information and are signposted to support, to enable them to take a break	Monitoring from the 3 Local Authority carers teams and the Carers Support Centre	Quarterly	To understand the uptake of breaks
NHS Outcome Domain 4	BNSSG has an appropriately trained workforce of health professionals who are highly competent in supporting people with dementia	Training attendance records	Annual	Confirming staff up to date with relevant training
Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm				
NHS Outcome Domain 5	An increased number of people with dementia receive a timely diagnosis of dementia in Primary Care	Monitoring form	Quarterly	To ensure the service is working effectively

Providers will be required to submit quarterly monitoring forms to the Commissioner in respect of this Service (Schedule 3). Submission of reporting data will trigger the payment for this Service.

Providers will be required to provide evidence of the basic requirements and the specific numbers of people supported under the Enhanced Level part of the agreement. Providers will be supplied with an EMIS template that will guide them

through the review process. A random sample of review templates will be scrutinised annually.

Practice registers will be monitored in order to triangulate the payment process and to ensure appropriate payment of the incentive part.

An online survey will be sent out to gain feedback on the service to inform the following year.

5.4 Financial Information

Evidence must be collected during the year, to fulfil the basic requirement of the monitoring form. If this is not completed, the practice will be required to return the funding to the commissioner at the end of the year. Forms should be completed quarterly and submitted as per the schedule outlined in schedule 3 of the contract.

5.3 Read Codes

Data will be extracted via EMIS search and report. By signing up to this enhanced service you agree for the data be extracted as required. Read codes should be used for reporting, suggested read codes for the identification of people with dementia are the following:

"Alzheimer's disease unspecified"	Eu00z
"Multi-infarct dem'"	Eu011
"Alzheim' disease“	F110
"Lewy body dementia”	F116

5.4 Fees Payable

Payment arrangements to be confirmed.

5.5 Monitoring Schedule

Reporting is required on a quarterly basis. Information should be provided to PCS Returns by the following: [insert BNSSG email address]

Quarter 2019/20	Deadline for submissions	Payment Date
Q1 April – June 2019		
Q2 July – Sept 2019		

Q3 Oct – Dec 2019			
Q4 Jan – March 2020			
5.5			
5.6			

1. **Schedule of Invoicing:**

NB: Submission should be within 7 working days of the month, as payment is based on the previous quarter:

Primary Care Service Name: **Recognition and Management of People with Dementia and their Family/Carers in General Practice**		
Service Specification number: **TBC**		
2019-2020	**Monitoring Form**	**Online Survey**
April		
May		
June		
July	✓	
August		
September		
October	✓	
November		
December		
January	✓	
February		
March		
April	✓	✓

2. Monitoring Form:

General Practice Dementia Care Service Specification 2019-2020

Quarter for Return	
Name of Person completing this form	
Practice name	
Practice code	**XX**

Month	1. Number of people with dementia diagnosed in primary care and not referred to other provider at all. (PCS claim)	2. Number of people with dementia NOT diagnosed by GP and referred to other provider for assessment and diagnosis (no PCS claim)	3. Number of people diagnosed with dementia in primary care and referred to other provider for ongoing support and/or advice (PCS claim)	4. Number of people reviewed in primary care using the enhanced review template
April				
May				
June				
July				
August				
September				
October				
November				
December				
January				
February				
March				

Total				

Month	**Total number of people on the Dementia QoF disease register**
April	
May	
June	
July	
August	
September	
October	
November	
December	
January	
February	
March	

Please return an electronic completed copy of this monitoring form to **[insert BNSSG email address]**
Payment is made quarterly upon receipt of the monitoring form
If you have any queries about this monitoring form please email **[insert BNSSG email address]**

Bristol, North Somerset and South Gloucestershire Deep Vein Thrombosis (DVT) pathway

Service Specification

Service Specification No.	
Service	**DVT pathway for patients presenting in general practice**
Commissioner Lead	**Andy Newton, Head of Planned Care** **Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group**
Provider Lead	
Period	**1st April 2019 until 31st March 2022**
Date of Review	

1. Population Needs

1.1 National/local context

1.1.1 This specification sets out a model for a service for initial assessment of people presenting at their GP practice with a suspected DVT, direct access to ultra sound scan where indicated and initiation of treatment for those with a positive DVT by clinicians with specialist knowledge for patients registered with a Bristol, North Somerset, South Gloucestershire (BNSSG) GP practice or classified as a temporary resident.

1.1.2 This specification is designed to cover the clinical care of the patient.

1.1.3 Deep venous thrombosis is the formation of a blood clot in a vein that is deep inside a part of the body, usually the legs. DVT mainly affects the large veins in the lower leg and thigh. The clot can block blood flow and cause swelling and pain. If the clot dislodges and travels in the blood to the pulmonary arteries this can result in a potentially fatal pulmonary embolism.

1.1.4 National DVT data suggests an incidence of 1:1,000 per annum. Whilst accurate figures for numbers of suspected DVTs presenting in primary care are difficult to find, studies of referral of swollen legs/suspected DVT have shown conversion rates from suspicion to proven to be between 33% and 50%, highlighting the high proportion of suspected cases which result in an alternative diagnosis.

1.1.5 None of the clinical features of DVT are sufficiently specific to allow definite

diagnosis of the condition. Patients presenting with a painful swollen limb that after clinical assessment is suspected to be a DVT need to have the possibility of a DVT confirmed or excluded before further investigations as to the cause can take place.

1.1.6 Diagnostic tests (i.e. ultrasound scans) will be undertaken as direct access in this pathway.

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 Local defined outcomes

It is expected that by delivering the service, providers will be able to deliver the following outcomes:

- To ensure patients are clinically assessed appropriately by their GP and suitable patients are referred for a direct assess scan as per NICE guidance.
- To enable patients with low risk for DVT to have DVT ruled out at their GP surgery
- To ensure clear communication between the patient and the clinician in relation to DVT care
- To provide a positive experience for patients presenting at their GP practice with a suspected DVT
- Provision of an integrated service which ensures fast access to all necessary tests and expertise, minimising the number of hand offs between clinical teams.
- To provide care according to NICE recommended pathways
- To provide consistent care and best practice across BNSSG for patients who are diagnosed with a DVT
- To provide a quality service that is cost effective

3. Scope

3.1 Aims of the service:

The aim is to establish a Bristol, North Somerset and South Gloucestershire (BNSSG) DVT pathway for adults presenting in general practice with a suspected DVT.

The objectives are to:

- improve patient care and experience by minimising the number of hand offs between clinical teams, to direct access scans
- reduce unnecessary referrals, investigations and treatment
- reduce variation in DVT assessment and management across BNSSG and provide a consistent approach
- provide a quality service that is cost effective
- support primary care through the use of a fast and easy to use electronic referral mechanism for requesting urgent scans, and for electronic reporting of scan outcomes integrated into the GP clinical system
- provide ultrasound and outpatient services at a minimum of 3 locations, using locations which minimise travel times for patients from across Bristol, North Somerset and South Gloucestershire

- **3.2 Service outline**

The BNSSG DVT service will provide initial assessment at the patients GP practice with the use of d-dimer testing to support exclusion of individuals unlikely to have a DVT. Where a DVT is likely patients will be referred for a direct access ultrasound scan. For patients who are confirmed as having a positive DVT they will be managed by a clinician with specialist knowledge in an outpatient DVT service where appropriate treatment will be commenced. For individuals who have an unprovoked DVT further investigations will be undertaken by the specialist clinician as appropriate (including cancer screening) and results followed up by the specialist, plus follow up appointments as required. Patients who have a negative DVT diagnosis following ultrasound scan will be followed up by their GP practice.

3.2.1 The pathway is as follows:

Phase 1 – Initial assessment – in patients GP practice

Assessment of general medical history and a physical examination of patients to exclude other causes. If DVT is suspected, use of the two-level DVT Wells score to estimate the clinical probability of DVT.

- In the event of a high two-level Wells score (2 or more), the GP practice will refer the patient for direct access ultrasound scan in order to confirm or exclude a DVT diagnosis (no d-dimer test necessary).

- Where the two-level Wells score indicates (0 or 1), the GP practice will do a d-dimer test to inform whether or not referral to ultrasound scan is indicated.
- Clinical judgement plays a key part in patient assessment and any patient can be referred direct for ultrasound scan when deemed clinically appropriate.

For the enhanced payment applicable to this phase the GP practice can either:

- Perform a point of care d-dimer test using kits from practice stock, noting the small possibility of a 'false negative' result, estimated to be roughly 2% based on local experience.

Or

- Undertake a d-dimer test by drawing venous blood and sending this to the laboratory for assay, noting the small possibility of a 'false negative' result suggested to be less than 1%. The GP practice will be responsible for reviewing and informing the patient of the d-dimer results as well as anticoagulating the patient until the d-dimer result is available and a GP can act on the result.
- Practices must complete the relevant EMIS template (to be provided) which will ensure read codes are applied and will provide the source for the calculation of payment.
- By signing up to this enhanced service you agree for the data to be extracted as required.

D-dimers should not be performed in:

- pregnant women
- individuals who are post-operative
- individuals that have been symptomatic for 2 or more weeks
- individuals already taking anticoagulation treatment

Anticoagulation with oral NOAC/DOAC treatment (e.g. Rivaroxaban or Apixaban) or parenteral treatment (e.g. Enoxaparin) or standby scripts will be provided by the GP practice for patients and continue:

- until the venous d-dimer result is available, and a clinician is able to act on that result

and

- while awaiting the ultrasound scan if it is not available within 4 hours of referral

Any prescriptions for anticoagulation should be kept to the minimum number of days required to cover until the patient has their ultrasound scan (e.g. 2 days in the week and 3 days over a weekend).

The BNSSG Health Community currently uses the ICE (Integrated Clinical Environment) system for the majority of diagnostic requests. This system provides fast and easy access for the GP as part of the consultation. As the system is used

for most other requests, the requesting of scans in this way minimises additional steps and knowledge for the referrer and no additional referral information is required. Urgent requests are immediately identified by the scan provider, and the outcome of the scan is communicated back to the practice and directly into EMIS automatically using this system. The Provider must use ICE or a system with the demonstrably equivalent level of local functionality and integration.

Referral to direct access ultrasound scans will identify the need for an urgent scan. The referral information will include an up to date patient phone number to enable the patient to be contacted to arrange the scan appointment. Patients will be given information by their general practice confirming where the scan will be provided, who will contact them to inform them about the scan appointment and who they can contact for scan information.

General practice will complete the EMIS DVT template to record each patient contact to enable payment for the d-dimers and audit of this service.

The Out of Hours service will follow the same pathway and the process for referral to direct access scans will be agreed with the specialist provider.

Phase 2 – Ultrasound scan provision

Patients will be scanned the same day and within 4 hours where possible. Scans will be provided at least six days a week excluding bank holidays.

The scan provider will be alerted to the electronic referral, and contact the patient by phone within 2 hours of receiving the urgent referral within working hours or by 10am the next working day to confirm the scan appointment time.

If the scan provider is unable to contact the patient (having tried 2/3 times over a 2 hour period) they will inform the GP practice by phone.

Primary care will give patients the scan provider contact number and recommend they contact the provider if they have not heard from them within 4 hours of referral within working hours or by 11am the next working day.

If a patient phones the scan provider and the provider has no record of the GP urgent scan request the provider will ask the patient to contact their own GP to re-

refer.

If patients do not attend their scanning appointment, the provider will phone the patient to try and rebook them and if they are unable to contact the patient they will phone the GP practice the same day to inform them that the patient has not attended.

The ultra-sonographer will provide full leg scans, upper limb scanning and scans for pregnant and breast feeding women.

Following the scan the ultra-sonographer immediately tells the patient the scan result and documents the scan outcome to inform the GP. The outcome information will be returned electronically to the GP via a system which automatically updates the EMIS patient record (e.g. this is currently undertaken on ICE for the majority of diagnostic tests in BNSSG).

If the ultrasound confirms a positive DVT then proceed to Phase 3.

If the ultrasound results are negative the patient will be reminded by the ultra-sonographer to contact their GP practice for further investigations/care as appropriate and to stop their anticoagulation if they were put on a prophylactic dose pre scan.

If the ultrasound results are inconclusive or the ultra-sonographer has concerns about the scan they will immediately (and on the same day) refer the patient onto the outpatient DVT service for a clinical management decision and consultant haematology support if required (available on the same day).

If incidental findings are seen on the ultrasound the scan provider will contact the GP practice by phone to inform them and complete the scan outcome document.

Phase 3 – Initiation of treatment – outpatient DVT service

Patients who have a positive DVT diagnosis following their ultrasound scan will be immediately (and on the same day) referred onto the outpatient DVT service provided 6 days a week, excluding bank holidays, to commence appropriate treatment. For individuals who have an unprovoked DVT further investigations will

be undertaken by the outpatient DVT service (including cancer screening, access to X-Ray and Haematology expertise as required), results followed up by the clinical specialists plus follow up appointments as required.

Up to two follow ups will be arranged as required prior to referring the patient back to their GP (these could be telephone or face to face follow ups).

Warfarin management - Patients who require warfarin for the management of their DVT may require additional follow ups to achieve therapeutic International Normalised Ratio (INR) before referral back to primary care.

The outpatient DVT service will provide medication for the first 28 days of treatment.

The specialist clinicians will complete the DVT management plan template for the GP confirming the diagnosis, treatment including length of treatment, any further investigations done and results of these tests and the future plan.

3.2.2 Pathway activity

Estimated provider activity for 2017/18, these numbers are approximate.

Phase	GP Care	UH Bristol	Weston	BNSSG total
Phase 1 Initial assessment	1755			
Phase 2 Ultra sound scan	1488	1325	690	3,503
Phase 3 Initiation of treatment	233	378	103	714

3.2.3 Service budget

Phase 1 – Initial assessment

Payment to general practice for each d-dimer will be £30 plus a payment for each point of care testing kit used. The recommended kit is xxxxxxx and the cost of this kit is £x.x and represents the amount reimbursable.

Phase 2 – Ultrasound scan

Payment to scan provider (not the General Practice) for scans at national

radiology ultrasound scan tariff of £65

Phase 3 – Management of positive DVTs

For patients diagnosed with a DVT, use of the general medical new patient outpatient tariff at £190 which includes acute medication for the full course of treatment or 28 days' supply of medication. This is a payment to the DVT provider (not General Practice)

Follow ups at the general medicine tariff of £95 each follow up appointment

Non face to face/telephone follow ups of £65 (general medicine tariff of £95 minus £30) This is a payment to the DVT provider (not General Practice).

3.2.4 Inclusion criteria

Any patient or temporary residents registered with a GP in Bristol, North Somerset or South Gloucestershire.

Pregnant women will also be referred for a direct access scan but will be anti-coagulated with parenteral treatment (e.g. Enoxaparin) while awaiting the ultrasound scan if it is not available within 4 hours of referral.

3.2.5 Exclusion criteria

Patients presenting with the following exclusion criteria should be referred immediately to secondary care as they are currently:

- Primary diagnosis of pulmonary embolism
- Patients under 18 years of age
- Housebound patients with significant manual handling implications e.g. requiring hoisting. The provider will need to ensure that the needs of eligible housebound patients are taken into account within the specified timescales. If housebound patients require scanning transport should be arranged for them by the current process.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The applicable national standards are as follows:

- Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (2012 updated 2015) NICE guideline CG144
- Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism (2012) NICE technology appraisal guidance 261
- Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (2015) NICE technology appraisal guidance 341

4.2 Applicable Local Standards

Standard	KPI	Target
Patient Safety	Patients scanned within 24 hours of urgent referral	90%
	Patients waiting longer than 4 hours for a scan from the time of referral commenced on NOAC/DOAC/parenteral treatment (e.g. Enoxaparin) by primary care.	100%
	Patients meeting exclusion criteria referred immediately to secondary care (within 4 hours)	100%
	DVT management plan template completed by specialist clinician for GPs confirming the diagnosis, treatment including length of treatment, any further investigations done and results of these tests and the future plan for all patients with a positive DVT.	100%
Clinical Effectiveness	Scans performed within 48 hours of urgent request (excluding BH)	100%
	Evidence of d-dimer test by primary care where wells test score is 1 or 0	100%
Patient Experience	Scans performed within 48 hours of urgent request (excluding BH)	100%
	Did not attend rate – percentage of patients who did not attend for ultrasound scan	=<5%

4.3 Supervision, Training & Education

All providers delivering this service are responsible for ensuring that their staff are adequately trained and competent to deliver the service safely for patients.

5. Contract Monitoring, Reporting and Financial Information

5.1 Outcomes, contract monitoring and evaluation

General practice (in hours) will record:

- Each episode of care on the EMIS DVT template on the practice system, which will enable audit and evaluation to determine the effectiveness of the service.
- The relevant EMIS Code to enable payment to the practice for each d-dimer test done.

General practice out of hours will record:

- Each episode of care to enable audit and evaluation to determine the effectiveness of the service

Scan provider will record:

- Number of urgent scan referrals
- Scan outcomes
- Numbers/percentage of patients who did not attend for their ultrasound scan

Outpatient DVT service will record:

- Treatment initiation
- Screening for unprovoked DVTs as appropriate including cancer screening
- Management plan on template for primary care

The objectives of the evaluation are:

1. To understand if the BNSSG DVT pathway is safe

2. To understand patients' experiences of the DVT pathway

3. To understand the effectiveness of the DVT pathway

In addition to the above the evaluation also needs to:

4. To understand the activity in each phase of the pathway

    a) Phase 1 - initial assessment

    b) Phase 2 – ultrasound scan

    c) Phase 3 – management of positive DVT

5. To understand how much the DVT integrated pathway costs

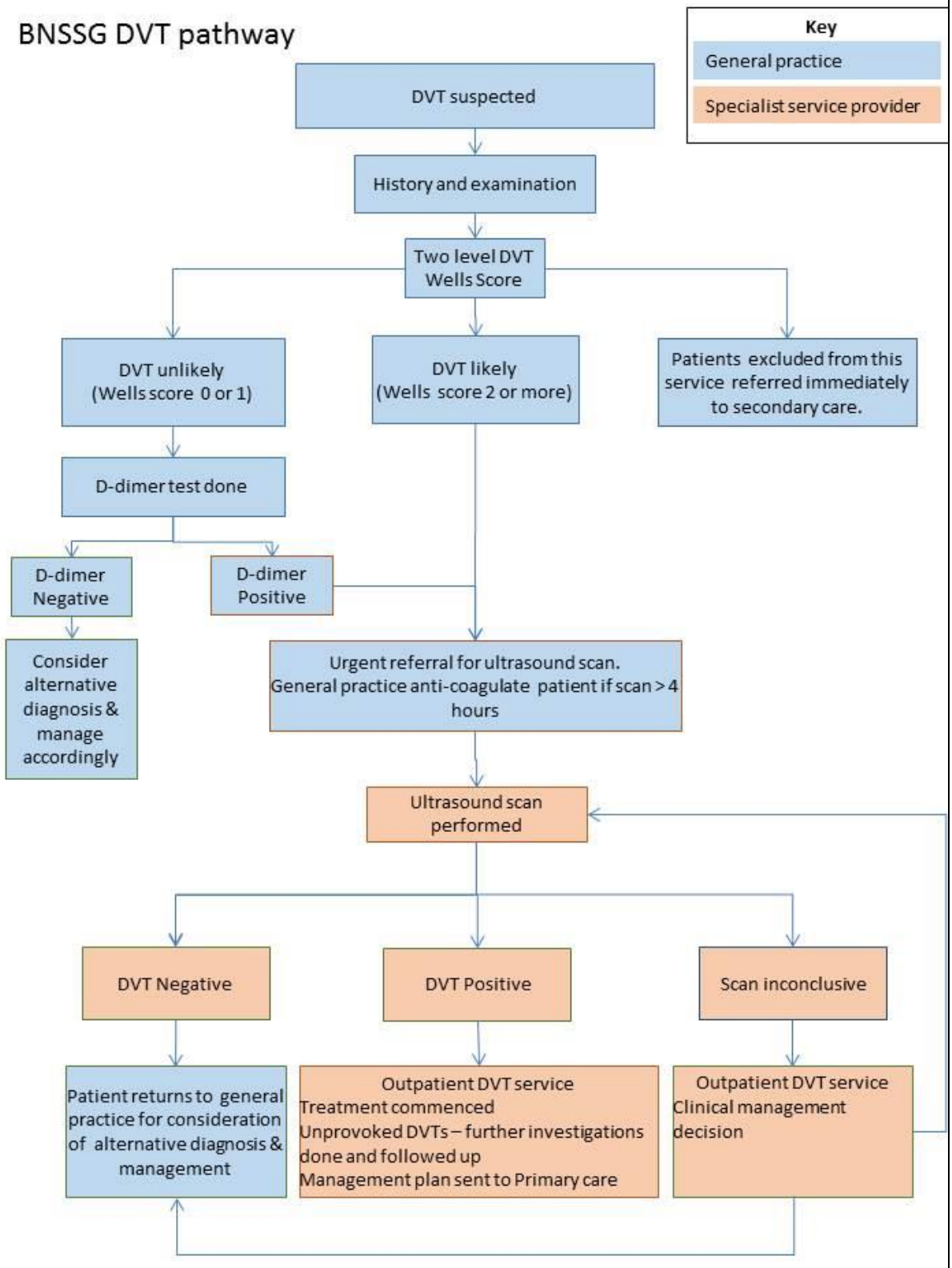
5.2 Financial information

The service budget has been proposed using 2017/18 service numbers.

See Service budget 3.2.3 for finance details

6. Appendices

6.1 Appendix 1 - BNSSG integrated DVT pathway flow chart



6.2 Appendix 2 – Two level DVT Wells score

Two-level DVT Wells score

Clinical feature	Points	Patient
Active cancer (treatment ongoing, within 6 months, or palliative)	1	
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1	
Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia	1	
Localised tenderness along the distribution of the deep venous system	1	
Entire leg swollen	1	
Calf swelling at least 3 cm larger than asymptomatic side	1	
Pitting oedema confined to the symptomatic leg	1	
Collateral superficial veins (non-varicose)	1	
Previously documented DVT	1	
An alternative diagnosis is at least as likely as DVT	−2	
Clinical probability simplified score		
DVT *likely*	2 points or more	
DVT *unlikely*	1 point or less	

Adapted with permission from:

- Wells PS et al. (2003) Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis.

Date	Version	Author	Comments
3.4.18	V0.1	Becca Robinson	Draft BNSSG integrated DVT pathway developed in collaboration with Andy Newton, Pippa Stables.
5.4.18	V0.2	Becca Robinson	Updated following meeting with Andy Newton

9.4.18	V0.3	Becca Robinson	Updated following comments from Andy Newton
10.4.18	V0.4	Becca Robinson	Updated following meeting with Kate Davies, CCG Medicines Management
16.4.18	V0.5	Becca Robinson	Further review and update of service specification
19.4.18	V0.6	Becca Robinson	Updated following comments from Debbie Campbell, CCG medicines management
19.4.18	V0.7	Becca Robinson	Updated following meeting with Pippa Stables, clinical lead
21.5.18	V0.8	Becca Robinson	Following feedback from primary and secondary care
24.5.18	V0.9	Becca Robinson	Following feedback from Andy Newton
31.5.18	V0.10	Becca Robinson	Following CCG project meeting with Andy Newton and Pippa Stables
7.6.18	V0.11	Becca Robinson	Updates following DVT Implementation Group Meeting
14.6.18	V0.12	Becca Robinson	Updated following meeting with Mike Pingstone from CSU Procurement department
14.6.18	V0.13	Becca Robinson	Updated following discussion with Andy Newton
18.6.18	V0.14	Andy Newton	Updated following discussion with Mike Pingstone
25.6.18	V0.15	Becca Robinson	Updated following discussion with Andy Newton
16.8.18	V1.0	Becca Robinson	Small amends following feedback from Commissioning Executive Team meeting on 9.8.18
22.8.18	V1.1	Becca Robinson	Updated activity data with 2017/18 numbers
20.12.18	V1.2	Louisa Darlison	Updated to include wording to support data extraction and payment

SCHEDULE 2 – THE SERVICES

B. Service Specification

Service Specification No.	
Service	Anticoagulation LES: INR monitoring and vitamin K anticoagulant dosing – Basic service
Commissioner Lead	Johanna Topps, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)
Provider Lead	As per provider signatory
Period	1st April 2019 – 31st March 2020
Date of Review	

1. Population Needs

1.3 National/local context and evidence base

This enhanced service specification outlines both an INR monitoring and Vitamin K antagonist dosing service for patients receiving vitamin K antagonists medications. Vitamin K antagonists have a valuable role in blood clot and stroke prevention, with regular monitoring required to prevent adverse effects.

2. Outcomes

2.1 NHS Outcomes Framework Domains & 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 Local defined outcomes

Anticoagulants: Warfarin and Phenindione are included in the BNSSG Joint Formulary and are therefore appropriate for prescribing in primary care. Acenocoumarol is non-formulary but included in this LES to cover the small number of patients who are unable to take warfarin or Phenindione.

Experience demonstrates that patients are more likely to engage with a regular monitoring service for their long-term that is provided in an organised manner in a convenient location such as closer to home in primary care. Appropriate and vigilant monitoring during therapy is required to minimise the risk of adverse effects.

3. Scope

3.1 Aims and objectives of service

Aims:

To ensure adults and children who need initiation on a Vitamin K antagonist or are receiving maintenance treatment with a vitamin K antagonist get care that is safe, effective and sustainable.

Objectives:

To safely initiate and maintain suitable patients on vitamin K antagonist therapy.

To provide patients receiving a vitamin K antagonist with the information they need to safely manage their treatment.

To improve patient education in relation to their condition, understanding of their treatment, target INR range, the effects of over or under anticoagulation, the effect of diet changes, affects on lifestyle and the importance of interactions with other medications.

To monitor the safety and effectiveness of vitamin K antagonist treatment by ensuring the INR is measured at appropriate regular intervals.

To ensure the GP practice collaborates with specialists when necessary to assist in the management of patients with very high INR results.

To ensure that patients who do not regularly achieve therapeutic INRs are reviewed and appropriate action is taken to improve the patients 'time in therapeutic range'.

To provide the service to a high standard in a way that is convenient for patients.

To ensure that providers of care work together and share data relating to anticoagulation to support safe and effective care for the patient.

3.2 Service description/care pathway

Across BNSSG different care pathway models have been in operation for vitamin K anticoagulation monitoring and dosing. This LES is intended to formalise the offer from BNSSG CCG to practices for the continuation of the vitamin K anticoagulant monitoring service.

It is intended that GP practices continue to deliver the level of service they were

providing in September 2018. This is the local enhanced service specification for the basic service.

Description of the basic service:
The GP practice provides a phlebotomy service obtaining venous blood samples from patients prescribed a vitamin K antagonist.

The venous blood sample is supplied to a secondary care organisation to establish the patients INR and for the secondary care organisation to make decisions on the appropriate dosage of vitamin K antagonists and communicate the required dosage to the patient.

GP practices must ensure the INR is being monitored as per the INR clinics recommendation and that the INR level is safe before issuing repeat prescriptions for vitamin K anticoagulants

GP practices will liaise as necessary with the patient's vitamin K antagonist dosing clinic to discuss patient care issues such as regular elevated INRs or poor time in therapeutic range.

Ensure patients receiving vitamin K anticoagulants receive an annual medication review to consider whether anticoagulation therapy is still indicated and appropriately managed, including a review of time in therapeutic range.

GP practices are required to maintain records for those patients prescribed vitamin K antagonist therapy that details (for each patient):

- The target INR range
- The intended duration of therapy

GP practices are required to ensure that patients prescribed vitamin K antagonist therapy hold an Oral Anticoagulant Therapy booklet and anticoagulant alert card (provided to practices free of charge by NHS England), and also ensure that patients and where appropriate their carers understand:

- Why they require anticoagulation treatment
- The importance of adherence to treatment and monitoring
- The consequences of sub-therapeutic treatment, and overdose
- Restrictions on diet, and lifestyle
- The possibility, and consequences of drug interactions

A checklist for patient information is provided in appendix 1.

Share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in this LES. Information should be reported within 48 hours of the clinician being made aware of the incident and should be shared using the BNSSG CCG online clinical reporting tool Datix https://bnssg-datix.scwcsu.nhs.uk/

3.3 Population covered

This service is for all patients registered with a participating practice, for whom it is clinically appropriate and beneficial.

3.4 Any acceptance and exclusion criteria and thresholds

Only patients currently being prescribed warfarin, acenocoumarol or phenindione by a clinician at the practice with which they are registered will be included in this service.

3.5 Interdependence with other services/providers

Providers will need to:

- Share data via EMIS (Enterprise/Search and Report) for the purposes of audit and payment
- Share data via Connecting Care for the purposes of patient safety
- Liaise with colleagues working for providers of clinical laboratory services where appropriate
- Liaise with colleagues working for providers of anticoagulation dosing services where appropriate

3.6 Service Budget

What will be Paid For?

It is intended that GP practices continue to deliver the level of service they were providing in September 2018.

3.7 Tariff

The commissioner will allocate payment as follows:

- Basic - £x per patient per year

How will Payments be Made and Calculated

The number of patients will be calculated based on a current medication course for warfarin, warfarin sodium, phenindione or acenocoumarol that have had at least 1 documented INR measurement (42QE) in the last 100 days.

The total number of patients receiving vitamin k antagonist therapy in each quarter will be multiplied by the appropriate level of payment and divided by four to provide a quarterly payment value.

How Will Activity Data be Obtained?

EMIS Web Search and Report will be used to export data from practice systems relating to numbers of patients the service has been provided for in each quarter. By signing up to this enhanced service you agree for the data to be extracted as required.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NPSA: anticoagulant actions that can make anticoagulant therapy safer:

https://www.sps.nhs.uk/articles/npsa-alert-actions-that-can-make-oral-anticoagulant-therapy-safer-2007*I*

NICE guidance: Atrial fibrillation: management

https://www.nice.org.uk/guidance/cg180

NICE guidance: Venous thromboembolism in adults: diagnosis and management

https://www.nice.org.uk/guidance/qs29

NICE guidance: Atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers

https://www.nice.org.uk/guidance/dg14

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Oral Anticoagulation with Warfarin - 4th Edition. Keeling , Baglin T, Tait C, Watson H, Perry D, Baglin C, Kitchen S, Makris M; British Committee for Standards in Haematology. Br J Haematol. 2011 Aug;154(3):311-24

4.3 Applicable local standards

N/A

5. Applicable quality requirements and CQUIN goals

5.7 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

N/A.

5.8 Applicable CQUIN goals (See Schedule 4 Part [E])

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

Principal:

Branch:

SCHEDULE 2 – THE SERVICES

C. Service Specification

Service Specification No.	
Service	Anticoagulation LES: INR monitoring and vitamin K anticoagulant dosing – Advanced service
Commissioner Lead	Johanna Topps, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)
Provider Lead	As per provider signatory
Period	1st April 2019 – 31st March 2020
Date of Review	

1. Population Needs

1.4 National/local context and evidence base

This enhanced service specification outlines both an INR monitoring and Vitamin K antagonist dosing service for patients receiving vitamin K antagonists medications. Vitamin K antagonists have a valuable role in blood clot and stroke prevention, with regular monitoring required to prevent adverse effects.

2. Outcomes

2.1 NHS Outcomes Framework Domains & 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 Local defined outcomes

Anticoagulants: Warfarin and Phenindione are included in the BNSSG Joint Formulary and are therefore appropriate for prescribing in primary care. Acenocoumarol is non-formulary but included in this LES to cover the small number of patients who are unable to take Warfarin or Phenindione.

Experience demonstrates that patients are more likely to engage with a regular monitoring service for their long-term that is provided in an organised manner in a convenient location such as closer to home in primary care. Appropriate and vigilant monitoring during therapy is required to minimise the risk of adverse effects.

3. Scope

3.1 Aims and objectives of service

Aims:

To ensure adults and children who need initiation on a Vitamin K antagonist or are receiving maintenance treatment with a vitamin K antagonist get care that is safe, effective and sustainable.

Objectives:

To safely initiate and maintain suitable patients on vitamin K antagonist therapy.

To provide patients receiving a vitamin K antagonist with the information they need to safely manage their treatment.

To improve patient education in relation to their condition, understanding of their treatment, target INR range, the effects of over or under anticoagulation, the effect of diet changes, affects on lifestyle and the importance of interactions with other medications.

To monitor the safety and effectiveness of vitamin K antagonist treatment by ensuring the INR is measured at appropriate regular intervals.

To ensure the dose of vitamin K antagonist is amended as required in response to INR test results.

To ensure that patients with very high or very low INR results are managed appropriately, in collaboration with specialists where necessary.

To ensure that patients who do not regularly achieve therapeutic INRs are reviewed and appropriate action is taken to improve the patients 'time in therapeutic range'.

To provide the service to a high standard in a way that is convenient for patients.

To ensure that providers of care work together and share data relating to anticoagulation to support safe and effective care for the patient.

To evaluate the quality of care through a regular audit process, effecting change when required to improve the service provided.

3.3 Service description/care pathway

Across BNSSG different care pathway models have been in operation for vitamin K

anticoagulation monitoring and dosing. This LES is intended to formalise the offer from BNSSG CCG to practices for the continuation of the vitamin K anticoagulant monitoring service and dosing service.

It is intended that GP practices continue to deliver the level of service they were providing in September 2018. This is the local enhanced service specification for the advanced service.

Description of the advanced service:
The GP practice provides a service obtaining finger-prick blood samples from patients using point-of-care INR testing technology to determine the patients INR test result.

The GP practice uses appropriately governed anticoagulant management software, to help make decisions on the appropriate dosage of vitamin K antagonist and communicate the required dosage to the patient.

GP practice to provide a robust recall system for patients prescribed vitamin K antagonist therapy to ensure INR is monitored at the frequency recommended by the dosing clinician and patients not engaging with INR monitoring are identified and managed, including temporary cessation of prescription supply.

GP practice to have clinical treatment pathways in place to appropriately manage patients who are have very high, or very low INR results

GP practices must ensure the INR is being monitored as per the clinician's recommendation and that the INR level is safe before issuing repeat prescriptions for vitamin K anticoagulants.

Ensure patients receiving vitamin K anticoagulants receive an annual medication review to consider whether anticoagulation therapy is still indicated and appropriately managed, including a review of time in therapeutic range.

GP practices are required to maintain records for those patients prescribed vitamin K antagonist therapy that details (for each patient):

- The target INR range
- The intended duration of therapy

GP practices are required to ensure that patients prescribed vitamin K antagonist therapy hold an Oral Anticoagulant Therapy booklet and anticoagulant alert card (provided to practices free of charge by NHS England), and also ensure that patients and where appropriate their carers understand. A checklist for patient information is provided in appendix 1:

- Why they require anticoagulation treatment
- The importance of adherence to treatment and monitoring
- The consequences of sub-therapeutic treatment, and overdose
- Restrictions on diet, and lifestyle

- The possibility, and consequences of drug interactions

GP practices are required to submit during quarter two a review of their monitoring and dosing service as per the provided template.

Share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in this LES. Information should be reported within 48 hours of the clinician being made aware of the incident and should be shared using the BNSSG CCG online clinical reporting tool Datix https://bnssg-datix.scwcsu.nhs.uk/

3.3 Population covered

This service is for all patients registered with a participating practice, for whom it is clinically appropriate and beneficial.

3.4 Any acceptance and exclusion criteria and thresholds

Only patients currently being prescribed warfarin, acenocoumarol or phenindione by a clinician at the practice with which they are registered will be included in this service.

3.5 Interdependence with other services/providers

Providers will need to:

- Share data via EMIS (Enterprise/Search and Report) for the purposes of audit and payment
- Share data via Connecting Care for the purposes of patient safety
- Liaise with colleagues working for providers of clinical laboratory services where appropriate
- Liaise with colleagues working for providers of anticoagulation dosing services where appropriate

3.6 Service Budget

What will be Paid For?

It is intended that GP practices continue to deliver the level of service they were providing in September 2018.

3.7 Tariff

The commissioner will allocate payment as follows:

- Advanced - £x per patient per year

The sum for the advanced service includes an amount for the practice to purchase Coaguchek test strips (at approximately 16 strips per patient per year). For patients being monitored and dosed under this LES, additional strips must not be put on prescription, they must be ordered by the GP practice directly from Roche, where a pre-negotiated discount will be applied for all providers of BNSSG CCG.

How will Payments be Made and Calculated

The number of patients will be calculated based on a current medication course for warfarin, warfarin sodium, phenindione or acenocoumarol that have had at least 1 documented INR measurement (42QE) in the last 100 days.

The total number of patients receiving vitamin k antagonist therapy in each quarter will be multiplied by the appropriate level of payment and divided by four to provide a quarterly payment value.

How Will Activity Data be Obtained?

EMIS Web Search and Report will be used to export data from practice systems relating to numbers of patients the service has been provided for in each quarter. By signing up to this enhanced service you agree for the data to be extracted as required.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NPSA: anticoagulant actions that can make anticoagulant therapy safer:

https://www.sps.nhs.uk/articles/npsa-alert-actions-that-can-make-oral-anticoagulant-therapy-safer-2007/

NICE guidance: Atrial fibrillation: management

https://www.nice.org.uk/guidance/cg180

NICE guidance: Venous thromboembolism in adults: diagnosis and management

https://www.nice.org.uk/guidance/qs29

NICE guidance: Atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers

https://www.nice.org.uk/guidance/dg14

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Oral Anticoagulation with Warfarin - 4th Edition. Keeling , Baglin T, Tait C, Watson H, Perry D, Baglin C, Kitchen S, Makris M; British Committee for Standards in Haematology. Br J Haematol. 2011 Aug;154(3):311-24

4.3 Applicable local standards

N/A

5. Applicable quality requirements and CQUIN goals

5.9 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

GP practices are required to submit during quarter two submit a review of the practices vitamin K antagonist anticoagulation monitoring as per the provided template.

5.10 Applicable CQUIN goals (See Schedule 4 Part [E])

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

Principal:

Branch:

Anticoagulant LES: INR monitoring and vitamin K anticoagulant dosing – Advanced Service Audit

Please complete the audit below with details of patients who are managed under the advanced service on the 30th September each year.

Practice:	
Practice Code:	
Contact at practice for audit	
Contact details: Telephone: E-mail:	

Queries relating to the audit should be directed to BNSSG CCG's Medicines Optimisation Team via bnssg.medicines-optimisation@nhs.net

Please complete and return this audit electronically by 1st December each year to:……

Purpose

The purpose of this audit is to review the success of the practice in maintaining their patients who are prescribed warfarin, acenocoumarol or phenindione within the designated INR range as part of quality assurance following national standards of care.

Audit Period

The audit must cover the 6 month period to 30th September.

Audit Standards

Audit Standards	
Patients prescribed warfarin (or acenocoumarol /phenindione) have a documented INR target or INR range	100%

Number of audited patients with INRs > 5 but ≤ 8 on one or more occasion	10% or less
Number of audited patients on with INRs > 8 on one or more occasion	5% or less
There a mechanism in place in the practice to deal with DNA's (for warfarin (or acenocoumarol /phenindione) monitoring)	100%

Audit

Please detail the following:

Number of patients managed under the advance service on the 30th September	

A	Number of patients with documented INR target or INR target range.	
B	What is the average time in range for patients	
C	Number of patients with INRs > 5 but ≤8 on one or more occasion.	
D1	Number of patients with INRs > 8 on one or more occasion.	
D2	For the patients highlighted in E1 (i.e. those with an INR of >8 on one or more occasion) please state what action was taken for each patient. (add additional rows as necessary)	
	EMIS number	Action taken

E	Is there a mechanism in place to deal with DNA's? Please provide a copy of the practices Standard Operating Procedure to demonstrate	Yes / No

Key Outcomes of audit including any actions taken / planned:

Declaration

I confirm that the below activity is a true record of that undertaken by the practice for the 6 month period to 30th September this year with respect to the anticoagulation monitoring service agreement.

Name:	
Position:	
Date:	

SCHEDULE 2 – THE SERVICES

D. Service Specification

Service Specification No.	To be confirmed
Service	Specialist Medicines Monitoring LES
Commissioner Lead	Johanna Topps, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)
Provider Lead	As per provider signatory
Period	1st April 2019 – 31st March 2022
Date of Review	

1. Population Needs

1.5 National/local context and evidence base

This enhanced service specification outlines a specialised monitoring service for certain immunosuppressants and anti-inflammatory treatments. Immunosuppressants and anti-inflammatory treatments occupy an important place in the management of many autoimmune and inflammatory diseases. All treatments used have the potential for harm as well as benefit. Appropriate and vigilant monitoring during therapy is required to minimise the risk of adverse effects and maintain patient safety.

2. Outcomes

2.1 NHS Outcomes Framework Domains & 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 Local defined outcomes

All of the drugs covered by this service are appropriate for shared care between a specialist and a GP practice. The BNSSG Joint Formulary contains Shared Care

Protocols (SCPs) which offer guidance in this respect. Experience demonstrates that patients are more likely to engage with a regular monitoring service for their long-term condition that is provided in an organised manner in a convenient location such as closer to home in primary care. Appropriate and vigilant monitoring during therapy is required to minimise the risk of adverse effects.

3. Scope

3.1 Aims and objectives of service

Aims:

To ensure adults and children treated with certain drugs with specific monitoring requirements are monitored by a service that is safe, effective, sustainable and closer to home.

Objectives:

To provide patients with the information they need to safely manage their treatment.

To monitor the safety and effectiveness of treatment by performing defined investigations monitoring at defined regular intervals.

To ensure that patients are managed appropriately, in collaboration with specialists where necessary, according to the results of the defined investigations.

To provide these patients with optimised treatment.

To provide a therapy monitoring service close to the patient.

To evaluate the quality of care delivered through an annual review process and to effect change when required to improve the service provided.

3.2 Service description/care pathway

All of the drugs covered by this service are included in the BNSSG Joint Formulary and are appropriate for shared care between a specialist and a GP practice. The BNSSG Joint Formulary contains Shared Care Protocols (SCPs) which offer guidance in this respect. Regular monitoring and/or administration is required as part of the BNSSG Shared Care Protocol (SCP).

GP practices are required to ensure that the correct monitoring and investigations are done, at the correct frequency according to the SCP and/or specialist advice, and the results of the investigations are reviewed and appropriate action is taken as required, including amendment of the current prescription. Monitoring is predominantly undertaken using blood tests, however other monitoring is also required for some of the included medications as set out in the Shared Care Protocols (SCPs).

The latest versions of the Shared Care Protocols (SCPs) are available from:
http://www.bnssgformulary.nhs.uk/Shared-Care-Protocols/

The medications subject to this LES will be subject to change. As new drugs are deemed suitable for shared care according to the BNSSG Formulary and a shared care protocol (SCP) is put in place amendments may be made to the list below.

The medicines currently requiring monitoring as part of this LES are:

- Azathioprine
- Denosumab (Prolia) 60mg/ml
- Leflunomide
- Mercaptopurine
- Methotrexate
- Penicillamine
- Sodium aurothiomalate
- Sulfasalazine

To ensure accurate payment patients receiving Penicillamine must be Read-Coded for the relevant disease covered by the Shared Care Protocol (SCP); 'Cystinuria' (Read Code C3001) or 'Rheumatoid arthritis and other inflammatory polyarthropathy' (Read Code N04) or their sub-codes.

By agreeing to participate in this LES the practice will also be required to provide the following information:

- Assurance that a robust re-call system is in place to ensure recall of patients for the necessary monitoring.
- Assurance that there is a process to identify and manage patients not engaging with the necessary monitoring including cessation of prescriptions.
- By the 1st of December each year submit a review of practice monitoring activity as per the provided template.
- The practices current standard operating procedure for the above activities as part of the review of practice monitoring activity.
- Share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in this LES. Information should be reported within 48 hours of the clinician being made aware of the incident and should be shared using the BNSSG CCG online clinical reporting tool Datix https://bnssg-datix.scwcsu.nhs.uk/
- Number of patients monitored each quarter as part of this LES if Emis Search and Report becomes unavailable.

3.3 Population covered

This service is for all patients registered with a participating practice, for whom it is clinically appropriate and beneficial.

3.4 Any acceptance and exclusion criteria and thresholds

Any patients having all of the necessary monitoring for these medications provided by another care provider are excluded from this LES.

3.5 Interdependence with other services/providers

N/A

3.6 Service budget

What will be Paid For?

Monitoring will be paid for on a "per drug" basis. Practices will be remunerated using the following scale to which reflects the increased workload of more frequent monitoring. New medicines may be added into this schedule when deemed suitable for shared care according to the BNSSG Formulary and a shared care protocol (SCP) is in place.

Practices will also be paid an annual sum of £XX per 10,000 patients. This sum reflects that for certain medications in certain situations additional monitoring may be required above that accounted for in the structure below. This sum also reflects the patients newly initiated onto the medications covered by this LES each year and that some of these medications have increased monitoring requirements during year one of therapy.

Amount of annual monitoring	Drugs currently included	Practice Payment (£) per year
2 - 3	Denosumab (Prolia)	
4 -5	Azathioprine Leflunomide Sodium aurothiomalate Methotrexate Penicillamine (Nephrology)	
6 – 8	Mercaptopurine Sulfasalazine (one year only)	
9 - 12	Penicillamine (Rhuematology)	

From 1st April 2019 payment will be transferred to practices on a quarterly basis.

How will Payments be Made and Calculated

The total number of patients issued with the relevant medication in each quarter will be multiplied by the appropriate level of payment and divided by 4 to provide a quarterly payment value.

How Will Activity Data be Obtained?

BNSSG CCG will obtain information on the number of patients being treated with the relevant medication and being monitored under this LES using Emis Search and Report. By signing up to this enhanced service you agree for the data to be extracted as required.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The following guidance from NICE:

- Psoriasis: assessment and management (CG153)
- Spondyloarthritis in over 16s: diagnosis and management (NG65)
- Denosumab for the prevention of osteoporotic fractures in postmenopausal women (TA204)
- Rheumatoid arthritis in adults: management (NG100)
- Crohn's disease: management (CG152)
- Ulcerative colitis: management (CG166)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- British Association of Dermatologists' guidelines for the safe and effective prescribing of azathioprine 2011. Meggitt SJ, Anstey AV, Mohd Mustapa MF, Reynolds NJ, Wakelin S. Br J Dermatol 2011; 165; 711-734.

- British Association of Dermatologists' guidelines for the safe and effective prescribing of methotrexate for skin disease 2016. Warren R.B., Weatherhead S.C., Smith C.H., Exton L.S., Mohd Mustapa M.F., Kirby B., Yesudian P.D. Br J Dermatol 2016; 175: 23-44.

- BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Jo Ledingham, Nicola Gullick, Katherine

Irving, Rachel Gorodkin, Melissa Aris, Jean Burke, Patrick Gordon, Dimitrios Christidis, Sarah Galloway, Eranga Hayes, Andrew Jeffries, Scott Mercer, Janice Mooney, Sander van Leuven, James Galloway, on behalf of the BSR and BHPR Standards, Guidelines and Audit Working Group. Rheumatology, Volume 56, Issue 6, 1 June 2017, Pages 865–868,

4.3 Applicable local standards

BNSSG Shared Care Protocols (SCPs)
http://www.bnssgformulary.nhs.uk/Shared-Care-Protocols/

B. Reporting Requirements

BNSSG CCG will obtain information on the number of patients being monitored under this LES using Emis Search and Report. By signing up to this enhanced service you agree for the data to be extracted as required.

By agreeing to participate in this LES the practice will also be required to provide the following information:

- Assurance that a robust re-call system is in place to ensure recall of patients for the necessary monitoring
- Assurance that there is a process to identify and manage patients not engaging with the necessary monitoring including cessation of prescriptions supply.
- By the 1st of December each year submit a review of practice monitoring activity as per the provided template
- The practices current standard operating procedure for the above activities as part of the review of practice monitoring activity
- Share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in this LES. Information should be reported within 48 hours of the clinician being made aware of the incident and should be shared using the BNSSG CCG online clinical reporting tool Datix https://bnssg-datix.scwcsu.nhs.uk/
- Number of patients monitored each quarter as part of this LES if Emis Search and Report becomes unavailable.

5. Applicable quality requirements and CQUIN goals

5.11 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

By the 1st of December each year submit a review of practice monitoring activity as per the provided template

5.12 Applicable CQUIN goals (See Schedule 4 Part [E])

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

Principal:

Branch:

Specialist Medicines Monitoring LES: Review

The purpose of this review is to provide assurance that the Medicines Monitoring Locally Enhanced Service is being provided in accordance with the terms set out in the relevant contract and to provide the opportunity to identify areas for improvement.

The Medicines Monitoring LES states that GP practices are required to ensure that the correct monitoring and investigations are done, at the correct frequency according to the SCP and/or specialist advice, and the results of the investigations are reviewed and appropriate action is taken as required, including amendment of the current prescription.

Please complete and return this review electronically by 1st December each year to the Primary Care Contracts Team via XXXXXX reviewing a 12 month period of data from 1st October to 30th September in the previous year.

Queries relating to the review content should be directed to BNSSG CCG's Medicines Optimisation Team via bnssg.medicines-optimisation@nhs.net

	STANDARD OPERATING PROCEDURES		
A	Please provide a copy of the practices standard operating procedure to demonstrate a robust re-call system is in place to ensure recall of patients for the necessary monitoring as part of the Medicines Monitoring LES.		
B	Please provide a copy of your standard operating procedure to demonstrate there is a process to identify and manage patients not engaging with the necessary monitoring, including cessation of prescriptions, as part of the Medicines Monitoring LES.		
C	Please provide a copy of your standard operating procedure to demonstrate there is a process to share information with BNSSG CCG about significant events, including root cause analyses, involving the medications included in the Medicines Monitoring LES.		
D	For the following medicines included in the Medicines Monitoring LES how many patients were identified where the necessary monitoring was not undertaken at some point during the last 12 months? An Emis search has been created to assist practices to obtain this information if it is not already recorded at the practice. The search can be found within Emis Web in a folder entitled Medicines Monitoring LES within the Safety Dashboard		
	Medicines	Number of patients receiving this medication in the last 12 months?	Number of patients identified where the necessary monitoring was

			not undertaken at some point during the last 12 months?
	Azathioprine		
	Denosumab (Prolia) 60mg/ml		
	Leflunomide		
	Mercaptopurine		
	Methotrexate		
	Penicillamine		
	Sodium aurothiomalate		
	Sulfasalazine		

E	For upto 10 patients identified in 'D' where the necessary monitoring was not undertaken at some point during the last 12 months, describe how each patient was managed, what was the ultimate outcome for the patient's treatment and what changes, if any, were made to practice processes?	
	Example	*Patient was identified as a persistently not engaging with monitoring and following discussion with the consultant in charge of her care methotrexate treatment was withdrawn.*
	Example	*Patient was contacted within 10 days of overdue blood test by telephone by practice nurse (no reply) and then letter. Patient's prescription request for relevant medication was denied. Patient subsequently attended for a blood test and following the test was issued a prescription for the relevant medication.*
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
F	For the following medicines included in the Medicines Monitoring LES how many patients were identified with out of range blood tests over the last 12 months? An Emis search has been created to assist practices to obtain this	

	information if it is not already recorded at the practice. The search can be found within Emis Web in a folder entitled Medicines Monitoring LES within the Safety Dashboard	
	Medicines	Number of out of range blood tests identified in the last 12 months?
	Azathioprine	
	Denosumab (Prolia) 60mg/ml	
	Leflunomide	
	Mercaptopurine	
	Methotrexate	
	Penicillamine	
	Sodium aurothiomalate	
	Sulfasalazine	

G	For upto 10 patients identified in 'F' as experiencing out of range blood tests over the last 12 months describe how each patient was managed and what was the ultimate outcome for the patient's treatment?	
	Example	
	Example	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	

	10	
H	Please provide details of any actions planned (including timescales) or action already taken in response to undertaking the Medicines Monitoring LES review:	
I	Please provide feedback on any clinical support received from the specialist services, for example when managing out or range results or when there are concerns about the patient's treatment plan.	

I confirm that the submitted review is a true record of activity undertaken by	
Practice name	
Practice code	
Name of clinician responsible for review	
Role of clinician within the Practice	
Signature of clinician responsible for review	
Date of signature	

BNSSG Primary Care Supplementary to Essential and Additional Services Scheme

NHS Standard Contract Information Pack (2019 - 2021)

SCHEDULE 2 – THE SERVICES

E. Service Specifications

Service Specification No.	
Service	**BNSSG Primary Care Supplementary to essential and additional services scheme**
Commissioner Lead	**BNSSG CCG**
Provider Lead	**GP practices**
Period	**1 April 2019 - 31 March 2021**
Date of Review	

1. Population Needs

1.0 National/local context and evidence base

1.1 In January 2014, NHS England area teams were asked to review local PMS agreements over a two-year period ending in March 2016. While the responsibility for the review lay with NHS England the CCG had a role in developing plans for the reinvestment of the PMS premium. In September 2014 NHS England published a "Framework for Personal Medical Services (PMS) agreements review" which outlined a number of principles to be adopted as part of the process. These are that when considering reinvestment in primary care services it:

- Reflects joint strategic plans for primary care that have been agreed with the relevant CCG(s);
- Secures services or outcomes that go beyond what is expected of core general practice;
- Helps reduce health inequalities;
- Offers equality of opportunity for GP practices in each locality (i.e. if one or more practices in a given locality are offered the opportunity to earn extra funding for providing an extended range of services or meeting enhanced quality requirements, other practices in that locality capable of providing those services or meeting those requirements should have the same opportunity);
- Supports fairer distribution of funding at a locality level.

The framework also emphasises that the PMS premium funding must all be reinvested in GP practices within a CCG area. NHS England South has developed a set of principles and guidance "The PMS Review: principles, process and timeline" which sets out the expectations of local CCGs when considering reinvestment of the premium to be consistent across the South region.

This process also includes all PCT legacy payments to practices which were passed to the CCG.

1.6 The 3 former CCGs have worked hard with NHS England, the LMC, and member practices to agree an approach which meets the local and national principles and objectives. We have discussed and agreed a number of local principles which set out in section 1.3 below. We expect this decision to result in the reduction of unwarranted variation between practices and that, over time, patients will be able to expect the same level of high quality care and access to services at any practice in BNSSG.

1.7 The key local principles are:

- All premium funding will be re- invested into GP provided primary care in BNSSG.
- All practices will be eligible for reinvestment if they are capable of delivery of appropriate services.
- Reinvested funding will **not** be linked to a requirement for new primary care activity, as we recognise that practices are already under intense workload pressures.
- We recognise that some services provided by practices are considered not to be part of the core contract, and we will give serious consideration to re-investing the premium to commissioning these services.
- We understand that many practice staff are employed using existing funding, and we may need to consider commissioning population based services to be able to continue benefiting from the expertise of these staff, if individual practices are unable to continue the employment of these staff.
- We need to continue to work with the secondary care trusts locally to ensure that money is actually moved out of secondary care when services are provided in primary care.
- We have met with the LMC to discuss these principles, they approved of our approach and in particular were reassured that we will not be seeking more for the same from practices. We are committed to working closely with the LMC through this process and in developing the reinvestment plan.
- This is an opportunity to consolidate what we do, to focus on the important aspects of Primary Care and to begin to support each other to set outcomes and standards that we feel will improve the health of our patients.

1.8 The approach agreed by the CCGs was to reinvest the premium funding across all practices to deliver supplementary activities, using the Carr Hill weighted formula, as this is the only nationally negotiated and widely used formula to fund practices according to patient need.

1.9 The premium and legacy funding will be removed from 1 April, 2016 over a five-year period at the rate of 20% per annum to give practices time to adjust. This will be net of the CCG reinvestment.

1.10 This specification has been developed to provide a funding contribution to each practice in BNSSG on a weighted patient basis for services not funded for in the core contract (i.e. essential or additional services) but that are recognised as activity best provided by a GP. It is hoped that this will remove any unwarranted variation in general practice so that patients can expect the same level of high quality care and access to services at any practice, or group of practices, in BNSSG.

2. Outcomes

2 NHS Outcomes Framework Domains & 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	✓

3. Scope

Aims and objectives of service

The CCG recognise that the General Practice landscape has moved on since the development of this enhanced service and would support practices in developing more collaborative solutions to the provision of the activity detailed below.

3.1 The aims of the specification are as follows:

- Continuing provision of general practice services
- Reduction in unwarranted variation in general practice
- Developing and sharing best practice
- Continuing to provide improved and enhanced access for routine and urgent appointments to meet patient needs
- Developing approaches to clinical skill mix in primary care teams to best meet the needs of the practice patient population and with best use of resources

available

- Working with other practices and the CCG towards appropriate scaling of services, recognising not all services are appropriate to be provided by each practice
- Consistent or reduced activity in A&E admissions and urgent care services
- Development of a consolidated primary care base upon which new pathways, standards and outcomes can be set to improve the health of BNSSG patients
- Engagement in work programmes to support CCG strategic outcomes e.g. reduction in secondary care activity and providing care closer to home, mental health agenda, data sharing

3.2 Practices are required, where it is appropriate for the needs of their patients, to undertake the following:

A. Specified Non-Core Contract Work

It is recognised both nationally and locally, that since the introduction of the GMS contract in 2004, there has been an increase in the quantity and range of activity that primary care is requested to undertake, sometimes on behalf of other organisations. Some activity detailed below, for example ear irrigation, complex dressings, and Doppler scanning may be better delivered at a Locality level and practices may wish to develop these ways of working. Examples of areas of additional workload that is included within this activity includes:

- Phlebotomy initiated by primary care only, and not where it is part of an acute contract (to be subject to review, including for under 16s))
- Removal of post op stitches, dressings and wound checks (if staples removal equipment is provided by the hospitals)
- Dressings (including 3 and 4 layer bandaging where appropriate) and wound care for non-housebound patients
- Doppler scanning for compression bandaging
- Primary Care requested ECGs, spirometry, nebulising, pulse oximetry
- Delivery of Gonadotrophin-releasing hormone antagonist (GnRH analogues/ LHRH) treatment (e;g Triptorelin, Goserelin) once stabilised with a practice agreed protocol
- 24-hour BPs or offer home BP monitoring
- Depo injections related to stable mental health patients, with clear lines of responsive communication with the secondary care provider. This would ensure true shared care with secondary care for these patients.
- Prescribing to midwifery services where not initiated by the consultant and where clinical responsibility remains appropriate for community management.

We would seek to develop a standardised clinically safe way to communicate these requests to GPs (not via fax), and ensure that such requests are timely, with relevant clinical information, and are consistent with local/national guidelines.

- Tests and procedures required under agreed referral pathways which are subject to review and have undergone membership engagement; this includes ear irrigation when the following criterion has been met:
    - The patient has applied ear wax softening drops for up to 5 days and this has not been effective (as set out in NICE guidance).
- Managing maternal postnatal checks (excludes immediate baby checks from rapid discharge patients). This will be according to patient need and ensuring that contractual midwife/health visitor review has taken place.

B. Best practice Primary Care

These reflect best practice for activities in the core contract and should be applied as appropriate:

- Involvement and communication towards the management of complex patients using wider community service providers to ensure the provision of holistic care
- Child and adult safeguarding work towards the safe management and co-ordination of vulnerable patients in accordance of national requirements
- Use of BNSSG CCG Referral Service and/or e-referrals where appropriate
- Responding to requests from agreed 3rd party service providers for verifying up to date patient call up lists e.g. screening service such as breast, bowel and retinopathy
- Processing referrals for Interventions not normally funded (INNF) where initiated by General Practice
- Identification and support for carers to include active signposting to voluntary sector services
- Adherence to local clinical pathways that have been agreed and made available to GP practices for implementation, for example on the BNSSG formulary and the CCG Remedy site
- Patient education regarding primary care services in and out of hours, and other NHS services using website, electronic message boards e.g. JX boards, patient notice boards
- Utilising the standard NHS 111 phone message for out of hours
- A well maintained practice website in addition to NHS choices
- Timely medical records summarising
- Signing data sharing agreements where this supports CCG and practice objectives as appropriate

- Supporting the development of demand and capacity metrics for primary care

3.3 Most practices will already be undertaking this work and should now continue to deliver this work at current or reasonable levels for the practice as part of this enhanced service. Where individual practices are not providing a particular element of this work already it is expected they will develop a plan if necessary with other nearby practices to either provide this activity themselves for their patients or to subcontract this work to a nearby provider for the benefit of their patients. Where specialised skill sets are required, practices will be expected to work together to provide this service at a reasonable location for their patient if not at their own practice over the next 2 years.

3.4 As and when there are pathway developments to do more work in primary care towards the care closer to home/out of hospital care agenda then it is expected these will need to be commissioned appropriately with funding apportioned accordingly. This activity, as mentioned earlier, could be delivered at scale. The CCG is working towards outcome based commissioning where payment will in future be linked to measurable patient outcomes.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

See section 3.3A

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Not applicable

4.3 Applicable local standards

Not applicable

5. Applicable quality requirements and CQUIN goals

SUPPLEMENTARY SERVICES RETURN

Please complete the form and return it attached to a covering email from a practice partner or practice manager stating that they have completed it on behalf of the practice. This will save the need for it to be printed, signed and then scanned. Please return to the following email address xxxxxxxxxxxxxxxxxxby the 15th April of each year. :

(name of practice) confirms that it has delivered the following supplementary services during the financial year ( ) Please state the year this report relates to.

	Yes - Fully delivered	*Partially delivered*	*Not delivered yet*
Phlebotomy – this does not include requests from secondary care where there is on-going hospital follow-up apart from shared care agreements.	☐	☐	☐
Removal of stitches, dressings and wound checks.	☐	☐	☐
Wound care including 3 and 4 layer bandaging.	☐	☐	☐
Routine ECGs, spirometry, nebulising, pulse oximetry.	☐	☐	☐
Doppler scanning for vascular assessment in lower limbs.	☐	☐	☐
Delivery of Gonadotrophin-releasing hormone antagonist (GnRH analogues/.LHRH) treatment (e.g. Triptorelin, Goserelin).	☐	☐	☐
24 hour BPs including home BP monitoring.	☐	☐	☐
Depo injections for mental health patients who are stable.	☐	☐	☐
Tests and procedures required under agreed referral pathways, this includes ear irrigation	☐	☐	☐
Managing routine post-natal checks (excludes immediate baby checks from rapid discharge patients).	☐	☐	☐
Support to midwifery teams including prescribing. Prescribing choice and responsibility should be in line with BNSSG formulary requirements.	☐	☐	☐

* If you have marked any services as only partially provided, or not provided at all, please complete and return an action plan detailing what will be done to remedy the situation.

SCHEDULE 2 – SERVICE SPECIFICATION - APPENDIX 2

SUPPLEMENTARY SERVICES ACTION PLAN

For practices that need to complete this form, please return it attached to a covering email from a practice partner or practice manager stating that they have completed it on behalf of the practice. This will save the need for it to be printed, signed and then scanned. Please return to the following email address xxxxxxxxxxxby the 15th April of each year. :

Practice: name of practice	**Year this Action Plan covers:**

Please note that this only needs to be submitted if services are not being delivered or are only partially delivered.

Which service(s) does this apply to:

1.

2.

3.

Reasons for not supplying this service in full.

1.

2.

3.

Proposed action plan for the delivery of this service. **Date**

1.

2.

3.

APPENDIX 3 – LIST OF EMIS CODES TO BE USED TO RECORD AND EVALUATE ACTIVITY LEVELS

Activity	Code
Phlebotomy – this does not include requests from secondary care where there is on-going hospital follow-up apart from shared care agreements.	41D0 – blood sample taken
Removal of stitches, dressings and wound checks.	8P0/81H/8C1L/S8341
Wound care including 3 and 4 layer bandaging.	7G2EC/7G2EB
Routine ECGs, spirometry, nebulising, pulse oximetry.	Standard ECG - 3212/nebuliser therapy - 8764/spirometry screening - 68M/pulse oximetry - 8A44 or peripheral oxygen saturation - 44YA0
Doppler scanning for vascular assessment in lower limbs.	5858
Delivery of Gonadotrophin-releasing hormone antagonist (GnRH analogues/.LHRH) treatment (e.g. Triptorelin, Goserelin).	8B6i
24 hour BPs including home BP monitoring.	315B or 662L; 662j (BP recorded by patient at home)
Depo injections for mental health patients who are stable.	Injection of therapeutic substance -7L11
Tests required under referral pathways e.g. ear syringing when required by secondary care or NHS fertility.	“syringe ear to remove wax” 73050-1
Managing routine post-natal checks (excludes immediate baby checks from rapid discharge patients).	Routine child health check – ZV202; postnatal care HNG0636