

# Primary Care Commissioning Committees of Herefordshire CCG

## Redditch and Bromsgrove CCG

## South Worcestershire CCG

## Wyre Forest CCG

### Extra Ordinary 'Meetings in common'

Tuesday, 25 June 2019 12:30pm

Sixways Premier Suite Upper, Sixways Stadium, Warriors Way, Worcester, WR3 8ZE

## Public Agenda – meetings in common

	Times	Subject	CCG specific	Purpose	Lead	Enclosure
1.	12:30	Welcome and introductions			TH	
2.		Apologies for absence			TH	
3.		Declarations of interest			TH	Report
<b>Strategy &amp; Key Decisions</b>						
4.	12:35	Promoting Clinical Excellence contract	W	Approval	LD/JF	Report
5.	12:55	Herefordshire Primary Care Outcomes Framework Update	H	Approval	LD/KP	Verbal
6.	1:05	Approval of the Primary Care Section of the STP Estates Strategy	All CCGs	Approval	LD/JH	To follow
7.	1:25	Primary Care Strategy	All CCGs	Approval	LW	To follow
<b>Approval, Information &amp; note</b>						
8.	1:40	Enhanced Services – update	W	Approval	LD/JF	Report
9.	1:50	Managing patients outside of practice boundaries	H	Approval	KP	Report
10.	1:55	Open Forum/Public			TH/ Public	Verbal
11.		Next meeting: 24 July 2019 11:00am at Turnpike Medical Centre			ALL	
12.		Proposed 2019/20 meeting dates: 11 September 2019 at 1:30pm – St Johns 13 November at 10:30am – Bewdley 29 January 2020 at 10:30am 18 March 2020 at midday				
13.	2:00	CLOSE				

**REGISTER OF INTERESTS OF COUNTYWIDE  
PRIMARY CARE COMMISSIONING COMMITTEE – WORCESTERSHIRE CCGs**

<b>Which CCG does the conflict relate to?</b>	<b>Name</b>	<b>Current positions</b>	<b>Declared Interest: (name and nature of the organisations)</b>	<b>Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)</b>	<b>Interest Dates</b>	<b>Actions taken to mitigate risk:</b>
Herefordshire CCG	Professor Tamar Thompson, OBE  VOTING	Lay Member for Primary Care	Independent Chairman of KM&T (*Quickstart Programme) – Legacy Interest	Non-Financial Professional	Sept 2018- Jan 2019	Will not take part in any decisions which KM&T could directly benefit from
			Clinical Lay Member for Arden/Gem Commissioning Support Unit	Financial	Nov 2012 - Present	Will not take part in any decisions which Arden Gem CSU could directly benefit from
			Fellow and Chair at University of Worcester	Non-Financial Professional	Nov 2013 - Present	Will not take part in any decisions which University of Worcester could directly benefit from
			Chair of Board of Trustees for Royal National College for the Blind (RNCB) (Charity)	Non-Financial Professional	April 2013 – Present	Will not take part in any decisions which RNCB could directly benefit from
			Chair/Trustee/Director for Malvern Theatres Ltd.	Non-Financial Personal	Sept 2016 - Present	Will not take part in any decisions which Malvern Theatres could directly benefit from
			Trustee for James Wentworth-Stanley Memorial Fund (Charity)	Non-Financial Personal	Aug 2017 – Present	Declare conflict as appropriate
			Trustee/Vice Chairman for Worcestershire Community Foundation (Charity)	Non-Financial Professional	2012 - Present	Will not take part in any decisions which Worcestershire Community Foundation could directly benefit from

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
			Trustee/Governor for St Richard's Hospice	Non-Financial Professional	2013 - Present	Will not take part in any decisions which St Richards Hospice could directly benefit from
Worcestershire CCGs	Trish Haines VOTING	Lay Member for Primary Care	Trustee of H&W Age UK	Non-Financial Personal	January 2019 – Present	Will not take part in decisions which Age UK could directly benefit from
			Independent Complaints Reviewer of Independent Press Standards Organisation (IPSO)	Non-Financial Personal	September 2016 – Present	Will not take part in decisions which IPSO could directly benefit from
			Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non- Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire CCG	Diane Jones VOTING	Lay Member for Patient and Public Involvement (PPI)	Daughter works as Virtual School Head Teacher for Herefordshire Council	Indirect	October 2013 - Present	Will not take part in any decisions which Herefordshire Council could directly benefit from
			Trustee of Kindle, connected to NHS Propco, via South Wye Development Trust	Non-Financial Professional	2013- Present	Will not take part in any decisions which South Wye Development Trust could directly benefit from

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
Worcestershire CCGs	Sarah Harvey Speck  VOTING	Lay member for Patient and Public Involvement (PPI) and Quality	Independent Governor and Chair of Finance and Development, University of Worcester  Vice Chair of Governors, University of Worcester	Non-Financial Personal	2013 – Present	Will not take part in decisions which University of Worcester could directly benefit from
			Independent Director of Mercian Educational Trust	Non-Financial Personal	2012 – Present	Will not take part in decisions which Mercian Educational Trust could directly benefit from
			Director of Sarah Harvey-Speck Consulting – Ltd (Dormant Company)	Financial	2005- Present	Will not take part in decisions which Sarah Harvey-Speck Consulting Ltd could directly benefit from
			Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non- Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire and Worcestershire CCGs	Simon Trickett  VOTING	Accountable Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
			Accountable Officer of Herefordshire CCG	Non-Financial Professional	8 <sup>th</sup> May 2018 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire CCG	Jo-anne Alner  Proxy vote for Herefordshire CCG in absence	Managing Director	None to Declare			

	of Accountable Officer					
<b>Which CCG does the conflict relate to?</b>	<b>Name</b>	<b>Current positions</b>	<b>Declared Interest: (name and nature of the organisations)</b>	<b>Interest Type:</b> (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	<b>Interest Dates</b>	<b>Actions taken to mitigate risk:</b>
Worcestershire CCGs	Mari Gay VOTING	Chief Operating Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire CCG	Lesley Woakes VOTING	Director of Primary Care	None to Declare			
Herefordshire and Worcestershire CCGs	Lynda Dando VOTING	Associate Director of Primary Care	Executive Director across SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
			Executive Director for Herefordshire CCG	Non-Financial Professional	April 2019 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire and Worcestershire CCGs	Mark Dutton VOTING	Chief Finance Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	January 2017 – Present	Will ensure due consideration of any CCG specific matters
			Chief Finance Officer for Herefordshire CCG	Non-Financial Professional	April 2019 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire CCG	Charmaine Hawker  Proxy vote for Herefordshire CCG in absence	Associate Chief Finance Officer	None to Declare			

	of Chief Finance Officer					
<b>Which CCG does the conflict relate to?</b>	<b>Name</b>	<b>Current positions</b>	<b>Declared Interest: (name and nature of the organisations)</b>	<b>Interest Type:</b> (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	<b>Interest Dates</b>	<b>Actions taken to mitigate risk:</b>
Worcestershire CCGs	Nicola Malyon Proxy vote for Worcestershire CCGs in absence of Chief Finance Officer	Deputy Chief Finance Officer	Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters
Herefordshire CCG	Dr Dominic Horne  NON VOTING	GP Representative	GP Partner, Much Birch Surgery, Herefordshire	Financial	May 2018 - Present	Will not take part in decisions which Much Birch Surgery could directly benefit from
			National Institute for Health Research (NIHR) Network GP Champion, Herefordshire	Financial	2012 – Present	Will not take part in decisions which NIHR could directly benefit from
			Board Member, Self Care Forum, London	Non-Financial Professional	Feb 2019 – Present	Will not take part in decisions which Self Care Forum could directly benefit from
			Honorary Senior Lecturer, University of Worcester	Non-Financial Professional	May 2018 - Present	Will not take part in decisions which University of Worcester could directly benefit from
			Member of NICE Indicators Advisory Committee	Non-Financial Professional	May 2018 - Present	Declare as appropriate

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
Redditch and Bromsgrove CCG	Dr Jonathan Leach  NON-VOTING	GP Representative	Salaried doctor at Davenal House Surgery, Bromsgrove	Financial	January 2010 – Present	Will not take part in decisions which Davenal House Surgery could directly benefit from
			NHS England Medical Director for Military and Veterans Health	Financial	October 2015 – Present	Declare any conflicts that may arise as appropriate
			Joint Honorary Secretary and Trustee of Royal College of General Practitioners	Financial	September 2017 – Present	Would not take part in any decisions where RCGP was a beneficiary
			Primary Care Commissioning Trustee	Non-Financial Professional	August 2013 – Present	Would not take part in any decisions where PCCC was a beneficiary
			Periodic medico-legal work predominantly involving military cases	Financial	August 2013 - Present	Will not take part in decisions which I could benefit from financially or professionally
			Royal College of General Practitioners Fellow	Non-Financial Professional	August 2013 - Present	Would not take part in any decisions where RCGP was a beneficiary
			Member of British Medical Association	Non-Financial Professional	August 2013 – Present	Declare any conflicts that may arise as appropriate

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
South Worcestershire CCG	Dr Carl Ellson NON-VOTING	GP Representative	Employed as salaried GP at Corbett Medical Practice	Financial	1992-Present	Will not take part in decisions which Corbett Medical practice could directly benefit from
			Voting member of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – present	Will ensure due consideration of any CCG specific matters
Wyre Forest CCG	Dr Louise Bramble NON-VOTING	GP Representative	Partner in GP Surgery - Chaddesley Corbett	Financial	April 2015 – Present	Will not take part in decisions which Chaddesley Corbett could directly benefit from
			Spouse – GP Partner at Riverside Surgery, Evesham	Indirect	October 2015 – Present	Will not take part in decisions which Riverside Surgery could directly benefit from
			Spouse - Clinical Director of Evesham, Bredon, Broadway and Inkberrow Primary Care Network	Indirect	2019 – Present	Will not take part in decisions which EBBI Primary Care Network could directly benefit from
Herefordshire CCG	Alex Price NON-VOTING	Practice Manager Representative	Practice Manager – Golden Valley Practice	Financial	April 2019 – Present	Will not take part in decisions which Golden Valley Practice could directly benefit from
			Non-Executive Locality Director – Taurus Healthcare	Financial	April 2019 – Present	Will not take part in decisions which Taurus Healthcare could directly benefit from
Worcestershire CCGs	Nigel Higenbottam NON-VOTING	Practice Manager Representative	Income from a provider as Practice Manager of St Johns House Surgery in Bromsgrove	Financial	February 2014 – Present	Will not take part in decisions which St Johns House Surgery could directly benefit from



<b>Which CCG does the conflict relate to?</b>	<b>Name</b>	<b>Current positions</b>	<b>Declared Interest: (name and nature of the organisations)</b>	<b>Interest Type:</b> (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	<b>Interest Dates</b>	<b>Actions taken to mitigate risk:</b>
N/A	Jane Ellis NON-VOTING	Healthwatch Representative – Herefordshire	Much Birch PPG secretary	Financial		
			Patient representative NHSE digital 111 development and ICU alliance regional board patient representative	Non-Financial Professional		
N/A	Karen Wright NON-VOTING	Health and Wellbeing Board – Herefordshire	Husband Clive Wright is CEO Shropshire Council	Indirect		Will not take part in decisions which Shropshire Council could directly benefit from
N/A	Jo Ringshall NON-VOTING	Non-voting member of PCCC representing Health Watch Worcestershire	Nil declaration			
N/A	Jane Stanley NON-VOTING	Non-voting member of PCCC representing Health Watch Worcestershire	Nil declaration			
N/A	Matthew Fung NON-VOTING	Consultant in public health at WCC; Honorary CPH at Worcestershire CCGs	Wife is a salaried GP working in Dudley (Eve Hill Medical practice).	Indirect	Present	Will not take part in decisions which the Eve Hill Medical Practice could directly benefit from

Which CCG does the conflict relate to?	Name	Current positions	Declared Interest: (name and nature of the organisations)	Interest Type: (Financial / Non-Financial Professional / Non-Financial Personal/ Indirect Interest)	Interest Dates	Actions taken to mitigate risk:
N/A	Dr Matthew Davis  NON-VOTING	PCCC member LMC representative – Herefordshire and Worcestershire CCGs	Partner at Wyre Forest Health Partnership	Financial	December 2015 – Present	Will not take part in decisions which Wyre Forest Health Partnership could directly benefit from
			LMC member representative	Financial	2008 - Present	Will not take part in decisions which the Worcestershire LMC could directly benefit from
Herefordshire CCG	Mike Emery  NON-VOTING	Director of Corporate Development	Parent Governor of Barrs Court Academy	Non-Financial Personal	November 2018 – Present	Will not take part in any decisions which Barrs Court Academy could directly benefit from
Worcestershire CCGs	Hana Taylor  NON-VOTING	Head of Governance and Corporate Affairs	Board Secretary of SWCCG, RBCCG and WFCCG Governing Bodies	Non-Financial Professional	April 2018 – Present	Will ensure due consideration of any CCG specific matters

**Primary Care Commissioning Committees of  
Herefordshire CCG  
Redditch & Bromsgrove CCG  
South Worcestershire CCG  
Wyre Forest CCG**

**‘Extra Ordinary ‘Meetings in common’**

**Tuesday, 25 June 2019 12:30pm**

Sixways Stadium, Warriors Way, Worcester, WR3 8ZE

**Promoting Clinical Excellence Contract**

<b>Report authors</b>	Lynda Dando, Jane Freeguard, Anne Kingham
<b>Presented by</b>	Lynda Dando – Director, Primary Care
<b>Target CCG</b>	HCCG <input type="checkbox"/> RBCCG <input checked="" type="checkbox"/> SWCCG <input checked="" type="checkbox"/> WFCCG <input checked="" type="checkbox"/> All CCGs <input type="checkbox"/>
<b>Recommendation</b>	The Primary Care Commissioning Committees are asked to: <ul style="list-style-type: none"> <li>• Agree to commissioning the Promoting Clinical Excellence Service Specification detailed below and in the attached specification, Appendix 1.</li> </ul>
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information/noting <input type="checkbox"/>

**Background**

Primary Care Commissioning Committee previously reviewed Promoting Clinical Excellence (PCE) service specification but when the Primary Care Network (PCN) Directed Enhanced Service (DES) was announced agreed to roll forward the existing PCE contract to allow time to consider potential areas of overlap with the PCN DES and changes to QOF. This review was completed by mid-April and considered the following areas of potential duplication, with the outcome of discussions detailed below:

End of Life:

- The 19/20 QOF Quality Improvement module includes a requirement for two meetings per year at PCN level; PCE requirement is for monthly practice meetings so no overlap has been identified.

Prescribing

- The 19/20 QOF Quality Improvement Prescribing Safety module has a very directed focus on specific medicines which not included within the prescribing section of PCE, so no significant overlap has been identified.

Hypertension

- No direct overlap but removed to allow practices to focus on new QOF requirements.

### NT leadership

- Potential overlap with CD role. These are seen as being one and the same thing eventually, which is also the expectation within the PCN DES. However, listening to the feedback from GPs that the focus for 19-20 must be on their getting PCNs established and organised to deliver what is currently in the DES and the five new services from April 2020, this leadership role remains.

The areas of overlap equated to £1 per patient, much less than originally anticipated.

### **Feedback on Service Specification**

The changes reflect the feedback gained during the January and February engagement, the very constructive discussions with the PCE Clinical Leads, Alliance Board Chairs and the LMC in May in relation to the existing NT element (now retitled, 'Integration: Reducing Variation in Emergency Admissions') and feedback during the current engagement in June from practices and PCE groups. The engagement period ended on 17<sup>th</sup> June and the results of this are highlighted in the updated service specification which can be seen in Appendix 1. Changes to the specification presented in January are highlighted in **green** in the second column, **turquoise** areas are clarifications of previously included requirements, **purple** is new wording following current engagement.

### **Funding**

The service is offered at £11 per head.

### **Recommendation**

Primary Care Commissioning Committees are asked to agree to commissioning the Promoting Clinical Excellence Service Specification.

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

- Changes to the existing requirements are highlighted in **green** in the second column, **turquoise** areas are clarifications of previously included requirements, **Purple** is new wording following current engagement
- Please read the third column for any rationale or explanation

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
1.0 PCE Contract		
	<p><b>Groups must;</b></p> <p>a. Nominate a GP lead with responsibility for delivering all elements of the PCE contract at practice and group level. Groups may choose to have additional leads to oversee any element of the PCE specification. (Payments should be identified in Appendix B)</p> <p>b. The Group GP lead should meet with the CCG up to twice in any 12 month period</p> <p>c. Review CCG Dashboard and agree actions where outliers are identified</p> <p>d. The Group GP lead should, in conjunction with the neighbourhood team GP lead, agree which GPs should participate in the bimonthly peer reviews of emergency admissions. See section 5.2.3</p>	<p>a. New section. Taken out requirement for GP referral and prescribing lead. Although groups many choose to have additional leads</p> <p>c. Covers the best practice elements of the dashboard</p>
1.1 Best Practice – education, development & engagement		
<p><b>Practices must;</b></p> <p>a. Take part in two IQSP visits, one of which may be held as a group. Individual practice IQSP meetings must be attended by all GPs and other clinical staff as appropriate, group meetings</p>	<p><b>Practices must;</b></p> <p>a. Take part in two IQSP visits, one of which may be held as a group. Individual practice IQSP meetings must be attended by all GPs and other clinical staff as</p>	<p>a. It is recognised that some groups may have one of their 19/20 IQSP visit before 1<sup>st</sup> July 2019. This will count as one of the IQSP visits.</p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
<p>should be represented by at least one GP from each practice.</p> <p>b. Complete all actions from IQSP visits</p> <p>c. Satisfactorily complete clinical or referral audits specified by the CCG (up to 2 annually)</p> <p>d. Attend two CCG study days</p> <p>e. Complete identified audits/surveys;           <ul style="list-style-type: none"> <li>• National Diabetes Annual Audit</li> <li>• 360 Degree Stakeholder Survey</li> <li>• IQSP evaluations</li> <li>• Quarterly workforce surveys</li> <li>• Practice resilience tool</li> </ul> </p> <p>f. Practices must ensure current PCE priorities are communicated with all practice staff, community staff and community pharmacies.</p>	<p>appropriate, group meetings should be represented by at least one GP from each practice.</p> <p>b. Complete all actions from IQSP visits</p> <p>c. Satisfactorily complete clinical or referral audits specified by the CCG (up to 2 annually)</p> <p>d. At least one GP from each practice must attend the CCG IQSP study days which will be no more than four sessions per year.</p> <p>e. Complete identified audits/surveys;           <ul style="list-style-type: none"> <li>• National Diabetes Annual Audit</li> <li>• 360 Degree Stakeholder Survey</li> <li>• IQSP evaluations</li> <li>• Quarterly workforce surveys</li> <li>• Practice resilience tool or equivalent tool</li> </ul> </p> <p>f. The learning from study days and meetings must be shared and discussed with the rest of the practice, using Clarity TeamNet to evidence this. Communication needs to include community staff and where appropriate and community pharmacies.</p> <p>g. Practices are expected to send an appropriate representative to each CCG quarterly commissioning meeting with senior managers of the CCG.</p>	<p><i>d. Now includes the former Development Day. Dates will be confirmed at least three months in advance</i></p> <p><i>f. Clarity TeamNet is the software demonstrated at the November Development day which the CCG is funding for all practices.</i></p> <p><i>g. this is recycled funding associated with outpatient follow up work. Dates to be confirmed at least three months in</i></p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
		<i>advance</i>
<b>1.2 Best Practice – Long term Conditions</b>		
<p><u>Practices must:</u></p> <p>h. Atrial Fibrillation – opportunistically check patients for a possible AF diagnosis and deliver a 5% improvement on AF007 performance at the end of March 2018 up to 95%, or maintaining 95% where already achieving.</p> <p>i. Hypertension - deliver a 5% improvement on HYP006 performance at the end of March 2018 up to 84%, or maintaining 84% where already achieving.</p>	<p><u>Practices must:</u></p> <p>a. Atrial Fibrillation – opportunistically check patients for a possible AF diagnosis and deliver a 5% improvement on AF007 performance at the end of March 2020 up to 95% or maintaining 95% where already achieving.</p> <p><del>Hypertension – deliver a 5% improvement on HYP006 performance at the end of March 2019 up to 84% or maintaining 84% where already achieving.</del></p>	<p><i>i. Removed to allow practices to focus on revised QOF indicators for hypertension</i></p>
<b>1.3 Best Practice – End of Life Care</b>		
<p><u>Practices must:</u></p> <p>a. Hold a monthly End of Life MDT meeting, using the designated EOL meeting template to discuss those new to the palliative care register and existing patients as necessary</p> <p>b. New patients added to register to have Advance Care Planning discussion to include preferred place of care/death, DNAR and RESPECT as appropriate</p>	<p><u>Practices must:</u></p> <p>a. Hold a monthly End of Life MDT meeting, using the designated EOL meeting template to discuss those new to the palliative care register and existing patients as necessary</p> <p>b. New patients added to register to have Advance Care Planning discussion to include preferred place of care/death, DNAR and RESPECT as appropriate, using specified Read code (9Ngj ‘Preferred priorities for care document completed)</p>	<p><i>b. Roll out not expected until 1 July. Policy and further clarification to be issued by ReSPECT Project Board</i></p> <p><i>Further work is currently being undertaken to clarify existing use and</i></p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
<p>c. Review all deaths (regardless of register status)</p> <p>d. Nominate a lead admin person for End of Life</p> <p>e. Complete an annual audit of the percentage of patients dying in their preferred place</p>	<p>until SNOMED is available.</p> <p>c. Practices are required to use EPaCCS and improve their use compared to the 1<sup>st</sup> April 2019 position.</p> <p>d. Review all deaths (regardless of register status)</p> <p>e. Nominate a lead admin person for End of Life</p> <p>f. Complete an annual audit on end of life care.</p> <p>g. Consider including those with severe frailty on the palliative care register.</p>	<p><i>expected improvement of EPaCCS which will be shared as soon as it is available-</i></p> <p><i>All people approaching the end of life should have their needs assessed, their wishes and preferences discussed, and a set of actions agreed reflecting the choices they make about their care recorded in a care plan. EPaCCS- the Electronic Palliative Care &amp; Coordination System- is to support clinicians with this process. The software has been developed by Black Pear and the record created is available to:</i></p> <ul style="list-style-type: none"> <li>• <i>Worcestershire Acute Hospital</i></li> <li>• <i>Worcestershire Health &amp; Care Trust</i></li> <li>• <i>St Richards Hospice</i></li> <li>• <i>Hospice Day Centres</i></li> <li>• <i>Care UK Out of Hours</i></li> <li>• <i>111</i></li> <li>• <i>West Midlands Ambulance Service (999) – initially via auto email</i></li> </ul>
<b>1.4 Best Practice – Mental Health</b>		
<p><u>Practices must:</u></p> <p>f. Use the term Mild Cognitive Impairment (MCI) where appropriate to develop a register of</p>	<p><u>Practices must:</u></p> <p>a. Use the term Mild Cognitive Impairment (MCI) where appropriate to develop a</p>	<p>a. <i>The CCG has the lowest number of dementia diagnoses in the West</i></p>



## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
patients.	register of patients. Usage of the code will be monitored by the CCG followed by a discussion to understand variation where necessary	<p><i>Midlands. The use of the code supports improvement in this area and does not impact upon patients and their lifestyles in the same way that a dementia “label” does. We understand that NHSE is planning to introduce a similar system across all practices ie establishing a MCI register.</i></p> <p><i>The requirement does not change in 19\20 but there is significant variation in usage. The CCG will discuss with those practices who appear to be outliers the reason for this taking into account practices of a similar size and demography.</i></p>
<b>1.5 Best Practice – Information Technology (was Data Quality)</b>		
<p><u>Practices must;</u></p> <p>g. Use CCG designated codes (Appendix 1) for recording information onto EMISweb, including nominated End of Life and MCI codes</p> <p>h. Sign up to CCG Data Sharing Agreements (DSA)</p> <ul style="list-style-type: none"> <li>• EMIS Search &amp; Reports</li> <li>• EPAACS/RESPECT</li> <li>• Improving Access (working at scale)</li> <li>• ED EPR viewer</li> </ul>	<p><u>Practices must;</u></p> <p>a. Use CCG designated codes (Appendix 1) for recording information onto EMISweb, including nominated End of Life and MCI codes</p> <p>b. Sign up to CCG data sharing agreements which support interoperability across the system to improve quality of care to support delivery of NHS long term plan and local strategies for integration e.g. ICOPE</p> <ul style="list-style-type: none"> <li>• EMIS Search &amp; Reports, including data</li> </ul>	<p><i>b. Added detail to the data sharing agreements.</i></p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
	<p>validation</p> <ul style="list-style-type: none"> <li>• EPAACS/RESPECT</li> <li>• Improving Access (working at scale)</li> </ul> <p>c. To utilise Clarity TeamNet – All PCE documents will be communicated through TeamNet going forward. PCNs to upload documents and returns to TeamNet Portals for CCG viewing.</p> <p>d. Use Rockwood as CCG nominated tool to deliver GMS frailty assessment. The CCG will develop a template to support those practices who require assistance in the implementation of this requirement</p> <p>e. Sign up to and utilise Eclipse Advice and Guidance to identify patient at high risk of harm from medicines (see section 3.1.14a). Practices should ensure they are using Eclipse Advice and Guidance by the end of August 2019.</p>	<p><i>c. To support practices in internal communications and to simplify monitoring/ reporting of existing contract requirements</i></p> <p><i>d. The GMS contract requires practices to identify older people (65 and above) who are living with severe or moderate frailty using an evidenced based tool. Once identified, patients will be offered a number of key evidence-based interventions which must be coded. eFI identifies people at risk of frailty but cannot on its own make a diagnosis of frailty. It is clear practices across the country are using eFI to make a clinical diagnosis without clinical review. This over estimates frailty and means that the cohort is too big to ensure that the key interventions are being undertaken. The use of Rockwood is a way of filtering the list for those where intervention is most appropriate. It is the quickest to use of all the scoring tools (approx. 40 seconds) and does not need to be completed by a GP or require a face to</i></p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

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		<p>face meeting with the patients</p> <p>e. <i>Eclipse Advice and Guidance is a centrally funded system available under NHS Digital GPsOC Lot 1. Its use is associated with significant reductions in emergency admissions and A&amp;E attendances from primary care. The use of analytical systems to help identify high risk patients is in line with the PCN DES.</i></p>
<b>1.6 Best Practice – Commissioning Policies, guidelines and templates</b>		
<p><u>Practices must;</u></p> <p>i. Comply with Commissioning Policies as listed on the CCG website.</p> <p>j. Utilise EMIS referral pathways.</p> <p>k. Optimise use of alternatives to hospital including inter practice service provision where they exist</p>	<p><u>Practices must;</u></p> <p>a. Comply with Commissioning Policies as listed on the CCG website and Clarity TeamNet</p> <p>b. Utilise CCG templates for EMIS referral pathways.</p> <p>c. Optimise the use of inter-practice service provision</p> <p>d. Adhere to the local pathways for MSK, Ophthalmology, dermatology and any others agreed through approved CCG decision-making routes</p>	<p><i>d. Reflects the changes to the local referral pathways and these specialities are no longer part of the 20 monitored thereby reducing workload in 19\20. LMC representatives are members of CCPC and membership of CIG is currently being revised to also include the LMC.</i></p>

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<b>2.1 Referrals; reducing clinical variation – practice responsibilities</b>		
<p><u>Practices must;</u></p> <ol style="list-style-type: none"> <li>a. Identify a GP lead for referrals review within the practice</li> <li>b. Regularly review referrals including locum referrals</li> <li>c. Utilise their in-house skills register</li> <li>d. Use services available to optimise referrals               <ul style="list-style-type: none"> <li>• Advice &amp; guidance</li> <li>• Top tips</li> <li>• Consultant Connect</li> </ul> </li> <li>e. Use e-Referrals where functionality exists</li> <li>f. Ensure a minimum of 1 GP attends all group review meetings</li> </ol>	<p><u>Practices must;</u></p> <ol style="list-style-type: none"> <li>a. Identify a GP lead for referrals review within the practice</li> <li>b. Describe their process of in house review of prospective referrals. The process should reflect the frequency, number of clinicians involved and how referrals are prioritised for review and how this information will be shared with the PCE group.</li> <li>c. Practices should flag to the CCG PCE lead any issues relating to secondary care for example re referral requests</li> <li>d. Review and share in-house skills register with CCG and PCE group every quarter to ensure maximum use of inter-practice referrals.</li> <li>e. Use services available to optimise referrals               <ul style="list-style-type: none"> <li>• Advice &amp; guidance</li> <li>• Top tips</li> <li>• Consultant Connect or identified replacement</li> </ul> </li> <li>f. Use e-Referrals</li> <li>g. Ensure a minimum of 1 GP attends all</li> </ol>	<p>Note change to number of specialities included (17 from 20)</p> <p><i>b/c Reviews would not include 2 week waits and those meeting referral proforma criteria.</i></p> <p><i>The in house process for review of prospective referrals should be at least weekly to avoid delay in referrals being made and involve as many clinicians as possible. These are based on growing national evidence of effective peer review and feedback from the CCG PCE leads meeting to ensure consistency of delivery.</i></p> <p><i>Practices should decide how they will prioritise reviews for example practice A might be identified as having high or low referral rates for cardiology (genuinely outlying, not just a hint that this is the case). The practice then commits to reviewing prospectively all cardiology referrals for a decent period e.g. 3 months, and reports back to the group / CCG with any learning points.</i></p>

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	<p>group review meetings. Non-attendance is considered a breach unless in exceptional circumstances such as IQSP or CQC. In such cases it would be expected that the practice sends any referral review data for discussion at the meeting.</p> <p>The GP attending the group referral meeting should be the most relevant for the speciality being discussed and it is anticipated that this will rotate so that learning and skills can be shared. Learning and top tips from the meeting must be shared with all clinicians.</p>	<p><i>d. Consultant Connect removed as now decommissioned</i></p> <p><i>e. e –Referrals are a national directive so is no longer just where functionality exists</i></p> <p><i>f. To make it clear that each practice must ensure a GP attends the group meetings and if not that the reviews of referrals still happen in practice and are discussed at group level.</i></p>
<b>2.2 Referrals; reducing clinical variation – group responsibilities</b>		
<p><u>Groups must:</u></p> <ul style="list-style-type: none"> <li>g. Identify a PCE GP lead for referrals, funding from the group allocation will be paid directly to the employing practice(s).</li> <li>h. The PCE GP Lead must attend meetings with the CCG at least quarterly.</li> <li>i. Develop a Referrals Plan which includes practice and group actions to be taken to reduce unwarranted variation in referrals. This should include details of which specialities will be reviewed.</li> </ul>	<p><u>Groups must:</u></p> <ul style="list-style-type: none"> <li>a. Meet to peer review retrospective and prospective referrals, at least 1 GP per practice must be in attendance.</li> <li>b. Meetings are expected to be monthly unless otherwise agreed with the CCG PCE account manager.</li> <li>• Topics for each meeting should be agreed in advance with the clinicians and the CCG PCE Account Manager to allow the most appropriate clinician to attend</li> </ul>	<p><i>g,h and i removed. Leads incorporated into section 1.0 and a new plan not required</i></p> <p><i>b. All groups are expected to meet in July. The frequency of future meetings can then be agreed with the CCG based on group engagement and delivery of the PCE referral requirements. This will be subject to ongoing review throughout the year and although it is anticipated that</i></p>

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Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
<p>j. Meet at least monthly to peer review retrospective and prospective referrals, at least 1 GP per practice should be in attendance.</p> <p>k. Review gaps in practice skills registers at least quarterly and share details with the CCG using the referrals reporting template to be provided.</p> <p>l. Discuss practice results of CCG directed audits and agree practice and/or group action plans as necessary</p> <p>m. CCG PCE account manager must be invited to attend group meetings at least monthly, or less frequently if agreed by the CCG.</p>	<ul style="list-style-type: none"> <li>• The number of referrals to be reviewed will need to be agreed with the CCG in advance.</li> <li>• All referral reviews must be completed using the CCG template</li> <li>• The group must share the results of the monthly review with the CCG PCE account manager and they may be reviewed by the CCG PCE Clinical Leads</li> <li>• The group must review the CCG Referrals Dashboard at every meeting and agree actions where outliers are identified</li> <li>• Within the first three month the group should review and discuss the individual practice processes for prospective referral review.</li> <li>• The learning from individual practice prospective reviews should be shared and discussed at the monthly meeting.</li> </ul> <p>b. Review gaps in practice skills registers at least quarterly and share details with the CCG using the referrals reporting template to be provided.</p> <p>c. Discuss practice results of any CCG directed audits and agree practice and/or group action plans as necessary.</p> <p>d. CCG PCE account manager will attend monthly meetings or less frequently if</p>	<p><i>meetings can be bimonthly, the CCG may require groups to meet monthly. All practices in the group must follow their process for weekly review of prospective referrals.</i></p> <p><i>Bullet points: reflects the discussion at the PCE leads meeting to support consistency between groups and individual practices.</i></p>

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Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/ Explanation
	<p>agreed by the CCG.</p> <p>e. To utilise Clarity TeamNet to report monthly on delivery of service requirements, including identification of service concerns and redesign ideas.</p>	

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	
<b>3.1 Prescribing – practice responsibilities</b>		
<p>a. Identify a lead GP within the practice for review of prescribing who should attend a PCE group medicines meeting at least quarterly.</p> <p><b>3.1.1 Formulary Compliance</b> <u>Practices must:</u></p> <p>b. Have Optimise Rx switched on and review missed opportunities at least quarterly with the PCE Medicines Group.</p> <p>c. Have the latest version of the EMIS formulary imported and assigned to users appropriately</p> <p>d. Engage in areas of service redesign to support alternative access to medicines e.g. continence products, dressings.</p> <p>e. Adhere to Worcestershire Formulary unless there is documented rationale for an individual clinical decision. Practices should implement the CCG supported brand to generic switches and review and stop any prescribing of products included in the following groups;</p>	<p>a. Identify a lead GP within the practice for review of prescribing who should attend a PCE group medicines meeting at least quarterly.</p> <p><b>3.1.1 Formulary Compliance</b> <u>Practices must:</u></p> <p>b. Have Optimise Rx switched on and review missed opportunities at least quarterly with the PCE Medicines Group.</p> <p>c. Have the latest version of the EMIS formulary imported and assigned to users appropriately and report by email or Clarity Team net when the latest version of the formulary has been imported.</p> <p>d. Engage in areas of service redesign to support alternative access to medicines e.g. continence products, dressings.</p> <p>e. Adhere to Worcestershire Formulary</p>	<p><i>e. updated to reflect the work already undertaken and new areas that can be addressed to reduce variation.</i></p> <p><i>Any monitoring of non-formulary items will take into account any stock availability issues</i></p>

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Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	
<ul style="list-style-type: none"> <li>• NHSE items which should not be prescribed</li> <li>• Worcestershire items which should not be prescribed</li> <li>• Brand to generic switches</li> </ul>	<p>unless there is a documented rationale for an individual clinical decision. Practices should complete any outstanding reviews/switches in the following areas:</p> <ul style="list-style-type: none"> <li>• NHSE items which should not be prescribed</li> <li>• Worcestershire items which should not be prescribed</li> <li>• Brand to generic switches</li> </ul> <p>Where all patients have been reviewed for these areas in 18-19 it is expected that there would be no new initiations outside of guidance for these products and any request by secondary care is challenged by the practice.</p> <p>This will be monitored on EMIS numbers. Practices showing an increase or remaining an outlier compared to the Worcestershire or national average will be expected to discuss this at the group meeting and provide justification which is reported to the CCG.</p> <p>The CCG will monitor other items prescribed outside of formulary and national or locally agreed guidance and practices may be asked to explain if they are an outlier compared to the Worcestershire or national average</p>	



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Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	
<p><b>3.1.2 Repeat Prescribing systems</b>  <u>Practices must;</u></p> <p>f. Review and discuss at least annually the practice repeat prescribing protocol, involving all relevant individuals</p> <p>g. Have at least one member of staff who has undertaken CCG approved Practice Medicines Co-ordinator (PMC) training.</p> <p>h. Ensure repeat requests are reviewed to confirm they are for appropriate quantities, contacting the patient and synchronising items where necessary.</p>	<p><b>3.1.2 Repeat Prescribing systems</b>  <u>Practices must;</u></p> <p>a. Review and discuss at least annually the practice repeat prescribing protocol, involving all relevant individuals</p> <p>b. Have at least one member of staff who has undertaken CCG approved Practice Medicines Co-ordinator (PMC) training. The PMCs will complete and submit one of the audits in the updated PMC workbook provided by the CCG</p> <p>c. Ensure repeat requests are reviewed to confirm medicines are being ordered at appropriate intervals, contacting the patient where necessary and recording interventions made.                      The PMC will record interventions as a minimum where:</p> <ul style="list-style-type: none"> <li>• A third-party request is declined because the item is not needed. (The patient will usually have been contacted). The name of the third party should be recorded to enable monitoring and subsequent challenge of requests in line with point i. below</li> <li>• A routine request is declined because the item has been requested too early.</li> </ul>	<p><i>Recycling money from training to delivery</i></p> <p><i>b/c. this builds on the role of the PMC and reflects feedback from the PCE leads meeting</i></p> <p><i>the addition of recording using the template is to allow the CCG to monitor the numbers therefore reducing workload for practices who would otherwise have to capture this data by other means.</i></p>

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Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	
<p>i. Ensure that where repeat requests from third parties are resulting in multiple interventions, this is challenged and action taken to reduce these.</p> <p><b>3.1.3 Reducing Clinical variation</b> <u>Practices must:</u></p> <p>k. Undertake 3 CCG defined audits in each of the first three quarters, discussing the results within the practice and at the PCE group medicines meeting. The audit detail and instruction will be provided by the CCG, audit examples include antibiotics, opioid prescribing, ONS and other self-care areas. Practices should reflect on the audits and the impact of their actions in Quarter 4.</p>	<ul style="list-style-type: none"> <li>• Drug treatment is no longer needed</li> </ul> <p>For practices using the template supplied by the CCG, the CCG will monitor its usage. Practices choosing to record this using other means will be required to submit a quarterly report of the above minimum requirements.</p> <p>While there is no target for the interventions, the CCG will monitor numbers and if they vary significantly practices will be asked to discuss and agree actions at the Prescribing Group meeting.</p> <p>d. Ensure that where repeat requests from third parties are resulting in multiple interventions, this is challenged, and action taken to reduce these. Practices are expected to comply with CCG third party ordering guidance.</p> <p><b>3.1.3 Reducing Clinical variation</b> <u>Practices must:</u></p> <p>a. Undertake 2 CCG defined clinical audits, discussing the results within the practice and at the PCE group medicines meeting. The audit detail and instruction will be provided by the CCG. Audits:</p>	<p><i>Reduction from 3 to 2 – actions to be identified and acted upon</i></p>

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Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	
<p><b>3.1.4 Medication reviews</b>  <u>Practices must;</u></p> <ul style="list-style-type: none"> <li>i. Undertake medication reviews of discharge/ clinical letters where medication is involved to ensure all changes are accurately recorded on the clinical system and patients contacted where changes to medication have occurred, if appropriate.</li> <li>m. Undertake structured medication reviews with direct patient contact for patients on complex medicine regimes/at high risk of harm from medicines (for example patients prescribed oral non-steroidal anti-inflammatory drugs, diuretics, warfarin/NOACs, ACE inhibitors/ARBs, antidepressants, beta-blockers, digoxin, opioid analgesics or aspirin), including patients residing in care homes.</li> <li><b>n. The total number of reviews (post discharge/letters/high risk) should total approximately 0.5% of the practice population</b></li> </ul>	<p>Q2 –Opioid prescribing            Q3- practices will be notified of audit in July</p> <ul style="list-style-type: none"> <li>b. Practices are expected to undertake any outstanding actions identified by the group plan produced in 18/19 to address clinical variation.</li> <li><b>c. Practices are expected to implement any actions identified as a result of group discussion and review of CCG provided prescribing data.</b></li> </ul> <p><b>3.1.4 Medication reviews</b>  <u>Practices must;</u></p> <ul style="list-style-type: none"> <li>i. Undertake medication reviews of discharge/ clinical letters where medication is involved to ensure all changes are accurately recorded on the clinical system and patients contacted where changes to medication have occurred, if appropriate.</li> <li>m. <b>Undertake structured medication reviews with direct patient contact with a focus on the following patient groups based on the likelihood of harm:</b> <ul style="list-style-type: none"> <li>• <b>Patients highlighted by the National Patient Safety Alerts (on Eclipse Advice and Guidance). From</b></li> </ul> </li> </ul>	<p><i>c. added detail about the need to review data and implement changes where identified</i></p> <p><i>m. Eclipse Advice and Guidance will identify those patients needing urgent intervention and provides highly specific</i></p>

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<p><b>per month</b></p> <p>o. Record interventions made during medication reviews using EMIS template on the clinical system provided by the CCG Medicines Commissioning Team and details of interventions that may have prevented an admission.</p>	<p>September 2019 practices are expected to review and action 100% of their 'red alert' patients highlighted on Eclipse Advice and Guidance.</p> <ul style="list-style-type: none"> <li>• Learning disability and autism (STOMP/STAMP)</li> <li>• Patients on high risk medication- e.g. Anticoagulation, NSAIDs, diuretics, DMARDS, immunosuppressants, lithium, opioid analgesics or aspirin</li> <li>• Patients on 10 or more different regular medications or otherwise at high risk</li> <li>• Patients in care homes</li> <li>• Asthma and COPD patients</li> </ul> <p>n. The total number of reviews (post discharge/letters/high risk) should total approximately 0.5% of the practice population per month.</p> <p>The number of reviews will be monitored by the CCG and will be split into:</p> <ul style="list-style-type: none"> <li>• Number for post discharges/ clinical letters</li> <li>• Number undertaken in high risk patients</li> </ul> <p>It is expected that practices</p>	<p><i>automated alerts to identify patients with genuine reversible risk in relation to the National Patient Safety Alerts. It supports practices in demonstrating they have a robust medicines monitoring process which may be used in evidence for CQC. The CCG will provide monthly reports to practices on their numbers of red alerts.</i></p> <p><i>The patient groups to target for medication review have been updated to be in line with the information in the PCN DES.</i></p> <p><i>n. total number of medication reviews has not been changed but this has been updated to reflect that practices should be targeting their medication reviews to high risk patients in line with PCN DES.</i></p> <p><i>o. Practices are expected to import and start using the 19/20 EMIS Medicines Optimisation template. The 19/20 template includes which high risk group the patient is in as well as the ability to record interventions that may have</i></p>

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	<p>undertake a reasonable number of structured medication reviews with high risk patients. If the number of reviews vary significantly, practices will be asked to discuss and agree actions at the Prescribing Group meeting</p> <p>o. Record medication review and interventions made during medication reviews using a 19/20 EMIS template on the clinical system provided by the CCG Medicines Commissioning Team. The 19/20 template will include the patient groups identified in m above and practices are expected to identify which high risk group the patient is in and record details of interventions that may have prevented an admission.</p>	<p><i>prevented an admission.</i></p>
<p><b>3.2 Prescribing – group responsibilities</b></p>		
<p><u>Groups must;</u></p> <ul style="list-style-type: none"> <li>a. Identify a PCE GP lead for prescribing (may be the same individual as for referrals) and a PCE lead pharmacist; funding will be paid directly to the employing practice(s).</li> <li>b. The PCE GP and pharmacist Leads must attend meetings with the CCG as necessary.</li> </ul>	<p><u>Groups must;</u></p> <ul style="list-style-type: none"> <li>a. Identify a PCE lead pharmacist; funding will be paid directly to the employing practice(s).</li> <li>b. Meet at least monthly to peer review and challenge individual practice variation in prescribing with a clinical representative from each practice. At least one meeting per</li> </ul>	<p><i>a and b removed requirement for PCE GP lead. Leads incorporated into section 1.0</i></p> <p><i>c removed - a new plan not required</i></p> <p><i>b. it is expected that a clinical rep attends to ensure useful clinical discussion occurs. Attendance of CCG rep to monthly meetings ensures ongoing</i></p>

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<p>c. Develop a Prescribing Plan which includes practice and group actions to improve formulary adherence, minimise medicines waste and address unwarranted variation in prescribing.</p> <p>d. Meet at least monthly to peer review and challenge individual practice variation in prescribing.</p> <p>e. Review Optimise Rx missed opportunities and</p>	<p>quarter must include pharmacists and the GP prescribing lead (or another GP if they are unable to attend) from each practice. It is expected that monthly meetings last at least an hour.</p> <p>c. CCG Medicines Commissioning Team will attend monthly meetings or less frequently if agreed by the CCG.</p> <p>d. the group is expected to produce a record of the meeting and document actions.</p> <p>e. At the prescribing meetings the group are expected to:</p> <ul style="list-style-type: none"> <li>• Review any prescribing data provided by the CCG and implement any actions as requested by the CCG. Groups are also expected to consider prescribing data to identify and implement actions that will result in improved cost effectiveness or quality of prescribing.</li> <li>• Review the quarterly Optimise Rx missed opportunities.</li> <li>• Discuss practice prescribing audits and agree a group plan where necessary.</li> <li>• Review the number and content of medication reviews undertaken (post discharge/ clinic letters/ high risk groups) and agree actions where practices are not meeting the target and/or not</li> </ul>	<p><i>oversight and should reduce burden on the group for reporting to the CCG</i></p> <p><i>e. Added more detail to provide focus for the meetings</i></p> <p><i>f. added more detail to provide a focus for the meetings</i></p>

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<p>clinical justification for formulary non-adherence in line with timescales included in plan.</p> <p>f. Discuss practice prescribing audits and agree a group plan where necessary.</p> <p>g. Ensure that at least one meeting per quarter includes pharmacists and GPs from each practice and a member of the CCG Medicines Commissioning Team.</p> <p>h. PCE pharmacist leads to meet with representatives of their local Community Pharmacies at least every 6 months.</p>	<p>targeting high risk patients. This should include a review of the number of 'red alerts' that have been actioned.</p> <ul style="list-style-type: none"> <li>• Review the number and content of PMC reviews that have been undertaken and discuss any PMC audits that have been undertaken.</li> <li>• Details of discussions and meetings with local community pharmacies.</li> </ul> <p>f. PCE pharmacist leads to meet with representatives of their local Community Pharmacies at least every 6 months. These meetings should be discussed at the group meeting and brief notes of these meetings should be provided in the quarterly report to the CCG.</p> <p>The meeting should focus on improving relationships for the benefit of the patients and include topics such as</p> <ul style="list-style-type: none"> <li>• PCE related activities,</li> <li>• Relevant CCG guidelines</li> <li>• practice medicines activities</li> <li>• NMS, MURS</li> </ul> <p>f. To utilise Clarity TeamNet to report quarterly on delivery of service requirements</p>	

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<b>4.1 Elective Care: Reducing Variation in follow up activity – practice responsibilities</b>		
<u>Practices must;</u> <ol style="list-style-type: none"> <li>Review a 5% sample of OP follow up lists at practice level using the follow ups review template provided and estimate opportunity for                             <ul style="list-style-type: none"> <li>Zero follow up</li> <li>Alternative to traditional follow up</li> </ul> </li> </ol>	Requirement Removed	<i>Funding recycled</i>
<b>4.2 Elective Care: Reducing Variation in follow up activity – group responsibilities</b>		
<u>Groups must;</u> <ol style="list-style-type: none"> <li>Review the practice follow up audits and estimated opportunities at a group PCE meeting</li> <li>Identify procedures/conditions where routine follow up appointments could cease or be managed differently e.g. remotely by telephone</li> <li>Share results with CCG Elective Care Clinical Leads via a follow up reporting template along with additional opportunities to reduce follow up activity</li> </ol>	Requirement Removed	<i>Funding recycled</i>

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
<b>5.1 Integration; Reducing variation in Emergency Admissions – practice responsibilities</b>		
<u>Practices must;</u> <ol style="list-style-type: none"> <li>Identify a practice lead GP to participate in monthly meetings with neighbourhood health and social care leads, supporting the</li> </ol>	<u>Practices must;</u> <ol style="list-style-type: none"> <li>Have a practice lead GP who will:                             <ul style="list-style-type: none"> <li>participate in monthly</li> </ul> </li> </ol>	



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<p>development and implementation of the out of hospital based care model, including engagement in the development and delivery of the neighbourhood team plan</p> <p>b. Review practice level data from Aristotle and other available tools/databases to support identification of priorities and the associated actions in the Neighbourhood Plan which support the sustainability of general practice, an improvement in health outcomes and a reduction in variation in emergency admissions</p> <p>c. Participate in regular review and revise actions where necessary, if initial actions do not deliver the anticipated outcomes included within the neighbourhood plan</p> <p>d. Identify a practice lead responsible for supporting the locally agreed MDT approach by:</p> <ul style="list-style-type: none"> <li>• Identifying patients/issues for discussion</li> <li>• Sharing information in a timely way to allow for meaningful discussion at the meeting</li> <li>• Attending Multidisciplinary Team meetings, where appropriate</li> <li>• Ensuring the primary care actions following the MDTs are completed, i.e. uploading recommendations onto EMIS</li> <li>• Disseminating actions and learning as appropriate with practice team</li> </ul>	<p>neighbourhood team meetings</p> <ul style="list-style-type: none"> <li>• support the development and implementation of the out of hospital-based care model</li> <li>• Engagement in the development and delivery of an updated neighbourhood team plan</li> </ul> <p>b. Implement a system to code emergency admissions in EMIS using the 8H2 hierarchy of Read Codes.</p> <p>c. Use this Read code system and Aristotle data to identify patients to audit and be discussed as part of the peer review of emergency admissions.</p> <p>d. Review practice level data Aristotle and other available tools/databases to support identification of priorities and the associated actions in the Neighbourhood Plan which support the sustainability of general practice, an improvement in health outcomes and a reduction in variation in emergency admissions</p> <p>e. Identify a practice lead responsible for supporting the locally agreed MDT approach by:</p> <ul style="list-style-type: none"> <li>• Identifying patients/issues for discussion</li> </ul>	

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
<ul style="list-style-type: none"> <li>Identifying common themes and share best practice at neighbourhood level</li> <li>Contributing to the evaluation of the MDTs by providing feedback and conducting patient and staff surveys, as required</li> </ul>	<ul style="list-style-type: none"> <li>Sharing information in a timely way to allow for meaningful discussion at the meeting</li> <li>Attending Multidisciplinary Team meetings, where appropriate</li> <li>Ensuring the primary care actions following the MDTs are completed, i.e. uploading recommendations onto EMIS</li> <li>Disseminating actions and learning as appropriate with practice team</li> <li>Identifying common themes and share best practice at neighbourhood level</li> <li>Contributing to the evaluation of the MDTs by providing feedback and conducting patient and staff surveys, as required</li> </ul>	
<b>5.2 Integration; Reducing variation in Emergency Admissions – group responsibilities</b>		
<p><u>Groups must:</u></p> <p>a. Identify a GP lead<sup>†</sup> (Neighbourhood Team lead) to:</p> <ul style="list-style-type: none"> <li>Lead the monthly neighbourhood meetings</li> <li>represent practices from the neighbourhood on the Alliance Board,</li> <li>participate in up to 3 county wide leadership team development events per year, and</li> </ul>	<p><b>5.2.1 Group Management Requirements</b></p> <p><u>Groups must:</u></p> <p>a. Identify a GP lead (Neighbourhood Team lead) to:</p> <ul style="list-style-type: none"> <li>Lead the monthly neighbourhood meetings</li> <li>represent practices from the neighbourhood on the Alliance Board,</li> <li>participate in up to 3 county wide</li> </ul>	

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
<p>– lead an annual review of progress, identifying achievements and lessons learned to be shared with Alliance Board</p> <p>b. Work with other practice representatives and colleagues from other providers, to lead the development and implementation of a neighbourhood plan, addressing priorities identified within the local population health profile which support the sustainability of general practice, the improvement in health outcomes and a reduction in the unwarranted variation in emergency admission rates.</p> <p>c. Review and revise actions where necessary, if initial actions do not deliver the anticipated outcomes included within the neighbourhood plan</p> <p>d. Identify a lead from within General practice† who will be responsible for developing and implementing a locally agreed MDT approach for the neighbourhood. The lead will be</p>	<p>leadership team development events per year, and</p> <p>– lead the development and implementation of a neighbourhood team plan</p> <p>– with the PCE GP lead agree which GPs should participate in the bimonthly peer reviews of emergency admissions</p> <p>– annual review of progress, identifying achievements and lessons learned to be shared with Alliance Board</p> <p><b>5.2.2 Neighbourhood team plans</b>  <u>Groups must;</u></p> <p>a. Update their neighbourhood team plan with clearly defined SMART objectives (Specific, Measurable, Achievable, Relevant and Time bound) covering the following points:</p> <ul style="list-style-type: none"> <li>• Details of how the group will focus on prevention of admissions for the following clinical areas: <ul style="list-style-type: none"> <li>- Cellulitis</li> <li>- Urinary tract infection</li> <li>- Upper and lower respiratory</li> </ul> </li> </ul>	<p><i>Examples of SMART objectives to be supplied by the CCG</i></p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
<p>responsible for:</p> <ul style="list-style-type: none"> <li>– Reviewing current MDT arrangements across the neighbourhood</li> <li>– Ensuring the agreed MDT approach is adequately supported and chaired, including the provision of administrative support</li> <li>– Seeking out and sharing good practice and learning</li> <li>– Establishing and leading a neighbourhood level forum for sharing learning and best practice from practice based discussions And ensuring actions/learning is reflected in delivery plan</li> <li>– MDT Focus must include review of:               <ol style="list-style-type: none"> <li>i. patients who are frequent attenders in primary care, acute services and WMAS.</li> <li>ii. Patients with complex needs who would benefit from Multi-Disciplinary care planning</li> <li>iii. patients on the frailty register who are current inpatients, facilitating timely discharge.</li> <li>iv. patients on the frailty register following an acute emergency</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>- Intractable infections</li> <li>- Falls</li> <li>• Details of how the group will continue to focus on support for care homes</li> <li>• Details of how the group will disseminate findings from the peer reviews of emergency admissions.</li> <li>• A commitment from the group to discuss and plan how the emerging 2 hour community response might be delivered in readiness for national requirements in 2020.</li> </ul> <ol style="list-style-type: none"> <li>b. Present their plan to the CCG for agreement. This is expected to be done by the neighbourhood team lead with the Alliance Board chair.</li> <li>c. Report on performance against the objectives using Clarity Teamnet</li> </ol> <p><b>5.2.3 Peer review of emergency admissions Groups must</b></p> <ol style="list-style-type: none"> <li>a. Meet to undertake bimonthly peer reviews of a sample of emergency</li> </ol>	<p><i>It is for the PCE group to agree which GPs participate in the peer review of emergency admissions, for example using practice neighbourhood team GPs</i></p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
<p>admission, to establish why they were admitted and any additional interventions captured on an action plan to prevent future readmission.</p> <p>† <i>Neighbourhood lead and MDT lead can be same individual</i></p>	<p>admissions and implement actions identified as a result. A GP from each practice should attend</p> <p>b. The emergency admissions to be reviewed should be prioritised based on the local data and focus where a difference can be made. The following clinical areas should be considered:</p> <ul style="list-style-type: none"> <li>- Cellulitis</li> <li>- Urinary tract infection</li> <li>- Upper and lower respiratory tract infections</li> <li>- Falls</li> </ul> <p>c. The number and topic for referrals to be reviewed will need to be agreed between the NT lead and the CCG in advance</p> <p>d. The peer reviews should be recorded on a template provided by the CCG.</p> <p>e. Results of the peer reviews to be shared with the CCG, wider neighbourhood/ multi-disciplinary teams and the Alliance boards</p> <p><b>5.2.4 Multi-disciplinary Teams</b></p> <p>a. Identify a lead from within General practice who will be responsible for developing and implementing a locally agreed MDT approach for the</p>	<p><i>or practice referral lead GPs. Practices are asked to record emergency admissions but until this process has been implemented, practices should use Aristotle to identify emergency admissions. It is recognised that there is a time delay to Aristotle data but the purpose of review is to identify actions that could be taken in the future for other similar patients, so the timeliness of data is less crucial.</i></p> <p>The MDT lead and NT lead can be the same individual</p>

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
	<p>neighbourhood. The lead will be responsible for:</p> <ul style="list-style-type: none"> <li>• Reviewing current MDT arrangements across the neighbourhood</li> <li>• Ensuring the agreed MDT approach is adequately supported and chaired, including the provision of administrative support</li> <li>• Seeking out and sharing good practice and learning</li> <li>• Establishing and leading a neighbourhood level forum for sharing learning and best practice from practice based discussions and ensuring actions/learning is reflected in delivery plan</li> <li>• MDT Focus must include review of:               <ol style="list-style-type: none"> <li>i. patients who are frequent attenders in primary care, acute services and WMAS.</li> <li>ii. Patients with complex needs who would benefit from Multi-Disciplinary care planning</li> <li>iii. patients on the frailty register who are current inpatients, facilitating timely discharge.</li> <li>iv patients on the frailty register</li> </ol> </li> </ul>	

## Promoting Clinical Excellence 2018-2020 Service Specification 19-20

Requirements 18/19	Requirements 19/20 from 1 <sup>st</sup> July	Rationale/Explanation
	following an acute emergency admission, to establish why they were admitted, and any additional interventions captured on an action plan to prevent future readmission	

DRAFT

**Primary Care Commissioning Committees of  
Herefordshire CCG  
Redditch & Bromsgrove CCG  
South Worcestershire CCG  
Wyre Forest CCG  
Extra Ordinary ‘Meetings in common’  
Tuesday, 25 June 2019 12:30pm**

Sixways Stadium, Warriors Way, Worcester, WR3 8ZE

**Enhanced Services**

<b>Report authors</b>	Anne Kingham and Anita Roberts
<b>Presented by</b>	Jane Freeguard – Associate Director of Medicines Commissioning
<b>Target CCG</b>	HCCG <input type="checkbox"/> RBCCG <input checked="" type="checkbox"/> SWCCG <input checked="" type="checkbox"/> WFCCG <input checked="" type="checkbox"/> All CCGs <input type="checkbox"/>
<b>Recommendation</b>	<p>The Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> <li>• Agree to commissioning the enhanced service for Safe Prescribing as outlined below and detailed in the attached specification, Appendix 1.</li> <li>• Agree to roll forward the existing inter-practice anticoagulation enhanced service for Redditch and Bromsgrove (initiation and monitoring).</li> <li>• Note the updated position on a county wide PSA service.</li> </ul>
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information/noting <input checked="" type="checkbox"/>

**Executive Summary**

PCCC considered the future commissioning of enhanced services at the meeting on January 31, 2019 where it was noted that further work was being undertaken for some services. An update on the majority of this work was presented to the March 2019 meeting. There were two services due to commence from July 2019; this paper provides an update on each service:

1. A safe prescribing service replacing the anti-coagulation and Near Patient Testing services.
  - The new service has been considered by the Clinical Innovation Group (CIG) and LMC and is now presented to PCCC for final sign off.
  - Details of the service are outlined below and at Appendix 1.
2. A county wide PSA enhanced service.
  - After clinical review this proposal has now changed to a to move towards a single PSA monitoring system, using the Prostate Cancer Tracking System (PCTS) **based in secondary care**. This change has been considered by the Clinical Innovation Group.
  - The impact of the variation is that the existing enhanced services in Redditch and Bromsgrove and Wyre Forest will need to be extended beyond quarter 2, and withdrawn at a later date after giving 3 months notice. The paper presented to CIG explaining the reasons for this change is attached as Appendix 2



## **Safe Prescribing Enhanced Service**

As previously highlighted to Primary Care Commissioning Committees, a new enhanced service has been developed to replace the Anticoagulation and Near Patient Testing (NPT) enhanced services to eliminate the current inequity in the NPT LIS between South Worcestershire and the rest of the county and to address the loss of income to practices with the reduction in patients being initiated on warfarin.

The new service was proposed to be commissioned as a supplementary network service to the Primary Care Network (PCN) Directed Enhanced Service (DES), however feedback from LMC and CIG has highlighted that PCNs are not yet sufficiently developed to be able to implement a new contract from 1<sup>st</sup> July.

The new service is therefore offered as a practice contract until March 31<sup>st</sup>, 2020 after which it will be offered as a supplementary network service to the PCN DES.

### Redditch and Bromsgrove inter practice anticoagulation enhanced service

Some practices in Redditch and Bromsgrove do not currently offer an in-house service for anticoagulation and use either an inter-practice service or the patients are managed by Worcestershire Acute NHS Hospitals Trust. PCCC is asked to support the roll over of the existing inter practice service until March 2020 to allow patients to continue to be managed in primary care and allow PCNs to agree how they will manage patients on warfarin from 1<sup>st</sup> April 2020.

### Funding

The funding for this service is based on the budgets for these services for 17-18 to minimise loss of income to practices. The new service has been modelled and the funding agreed at the level within the service specification. There is a commitment that in 19-20 no practice will receive less than their 18-19 income so the CCG will balance any difference once final payments have been calculated after 31<sup>st</sup> March 2020.

## **Recommendations**

The Primary Care Commissioning Committees are asked to:

- Agree to commissioning the enhanced service for Safe Prescribing as outlined and detailed in the attached specification, Appendix 1.
- Agree to roll forward the existing inter-practice anticoagulation enhanced service for Redditch and Bromsgrove (initiation and monitoring).
- Note the updated position on a county wide PSA service.

## Service Specification

<b>Service Specification No.</b>	
<b>Service</b>	Enhanced monitoring and management of GP prescribed medicines
<b>Commissioner Lead</b>	NHS Redditch and Bromsgrove, South Worcestershire and Wyre Forest Clinical Commissioning Groups
<b>Provider Lead</b>	
<b>Period</b>	1/7/19- 31/3/20
<b>Date of Review</b>	31/3/20

### 1. Population Needs

#### 1.1 Background

The management of various clinical conditions within the fields of medicines rely on prescribing of medicines that while clinically effective, require regular monitoring. This is due to the potentially serious side effects that these drugs can occasionally cause, and regular monitoring can reduce the incidence of these occurring. Some medicines also need greater discussion with the patient when they are initiated.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>x</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>x</b>

#### 2.2 Local defined outcomes

This service provides funding for practices within Worcestershire to manage systems for initiation, where clinically appropriate, and an ongoing enhanced level of monitoring of prescribed medicines. The funding is for medicines once the decision has been made to prescribe and this does not affect an individual clinical decision.

### 3. Scope

#### 3.1 Aims and objectives of service

This service covers medicines initiated in secondary care and passed on to primary care under guidance or shared care; and medicines initiated in primary care. The medicines currently covered under this service are listed in Appendix One. Where medicines are initiated by secondary care this should be in line with shared care guidance that has been approved by Worcestershire Area Prescribing Committee and with appropriate communication between secondary and primary care.

The scheme will be assessed annually to determine whether any medicines should be added or removed from the agreed list.

An enhanced monitoring of medicines service is designed to:

- i. Include therapy initiated in primary care or secondary care for appropriate clinical indications.
- ii. Provide a primary care service so patients have access to local and convenient service without the need for hospital visits.
- iii. Ensure patients receive a safe and appropriate level of care.
- iv. Ensure national and local guidance and standards are followed.
- v. Optimise the use of NHS resources.

#### 3.2 Service description

Worcestershire CCGs will fund the practices to provide initiation and an enhanced monitoring and management of medicines service in primary care.

- 3.2.1 **Develop and maintain a register.** Providers should be able to produce an up-to-date register of all patients on the medicines included using a specified Read code.
- 3.2.2 **Call and recall.** Providers should ensure that a systematic call and recall system is in place and should be able to demonstrate the effectiveness of the system. Under normal circumstances, a patient who fails to attend a clinic at an agreed time should be contacted initially by telephone. Where a patient fails to attend, consideration should be given as to whether it is safe to continue prescribing the medicine until the patient is seen or test results received.
- 3.2.3 **Professional links and communication.** Where the service is not provided by the patient's GP practice, the service provider and the patient's GP have a shared responsibility for ensuring a robust communication system is in place.
- 3.2.4 **Referral policies.** Providers should, when appropriate, refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.
- 3.2.5 **Training and Quality and Safety Requirements.** Service providers must ensure they have sufficient workforce capacity, capability and sustainability to ensure effective service delivery. This should include contingency plans to cover periods of absence for annual leave or sickness. All staff/ health professionals involved in providing any aspect of care under this scheme must have the necessary training and skills to do so for the elements of the service that they provide. Where appropriate this training should be from accredited personnel/bodies e.g. University

of Birmingham, qualified Acute Trust personnel or obtained through undertaking other national e-learning programmes.

3.2.6 **Provision of adequate facilities including premises.** All premises providing any aspect of this service must have adequate equipment and protocols including standard operating procedures in place.

3.2.7 **Annual review.** Providers should be able to provide the following information to the CCG when requested:

- Details of any computer-assisted decision-making equipment used and arrangements for internal and external quality assurance.
- Details of any near- patient testing equipment used and arrangements for internal and external quality assurance.
- Details of training and education relevant to the drug monitoring service.
- Details of the standards used for the control of the relevant condition.
- Assurance that any staff member responsible for prescribing must have developed the necessary skills to prescribe safely
- Details of the call/recall system

### 3.3 Care Pathway

3.3.1 **Education and newly diagnosed patients.** Providers should ensure that all newly diagnosed/ treated patients (and/ or their carers and support staff when appropriate) receive appropriate education and advice on the management of their condition and any secondary complications that may arise. This should include written information where appropriate and for warfarin should include the hand held 'Yellow Book' or equivalent.

3.3.2 **Continuing information for patients.** To ensure that all patients (and/ or their carers and support staff when appropriate) are informed of how to access appropriate and relevant information.

3.3.3 **Individual management plan.** Providers should ensure the patient has an individual management plan which gives the reason for the treatment, the planned duration, the monitoring timetable and, if appropriate the therapeutic range to be obtained

3.3.4 **Medication** The prescription of the medication is the responsibility of the patient's GP and includes any dose changes required as a result of monitoring unless dosing is being undertaken by a provider other than the GP practice. In this case decisions on dosing will be the clinical responsibility of the provider.

3.3.5 **Record- keeping.** Providers should maintain adequate records of the performance and result of the service provided, incorporating all known information relating to any significant events e.g. hospital admissions, death of which the practice has been notified.

3.3.6 **Individual annual review** Service providers will be required to conduct a formal review of the patient's health in relation to their medicine(s) at least annually, including review of continued need for treatment where this aspect of treatment is being managed by primary care. Where patients are managed under a shared care arrangement, service providers should confirm the patient has attended secondary care for review as appropriate; and taking any necessary action if the patient did not attend to ensure on going safe prescribing.

3.3.7 **Incidents/Serous Incidents** The provider is required to have a robust incident management policy in place covering the recognition and management of all

incidents .This must include data collection mechanisms, formal risk assessment, action planning and shared learning.

It is a requirement that any incident that results in significant harm to a patient including medication, equipment or serious communication failure within this service is notified to the CCG Quality Team as per the providers internal serious incident policy.

All serious incidents must be reported and submitted within timescales (within 2 working days) laid out within the National SI Framework (new SI Framework due in 2019) to the CCGs Quality Team, so that these incidents can be reported on the providers behalf by the CCG onto the National reporting system.

A Root Cause Analysis (RCA) investigation of the serious incident should be completed and investigation report should be shared with the CCG Quality Team within the agreed National timeframes .

**3.3.8 Point of care testing and quality control** If Point of Care Testing (POCT) is used, service providers will pay for all POCT equipment and supplies including the test strips, finger prick equipment and internal quality control requirements. The POCT equipment must be maintained and calibrated as per the manufacturer's guidance and recorded. It is good practice to be able to track the time of testing and lot number of test strip used for each patient should the need arise. Cleaning procedures recommended by the manufacturer should be adhered to and health and safety standards should be followed at all times.

The disposal of sharps should be in accordance with national guidance and the provider's waste disposal and infection control policy.

Service providers will be expected to have an internal quality control (IQC) system that includes testing control samples with a known sample to ensure their equipment is calibrated correctly and working accurately.

**3.3.8 Warfarin: Self-monitoring for INR** The provider is responsible for deciding which patients may be suitable for self-monitoring and self-management. The provider should clearly define how self-managed and self-monitoring patients are managed and this should be included in its service Standard Operating Procedures (SOPs) arrangement. Coagucheck strips for patients who self-monitor should be supplied by the provider and not prescribed on FP10.

**3.3.9 Warfarin: Vitamin K** Providers of this service must be able to ensure timely access to vitamin K therapy to be used as recommended to deal with INRs significantly above the target range which poses the risk of bleeding. This is best ensured by holding vitamin K injection (for oral use) at the place of service delivery and/or the practices.

### **3.4 Population covered**

This service applies to all patients registered with a Worcestershire GP practice taking any of the medicines covered by this service specification unless agreed with the secondary care provider that the patient should be managed entirely by them including prescribing responsibility.

### **3.5 Any acceptance and exclusion criteria and thresholds**

There are no specific acceptance or exclusion criteria for this service.

### **3.6 Interdependence with other services/providers**

This service should be delivered as part of a seamless service for patients. Where the service provider is not the patients' GP, they should ensure robust communication mechanisms are in place.

#### **4. Applicable Service Standards**

##### **4.1 Applicable national standards (eg NICE)**

###### **Compliance with relevant guidance and policy**

The service must comply with the guidelines produced by the following organisations (where applicable):

NICE Guidance and recommended pathways <http://guidance.nice.org.uk/>

Care Quality Commission registration requirements.

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

Rules of Professional Conduct

<http://www.gmc-uk.org/guidance/index.asp>

##### **4.3 Applicable local standards**

Applicable policies produced by NHS Worcestershire CCGs and any adaptations to these policies as adopted from the 1st April 2019 including Area Prescribing Committee guidance:

<http://www.southworcscg.nhs.uk/about-us/area-prescribing-committee/>

##### **4.4 Equal Opportunities**

The service provider must demonstrate how they meet equal opportunity requirements in the following areas:

- They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way;
- The service provider must be able to provide chaperones at the patient's request;
- The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation
- The service provider must be able to provide access to foreign language interpreter if necessary.

##### **4.5 Clinical qualifications**

Staff involved in the delivery of this service will be appropriately trained and competent in the provision of the services offered.

The services provided and scope of these services will be reviewed with staff as part of the annual appraisal process

The service provider must provide evidence to the CCGs that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. This must include but would not be limited to the following requirements:

- Enhanced Disclosure and Barring Service (DBS formally Criminal Records Bureau CRB) checks have been completed;
- Where applicable staff will be fully registered with the appropriate Professional Body;
- All staff will be able to provide evidence of their continuing professional development post qualification.

The service provider must comply with all relevant policies and procedures as contained in the NHS Standard Contract including but not limited to; safeguarding of vulnerable patients (including children), health and safety, marketing and branding and insurance requirements (professional, public and product and employer's liability).

The service provider must also comply with all relevant guidance and referral protocols produced by the CCG. The aim of these protocols will be to ensure that patients are treated by the most appropriate professional, in the most appropriate location with the most effective treatment.

#### **4.6 Clinical Governance**

The service provider will be responsible for establishing robust internal clinical governance structure with an internal Clinical Governance Lead who is responsible for assuring the clinical quality of the service and that it is supported by a suite of robust operational and clinical policies and procedures . This will include but not be limited to the following:

- An appointed provider Clinical Governance Lead;
- Development and implementation of internal provider Clinical Governance policies.
- Adhering to applicable General and service conditions within the NHS contract.

#### **4.7 Patient Transport**

Patient transport arrangements do not form part of this service specification. Patients will be expected to make their own transport arrangements. Those patients who are entitled to assistance with transport under existing NHS arrangements will be able to access this through their GP Practice as per local arrangements.

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable quality requirements**

National quality requirements in line with Schedule 4 parts A-D of standard NHS contract

#### **5.2 Applicable CQUIN goals**

There are no CQUINS for this service

## 6. Location of Provider Premises

Within the GP practice or other appropriate room in the Primary Care Network area.

## 7. Payment

Payments will be based on:

- An annual baseline activity payment of 35p per weighted registered patient, i.e. the total practice list, as at 1<sup>st</sup> April 2019. For 2019-20 this will be paid as a one-off payment in quarter two of 26.25p. (i.e. 75% of 35p).
- An activity payment based on £3.08 per point per quarter per patient receiving these medicines. Numbers of patients with a current course of any of the medicines will be extracted by the CCG at the end of each quarter. If a patient is receiving more than one medicine, they will be paid the rate for each of them. Where patients are managed under another existing enhanced service (Redditch and Bromsgrove only) no activity payment will be made.
- Where a separate service is commissioned, the activity payment will be adjusted accordingly.

Fees under the contract will cover all costs associated with the service i.e. strips, external/internal calibration, software and hardware, practice phlebotomy.

A list of the medicines included in this service is given in Appendix One which also gives the points for each of the medicines included. The point level has been assigned to reflect an increasing level of monitoring either in frequency or complexity of tests required.

When assessing the appropriate level of funding the Area Prescribing Committee will benchmark against existing medicines, considering the type of monitoring required and the frequency. Prescribing of agreed new medicines will be expected in primary care and the scheme will be assessed annually to determine whether any medicines should be added or removed from the agreed list.

## 9. Key Performance Indicators and Quality Requirements

### 9.1 Key performance indicators

For each of the measures providers will be expected to report quarterly

Key Performance Indicators	Description
<b>100% of incidents meeting the SI criteria reported to the CCGs within 2 working days .</b>	The provider must demonstrate that 100% of serious incidents are reported to the CCGs within 2 working days.
<b>100% of patients on these drugs have the correct Read Code for the drug indication</b>	The provider must demonstrate that 100% of patients on these drugs have the correct Read Code for the drug indication recorded on the patient's clinical history.



<b>90% of patients on these drugs have monitoring undertaken (as indicated within the appropriate guidelines) prior to issue of prescriptions.</b>	The provider must demonstrate that at least 90% of patients on these drugs have monitoring undertaken in accordance with the shared care guidelines and that prescriptions are issued following satisfactory results of monitoring.
<b>100% of patients have their follow up hospital appointment recorded and DNAs are identified (except where clear exemptions are recorded).</b>	The provider must demonstrate that at least 90% of patients on drugs with a shared care agreement have their follow up hospital appointment recorded on the patient's clinical history and that there is an appropriate mechanism in place to identify DNAs.
<b>100% of patients have a recall set up in the GP clinical system specifically for drug monitoring</b>	The provider must demonstrate that at least 90% of patients on these drugs have a recall set up in the clinical system specifically for drug monitoring.
<b>100% of patients have a record of advice and information regarding their condition and drug therapy having been given.</b>	The provider must demonstrate that at least 90% of patients on these drugs have a record of advice and information regarding their condition and drug therapy being given.

## 9.2 Warfarin

In addition to section 9.1 Providers must complete an annual audit relating to patients taking warfarin indicating the achievement of quality criteria both in terms of systems management and clinical outcomes to be submitted to the CCGs.

<b>Quality Requirement</b>
Number and percentage of patients with an INR of > 5
Number and percentage of patients with an INR of > 8
Number of critical incidents/adverse events including bleeding episodes requiring admission or referral to secondary care
Number of complaints received
Summary of patient satisfaction questionnaires
Proportion of patient time in-range (if this is not measurable because of inadequate decision/support software then secondary measure of percentage of INRs in range should be used).

### Appendix One: Drugs included in the service specification

Medication	Indication	Points level
Methylphenidate	ADHD	1
Dexamfetamine	ADHD	1
Lisdexamfetamine	ADHD	1
Guanfacine	ADHD	1
Atomoxetine	ADHD	1
Warfarin	Anticoagulation	12
Apixaban	Anticoagulation	1
Dabigatran	Anticoagulation	1
Edoxaban	Anticoagulation	1
Rivaroxaban	Anticoagulation	1
Amiodarone	Cardiac rhythm disorders in adults	2
Dronedarone	Non-Permanent Atrial Fibrillation (AF)	2
Rivastigmine	Dementia	1
Galantamine	Dementia	1
Memantine	Dementia	1
Donepezil	Dementia	1
Denosumab	Osteoporosis	2
Azathioprine	DMARDs for all licensed indications	4
Ciclosporin	DMARDs	5
Dapsone	DMARDs	4
Sodium Aurothiomalate	DMARDs	4
Penicillamine	DMARDs	5
Hydroxycarbamide	DMARDs	4
Leflunomide	DMARDs	4
Mercaptopurine	DMARDs	4
Methotrexate	DMARDs	4
Mycophenolate mofetil	DMARDs	5
Sulfasalazine	DMARDs	4
Tacrolimus	DMARDs	5
Lithium	MH	1
Antipsychotics*	Psychosis	1
Sodium Valproate for women of child bearing age	For all licensed indications	1

\* patients prescribed antipsychotics will be included for payment only where a diagnosis of psychosis is recorded.

All other medicines are included for the drug irrespective of the diagnosis.

## CLINICAL INNOVATION GROUP

<b>Title of Report</b>	Development of pathways for PSA monitoring
<b>Date of Meeting</b>	9 <sup>th</sup> May 2019
<b>Report Author</b>	Anita Roberts Transformation Programme Lead
<b>Presented by</b>	Anita Roberts Transformation Programme Lead
<b>Recommendation to the Clinical Innovation Group (CIG)</b>	<p>The Clinical Innovation Group is requested to:</p> <ul style="list-style-type: none"> <li>• Note the proposed change to move towards a single PSA monitoring system, using the Prostate Cancer Tracking System (PCTS) and based in secondary care;</li> <li>• Note the timeline identified on Page 3 of this paper;</li> <li>• Note the need to extend the existing arrangements currently in place for R&amp;B and Wyre Forest until Q3 2019/20 (3-months notice period required);</li> </ul>
<p><b><u>Introduction</u></b></p> <p>A paper was originally presented to the Clinical Innovation Group (CIG) in December 2018 outlining plans for the development of primary care pathways for the monitoring of PSA levels in specific groups of men with prostate cancer. The plan at that time was for patients to be 'transferred' from secondary care to enable them to have their PSA monitoring in primary care, with practices responsible for ensuring they have mechanisms in place to:</p> <ul style="list-style-type: none"> <li>• Ensure timely recall of the patient in line with guidance issued by secondary care;</li> <li>• Monitor PSA levels to ensure levels are within the defined parameters identified by secondary care;</li> <li>• Facilitate onward referral of the patient to secondary care if the PSA levels are above the parameters identified;</li> <li>• Ensure regular assessment of the patient are undertaken to exclude:             <ul style="list-style-type: none"> <li>○ Any lower urinary tract symptoms - investigating and treating any symptoms;</li> <li>○ Side effects of androgen deprivation therapy and treat side effects;</li> <li>○ Bone pain and any possibility of spinal cord compression;</li> </ul> </li> <li>• Provide counselling re living with and beyond cancer services (using previous Holistic Needs Assessments and Cancer Care Plans);</li> </ul> <p>The plan was to develop a countywide service specification for the service to be commissioned as a Local Improvement Scheme for 2019/20 with a likely funding stream through reduction in follow-up activity within secondary care.</p> <p>This proposal was discussed at the Primary Care Commissioning Committee (PCCC) in March 2019 with a view to implementing across the three CCGs from July 2019. The following recommendations were agreed by PCCC on 13<sup>th</sup> March:</p>	

On-going Work	Update on Work	Recommendation on Commissioning 2019/20	Timetable for New service
PSA Service	<ul style="list-style-type: none"> <li>Will continue to commission and extend to South Worcestershire</li> <li>Recommendation of urology end to end pathway group</li> <li>Common Worcestershire specification has been developed</li> <li>WAT clinicians have yet to sign off new proposal requiring them to release the appropriate clinical cohort back to primary care.</li> <li>Quarter 2, post 30/6/19 is the anticipated start date for the new service.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to commission services in Redditch and Bromsgrove and Wyre Forest against existing specifications for quarter 1 - 1/4/2019 to 30/6/2019</li> <li>Commission from GP practices in all CCGs against the new Worcestershire specification from quarter 2 – 1 July onwards.</li> </ul>	From July 2019

### Update:

Following the discussion at CIG in December 2018, work has been undertaken to review how the service could be delivered safely across primary care, which included what systems and protocols would need to be in place to ensure patients are effectively recalled, monitored and, if necessary, referred back to secondary care. Initial discussions with Worcestershire Acute Hospital NHS Trust around use of the Prostate Cancer Tracking System (PCTS) identified the potential to expand and enhance the system to allow for a single system response to PSA monitoring.

Further work is being undertaken to review the potential of this, but the outline specification of requirements including the following:

- Automatic alert to the patient when their PSA is due;
- Automatic reminders to the patient when their PSA is overdue;
- Access to results, with automated response to the patient on actions being taken ie. appointment required within secondary care;

The system already links in with ICE and further work is required to determine whether it can link with other systems including:

- Somerset System (cancer reporting system within the Trust) so that treatment summaries and electronic holistic needs assessments (e-HNA) are available to the patient and primary care; and
- EMIS to enable results and actions to be reported directly to primary care.

A Project Group is being established to take forward the concept of a single PSA monitoring system, which represents a move away from the primary care based monitoring system that was previously discussed at both CIG and PCCC.

The advantages of a single monitoring system through PCTS, overseen by WAHT, are being scoped but potentially includes:

- Single monitoring system with links to ICE, Somerset and EMIS with electronic transfer of information between systems;
- Governance and oversight through single provider (WAHT) rather than 67 practices;
- Automated alerts and recalls for patients generated by the system and sent to the patient electronically;
- Development of a patient portal (based on the work being done within Breast Cancer follow-up pathway);
- Clear auditable pathway;

This would however require a change to the current commissioning arrangements in R&B and Wyre Forest around PSA monitoring, which will require further discussion at PCC in terms of the

implications. This would require a 3-month notice period of the intention to discontinue the current arrangements in Redditch & Bromsgrove and Wyre Forest.

**Next Steps:**

- Project Group to develop prostate cancer monitoring service as outlined above (first meeting end of June 2019 and monthly meetings thereafter);
- Regular updates from the Group on progress and timeline for implementation through the weekly Practice Members bulletin and/or PCCC;
- Timeline for decommissioning current LES arrangements to be confirmed by end of Q2 2019/20;

**Timeline:**

Outline timeline for this piece of work is as follows:

- Discussion at Urology process mapping event 16/05/2019;
- Confirmation of WAHT Urological clinical lead, CNS and operational lead – 16/05/2019;
- Establishment of PSA Monitoring Task and Finish Group – end of May 2019;
- Development of person-centred prostate cancer follow-up pathway – end of June 2019;
- Development of implementation plan – July – Sept 2019;
- Service to commence – Oct 2019

**Primary Care Commissioning Committees of  
Herefordshire CCG  
Redditch and Bromsgrove CCG  
South Worcestershire CCG  
Wyre Forest CCG**

**‘Meetings in common’**

**Tuesday 25<sup>th</sup> June 2019 12:30pm**

Sixways Stadium, Warriors Way, Worcester

<b>Title of Report</b>	<b>Managing Patients outside of Practice Boundaries (Herefordshire)</b>
<b>Report author</b>	Karen Payton, Head of Primary Care, Herefordshire CCG
<b>Presented by</b>	Karen Payton, Head of Primary Care, Herefordshire CCG
<b>Target CCG</b>	RBCCG <input type="checkbox"/> SWCCG <input type="checkbox"/> WFCCG <input type="checkbox"/> <b>HCCG X</b> All CCGs <input type="checkbox"/>
<b>Recommendation</b>	To approve the proposed service specification
<b>Purpose</b>	Assurance <input type="checkbox"/> Decision <input type="checkbox"/> <b>Approval X</b> Discussion <input type="checkbox"/> Information/noting <input type="checkbox"/>

**Executive Summary**

It has been identified that there is a small area in the south of Herefordshire that is currently uncovered by any GP Practice boundary. Previous discussions have taken place with Practices to encourage them to amend their boundaries, however, the main issue that prevents practices from registering these patients is the additional pressure that home visiting would place on the practice, due to the distances involved and the amount of time it would take a clinician out of the practice. This has resulted in residents in this area not being able to easily register with a Herefordshire practice.

Under the Primary Care Network DES arrangements, CCGs are required to ensure that there is 100% provision of Primary Medical Services for its whole population.

**Introduction**

Due to its rural geography, there are a small number of residents in the county of Herefordshire that may find themselves unable to easily access Primary Medical Services from a Herefordshire GP. This is largely due to 2 main factors:

**Produced by:**

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

1. A historical arrangement in terms of how boundaries were defined in the South of the county resulting in no practice boundary coverage.
2. Patients residing in just one practice boundary, who find themselves being deregistered due to a breakdown in relationship with their practice, and not being able to voluntarily register elsewhere.

The main issue that prevents practices from registering these patients is the additional pressure that home visiting would place on the practice, due to the distances involved and the amount of time it would take a clinician out of the practice.

Herefordshire CCG wishes to address these anomalies and put in place arrangements to deliver a full GMS service for this small cohort of patients<sup>1</sup>.

Following discussion with the LMC, it is proposed that an Enhanced Service is commissioned to ensure this small cohort of patients can access Primary Medical Services in Herefordshire. This could also apply to those patients who reside in just one practice boundary and find themselves being deregistered due to a breakdown in relationship with their practice, and not being able to voluntarily register elsewhere.

### **Case Specifics**

The attached proposed service specification details the background and history around this fairly isolated situation.

In summary, the proposal aims to secure the delivery of a full GMS service to patients who reside in the Welsh Newton and Llanrothal area of Herefordshire, who wish to register with a Herefordshire practice. For the purposes of doubt, these patients would be registered as GMS patients and NOT as Out of Area patients.

The service specification will provide financial support to practices each time they are required to carry out a home visit for patients that reside in the postcode areas listed in Appendix 2 of the specification and were registered with the Practice after the date of commencement of this specification. The fee per visit is £250.

There are certain criteria that would apply in order to qualify for payment under this scheme:

1. The patients previously registered practice must be outside of Herefordshire.
2. Patient must reside in one of the listed postcodes.
3. Practice will register the patient as full GMS (not Out of Area) and will attract the usual global sum payments.
4. Payment will be made for each home visit required for patients registered under the scheme.

The exception to the above is when a patient finds themselves being deregistered due to a breakdown in relationship with their practice, and not being able to voluntarily register elsewhere. In

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<sup>1</sup> In accordance with the NHS Herefordshire CCG Constitution, Section 2.1, 5.1

those cases, the practice most appropriately placed to provide the patients care would be consulted by the CCG to agree a home visiting service. The Practice would be required to sign up to this local enhanced service.

Initial discussions with the Clinical Director of the South and West Network have been positive with regards to this approach, and it is expected that there will be network wide support for the proposal, which will see a positive solution to a historical anomaly.

The scheme would be reviewed and evaluated after 12 months.

### **Finance**

The proposal will reimburse participating Practices £250 per home visit to those patients that are registered under this scheme.

This is consistent with the home visiting fee paid across Worcestershire for the Out of Area DES.

The assumed funding for 2019/20 is already contained within the current forecast outturn i.e. no additional funding pressure will be casued.

### **Recommendation / Actions to be agreed**

The Herefordshire Primary Care Commissioning Committee is asked to approve the proposed service specification, for commencement on 1<sup>st</sup> July 2019.

## **Appendices**

Local Enhanced Service for Managing Patients who reside outside of Practice Boundaries



# Managing Patients who reside outside of Practice Boundaries in Herefordshire

## Local Enhanced Service

### 1. Introduction

- 1.1 Due to its rural geography, there are a small number of residents in the county of Herefordshire that may find themselves unable to easily access Primary Medical Services from a Herefordshire GP. This is largely due to 2 main factors:
  - 1.1.1 A historical arrangement in terms of how boundaries were defined in the South of the county resulting in no practice boundary coverage.
  - 1.1.2 Patients residing in just one practice boundary, who find themselves being deregistered due to a breakdown in relationship with their practice, and not being able to voluntarily register elsewhere.
- 1.2 Herefordshire CCG wishes to address these access anomalies and put in place arrangements to deliver a full GMS service for this small cohort of patients<sup>1</sup>.

### 2. Background

- 2.1 The area of Welsh Newton and Llanrothal, which measures approximately 5 square miles, and accommodates around 700 residents, is situated at the most southern point of Herefordshire, and borders Monmouthshire (Wales). This area is not included within any Herefordshire practice boundary, although it is located within the local authority area.
- 2.2 Monmouth Practice boundaries do cover this area, and approximately 70% of the population in this area are registered at these practices across the border in Wales. However, as the local commissioner, Herefordshire CCG has a responsibility to ensure that these residents are able to easily access Primary Medical Services within the county<sup>2</sup>, should they wish to do so. The remaining 30% are registered within Herefordshire, and this is likely to be an historical arrangement, or they are considered to be just outside of a practice boundary, and discretion has been applied.
- 2.3 Under GMS Regulations<sup>3</sup>, practices are not obliged to register patients that reside outside of their boundary. Practices can opt to register the patient under the Out of Area scheme; however, this removes the requirement for Practices to offer home visits. For this group of patients who reside within the CCG boundary (albeit not within a practice boundary), the commissioner would not wish for a patient to be registered with a practice if they are not able to access the full range of GMS services (including home visits where necessary), unless this is the expressed wish of the patient. This group of patients would not be deemed to be Out of Area patients.

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<sup>1</sup> In accordance with the NHS Herefordshire CCG Constitution, Section 2.1, 5.1

<sup>2</sup> In accordance with the NHS Herefordshire CCG Constitution, Section 2.1, 5.1

<sup>3</sup> The National Health Service (General Medical Services Contracts) Regulations 2015 Schedule 3, Part 1, 21.2.a

#### On behalf of:

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

- 2.4 Usually in these circumstances, the CCG in adherence with the NHS England Policy for Managing Patient Assignments , will contact neighbouring practices in the first instance to enquire whether they would be willing to voluntarily register. In most cases, the practices concerns are in relation to the additional pressure that home visiting would place on the practice, due to the distances involved and the amount of time it would take a clinician out of the practice.
- 2.5 The purpose of this Local Enhanced Service is to provide a solution to support Practices to provide the full range of GMS services, including homes visits, to patients residing within the area of Welsh Newton and Llanrothal. (A list of postcodes is attached at Appendix 2). However, this service specification could be applied to those patients who find themselves deregistered, as noted in section 1.1.2 above.
- 2.6 It is important to note that this is a locally commissioned service to meet the needs of a small cohort of patients and is not to be confused with the Out of Area Directed Enhanced Service.

### **3. Purpose**

- 3.1 This Local Enhanced Service specification aims predominantly to secure the delivery of a full GMS service to patients who reside in the Welsh Newton and Llanrothal area of Herefordshire, who wish to register with a Herefordshire practice. For the purposes of doubt, these patients would be registered as GMS patients and NOT as Out of Area patients.
- 3.2 However, this service specification could be applied to those patients who find themselves deregistered, as noted in section 1.1.2 above.
- 3.3 The service specification will provide financial support to Practices each time they are required to carry out a home visit for patients that reside in the postcode areas listed in Appendix 2 and were registered with the Practice after the date of commencement of this specification. The fee per visit is £250.
- 3.4 It is a requirement that the patients previous registered practice must be outside of Herefordshire. However, the exception to this is where a patient has been deregistered rom a Herefordshire practice, and is not able to voluntarily register elsewhere. The CCG must be involved in such a decision from the outset, in order to ensure continuity of care for those patients, and to determine how this service specification should be applied in those circumstances.

### **4. Process**

- 4.1 The CCG will require each Practice within the South and West Network to indicate its intentions to participate, by signing the agreement at Appendix 1. However, it should be noted that not all Practices are required to participate. A minimum of 1 Practice within the Network is required to provide access.

#### **On behalf of:**

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

- 4.2 All Practices within the South and West Network will need to ensure that their staff are aware of which Practices are participating, in order that they can direct queries from patients accordingly.
- 4.3 Upon receipt of a request for registration from a patient within the listed postcodes at Appendix 2, the Practice will be required to enquire as to the patients previously registered Practice.
- 4.4 If the patient resides within the list of postcodes, and their previous Practice is outside of Herefordshire, then they can be registered with the Practice under this scheme. The patient should be offered a full GMS registration.
- 4.5 The Practice is required to complete the pro-forma at Appendix 3, and submit to [primarycare.herefordshireccg@nhs.net](mailto:primarycare.herefordshireccg@nhs.net) within 2 weeks of the registration. In order to avoid the use of patient identifiable data, the Practice should assign a unique reference number (URN) to the form, and this should be used each time a home visit claim is submitted.
- 4.6 In the event of a home visit being required, the Practice should submit a standard invoice template for £250 per visit for each patient. The invoice should contain the URN in the body of the invoice.
- 4.7 This specification could also be applied to those patients who find themselves being deregistered due to a breakdown in relationship with their practice, and not being able to voluntarily register elsewhere. In those cases, the practice most appropriately placed to provide the patients care would be consulted by the CCG to agree a home visiting service. The Practice would be required to sign up to this local enhanced service.<sup>4</sup>

## 5. Requirements

- 5.1 The provider will ensure that mechanisms are in place to provide a full GMS service, including home visits to patients who are resident in the Welsh Newton and Llanrothal area. A full list of applicable postcodes is attached at Appendix 2.<sup>5</sup>
- 5.2 The Practice will register the patient as GMS, and this will attract the usual Global Sum and other associated list-based payments in accordance with the Statement of Financial Entitlements.
- 5.3 The provider will provide a home visit to patients where it is deemed as clinically necessary and in the reasonable opinion of the provider, that attendance on the patient is required and it is inappropriate for them to attend the practice.
- 5.4 Any other registration requests under this scheme will need to be agreed with the CCG beforehand.

## 6. Payment and Validation

- 6.1 The payment for a home visit under this enhanced service is **£250 per home visit**.

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<sup>4</sup> In these circumstances, the provider will agree the service with the CCG, and will be required to adhere to 4.5 and 4.6 of Section 4.

<sup>5</sup> This paragraph will not apply where there is a breakdown in patient/practice relationship and the patient is being deregistered with no alternative provider. In this case, the provider signing up to this agreement is providing a service to the deregistered patient, not to the list at Appendix 2.

### On behalf of:

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

## Appendix 1

### Managing Patients who reside outside of Practice Boundaries in Herefordshire

This document constitutes an agreement between NHS Herefordshire Clinical Commissioning Group (the Commissioner), and xxx (the Provider) in respect of delivering the Managing Patients who reside outside of Practice Boundaries in Herefordshire scheme.

By entering into this agreement, the Provider enters into an arrangement to deliver the service:

- i. In line with the requirements of the service specification published by the commissioner which is deemed to be a part of this agreement (attached for reference); and,
- ii. For the duration specified below

**Duration of Agreement: 1<sup>st</sup> July 2019 to 31<sup>st</sup> March 2020**

Signed for and on behalf of the Commissioner **NHS Herefordshire CCG**

Signed: .....  
Print Name: .....  
Position: .....  
Date: .....

Signed for and on behalf of the Provider

#### Participating Practices

Practice Name.....  
Practice Code.....  
Signed: .....  
Print Name: .....  
Position: .....  
Date: .....

Practice Name.....  
Practice Code.....  
Signed: .....  
Print Name: .....  
Position: .....  
Date: .....

#### On behalf of:

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

Practice Name.....  
Practice Code.....  
Signed: .....  
Print Name: .....  
Position: .....  
Date: .....

Practice Name.....  
Practice Code.....  
Signed: .....  
Print Name: .....  
Position: .....  
Date: .....

Practice Name.....  
Practice Code.....  
Signed: .....  
Print Name: .....  
Position: .....  
Date: .....

DRAFT

**On behalf of:**

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

## Appendix 2

### List of Qualifying Postcodes

HR2 8DZ	Broad Oak
HR2 8QN	Llangarron
HR2 8QP	Llancloudy
HR2 8QR	Llancloudy
HR2 8QS	St Weonards
HR2 8QU	Broad Oak
HR2 8QW	Llancloudy
HR2 8QZ	Broad Oak
HR2 8RA	Broad Oak
HR2 8RB	Broad Oak
HR2 8RD	Garway
HR2 8RE	Garway
HR2 8RL	Garway
HR9 6HB	Llangrove
HR9 6JL	Symonds Yat
HR9 6PF	Llangarron
HR9 6PG	Llangarron
HR9 6PH	Llangarron
HR9 6PJ	Llangarron
HR9 6PL	Llangarron
HR9 6PQ	Llangarron
NP255QJ	Llanrothal
NP255QL	Llanrothal
NP255RD	Monmouth
NP255RG	Welsh Newton
NP255RH	Welsh Newton
NP255RJ	Buckholt
NP255RL	Welsh Newton
NP255RN	Welsh Newton
NP255RP	Welsh Newton
NP255RQ	Welsh Newton
NP255RR	Welsh Newton
NP255RS	Welsh Newton
NP255RT	Welsh Newton
NP255RW	Welsh Newton
NP255RY	Welsh Newton

#### On behalf of:

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

## Appendix 3

### Managing Patients who reside outside of Practice Boundaries in Herefordshire

#### Registration Notification

To be completed for every patient that is registered with the Practice under the above scheme.

Practice Code:	
Practice Name:	
Date of patient registration:	
Unique Reference Number (URN): <i>This number will need to be quoted on each home visit claim for this patient</i>	
Patients postcode:	
Name and address of current or most recent GP practice (the practice that the patient is moving from):	
Form Completed by:	
Position:	
Date:	

**On behalf of:**

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG