**Service Specifications**

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| **Service Specification No.** | **2** |
| **Service** | **Supplementary Services LES**  |
| **Commissioner Lead** | **Primary Care Contracts Team** **NHS Bristol North Somerset & South Gloucestershire ICB** |
| **Provider Lead** | **BNSSG GP Practices** |
| **Period** | **3 + 2 years starting 1 April 2024**  |
| **Date of Review** | **March 2024 – next review due by April 2027** |

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| **1. Population Needs** |
| **1.1 Introduction** The Integrated Care Board (ICB) for the NHS in Bristol, North Somerset, and South Gloucestershire is committed to improving the health and well-being, reducing inequalities, and providing integrated services to our community's one million residents. The development of a revised Supplementary Services Offer to BNSSG practices will help to support this.**1.2 Background** The BNSSG Supplementary Services Offer for General Practice plays a pivotal role in outlining the range of services that go beyond the essential GMS/PMS/APMS contract and is intended to address the healthcare requirements of the local community via General Practice. It's important to note that this scheme is not designed to be overly prescriptive in how it is executed. While individual General Practices retain the primary responsibility for service delivery under their contracts, the Framework affords them the flexibility to engage in independent, negotiated sub-contracting arrangements and/or collaborate as PCNs to offer services to the population. This allows practices to deliver services at scale or, if they choose, to enlist fully accredited alternative service providers to carry out specific elements of service provision on their behalf.**1.4 National/Local Context** In January 2014, NHS England area teams initiated a two-year review of local Personal Medical Services (PMS) agreements, concluding in March 2016. In 2015, the three former Bristol, North Somerset and South Gloucestershire CCGs made the decision to utilise the PMS Premium funding for the purpose of investing in a Supplementary Services specification. The specification was developed in collaboration with the LMC (Local Medical Committee) and NHS England, and its implementation was planned over a five-year timeframe, with a review scheduled after two years. Following the merger of the CCGs, Bristol, North Somerset, and South Gloucestershire (BNSSG) CCG allocated £2.4 million towards Local Enhanced Services. Additionally, an extra £9,166,642 was earmarked for the Supplementary Services specification and the South Gloucestershire Basket, as part of a 5-year PMS reinvestment agreement that concluded on March 31st, 2021. Recognising the significant financial value of these schemes and the need to deliver care closer to home, the BNSSG CCG Primary Care Commissioning Committee (PCCC) agreed in September 2020 to extend the timeline for the review. Consequently, practices received payments at the same rates in 2021/2022 as in 2020/2021 under these agreements. The review was concluded in March 2024 and the specification and allocation was agreed by BNSSG ICB Board for implementation from April 2024.Top of Form  |
| **2. Benefits and Outcomes** |
| **2.1 Benefits and Outcomes of Framework** A fundamental objective of the Supplementary Services LES is to ensure that service delivery yields tangible benefits and positive outcomes for patients throughout the entirety of BNSSG, while also aligning with the priorities of the ICB. BNSSG ICS is committed to:* improving outcomes in population health and healthcare;
* tackling inequalities in outcomes, experience and access;
* enhancing productivity and value for money and
* supporting broader social and economic development for our community's one million residents.

The objectives of the review were as described below:* The ICB is not looking to and would not be realising any savings from this LES. The pot of money is ringfenced for General Practice.
* Understand and seek to mitigate any impact on practice resilience.
* Put in place a fair funding agreement across all practices BNSSG.
* The aim is to develop a revised offer that reflects a consistent, high quality, evidence based enhanced primary care service which meets population needs, addresses inequity of access, improves health outcomes, and offers value for BNSSG.

**2.2 NHS Outcomes Framework Domains & Indicators**

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| Domain 1 | Preventing people from dying prematurely | **✓** |
| Domain 2 | Enhancing quality of life for people with long-term conditions | **✓** |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | **✓** |
| Domain 4 | Ensuring people have a positive experience of care | **✓** |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | **✓** |

**2.3. Local Defined Outcomes**2.3.1. Improved Access* Services are responsive to patient needs.

2.3.2. Improved Health Outcomes* Holistic and coordinated care offered to patients.

2.3.3. Reduced Health Inequalities* Consistent primary care offers to BNSSG patients over and above core GMS/PMS/APMS service provision.
* Reduction in variation
* Earlier detection of illness and better management
* Improved accuracy of activity recording by practice

2.3.4. Improved Qualitative Metrics (Value for Money)* Delivery of evidence-based care.
* Delivery of efficient and high-quality health services, leading to improved clinical efficiency
* Overall improvement in the health and wellbeing of the BNSSG population
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| **3. Scope** |
| **3.1 Aims and objectives of service.**The objective of the Supplementary Services LES is to provide a unified and improved service offer to BNSSG patients that goes beyond the fundamental obligations of the General Medical Services Contract (GMS), Personal Medical Services Contract (PMS), or Alternative Provider Medical Services (APMS). This enhanced service aims to offer high-quality and responsive care for all eligible patients of the practice. **3.2 Service description / care pathways**Practices will be expected to offer all services in the basket to the whole of their eligible population. Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied. Data will be extracted by the ICB BI team and reported through to the LES Steering Group.Practices are expected to deliver the activity within the specification using regularly calibrated and serviced equipment where appropriate and ensure staff are appropriately trained. Practices are required, where it is appropriate for the needs of all eligible patients, to undertake the following:1. **Phlebotomy initiated by primary care.**

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| Rationale | The aim of the service is to:Provide an accessible primary care-initiated phlebotomy service for patients within a general practice setting.Deliver a service local to patients.To offer patients a choice of appointment times and locations as close to their home as possibleTo deliver the shortest pathway possible, compatible with best outcomes for patientsImprove the monitoring and management of Long-Term Conditions and to investigate patients appropriately |
| Delivery  | Practices to provide a primary care-initiated phlebotomy service for all eligible patients over 12 years old and follow local pathways for onward referral below this age, should practice staff not be trained in phlebotomy of younger patients. Time frames and location for delivery should be clinically appropriate in accordance with the specific clinical requirements of the patient. To support the delivery of a quality assured service, practices are encouraged to comply with evidence based best practice guidelines for the taking, storage and transportation of blood samples to ensure valid, reproducible, and accurate results.This intervention can also be delivered through practices working together. **Transition Arrangements:**Practices not currently delivering a primary care-based phlebotomy-initiated service will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.Practices will be required to provide evidence of subcontracting arrangements if service not in place. **ICB Assurance**: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied to record all primary care-initiated activity regardless of the age of the patient. |
| Outputs/Outcomes  | By commissioning a primary care-based phlebotomy service, it is anticipated that the following outcomes will be achieved:* Improved patient experience of phlebotomy services
* Delivery of a local service that is closer to the patient’s home.
* Timely access to blood testing and reporting within the primary care environment.
* Supporting the delivery of diagnostic tests closer to the patient’s home
* Supporting the delivery of holistic care
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| References | WHO guidelines on drawing blood: best practices in phlebotomy. World Health Organisation 2010; These guidelines were produced to improve the quality of blood specimens and the safety of phlebotomy for health workers and patients, by promoting best practice in phlebotomy.  |
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1. **Dressings including compression therapy and post-operative wound care**

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| Rationale | The Non-Complex Wound Management service aims to provide primary care wound management at practice premises for non-complex wounds and dressings. This supports ICB strategic commissioning intentions for high-quality, patient-centered care close to home. The service focuses on preventing, assessing, and treating wounds to optimise healing, reduce the burden on patients and care providers, and minimize complications. By delivering compression therapy wraps closer to home, the service aims to enhance timely access to care, promote shared care, and empower patients to have autonomy over their treatment while ensuring awareness of the processes involved. |
| Delivery  | Practices will provide a quality assured service that includes:* + Managing post-operative wounds and wound infections
	+ Simple venous leg ulcer management
	+ Providing assurance on the processes and protocols that are in place to ensure patients are receiving timely access to wound care management.
	+ Skin damage including pressure injury management.

Local pathways can be found on Remedy:[Tissue Viability/Wound Care Service (Remedy BNSSG ICB)](https://remedy.bnssg.icb.nhs.uk/adults/dermatology/tissue-viabilitywound-care-service/)Appropriate onward advice should be sought if a patient has a wound that is deteriorating, complex or failing to heal from the Tissue Viability Team in Sirona. A treatment plan will be devised to support the practice team in continuing to manage the patient. All dressing recommendations/initiations must be in accordance with NICE guidelines and local guidance. Please see Remedy <https://remedy.bnssg.icb.nhs.uk/adults/dermatology/leg-ulcer/> for definition of complex wounds**Transition Arrangements:**Practices not currently delivering a Non-Complex Wound Management service will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.Practices will be required to provide evidence of subcontracting arrangements if service not in place.This intervention can be provided by Practices working together e.g. use of leg clubs.**ICB Assurance**: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and BenefitsThe benefit of the service is to improve the quality of life for people requiring management of their wounds through the delivery of clinically effective care and advice which reduces the risk of recurrent infection and promotes independence. The service will help to deliver this objective by:* Delivering a timely, effective, and personalised wound management and healing service in a safe environment.
* Improving local symptoms such as reducing pain and improving healing rates through the use of appropriate treatment in accordance with best practice, published guidance and clinical evidence and reducing unnecessary or inappropriate use of dressings and wound care products in a primary care setting.
* Detecting, and where appropriate treating, any infection to prevent deterioration of the wound or systemic involvement.
* Providing appropriate patient education so that patients may make informed choices and fully participate in their care and improve concordance.
* Promoting the use of individualised care management plans for all patients with communication at the point of discharge to patients, carers and healthcare professionals that promotes long term leg care and reduces the risk of recurrence.
* Preventing unnecessary referrals and admissions to community or specialist services, urgent care centres, hospital or nursing homes. Where onward referrals are necessary, completing these in a clinically appropriate timeframe.
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| References | Wound care is expensive and can cause immeasurable stress and inconvenience to patients and their significant others. It is therefore in the best interest of the patient, their significant others and the NHS as a whole that wounds are expertly assessed,managed and healed in the quickest timeframe possible (Holistic wound assessment in primary care. Cornforth A. Br J Community Nurs. 2013).Accurate wound assessment and an understanding of the complexities of wound management is essential in ensuring that cost-effective and evidence-based interventions are used. The results of the wound assessment will determine the treatment prescribed, and practitioners need to ensure they have the essential skills required to plan, implement and evaluate care on an individual basis. (Wound assessment in primary care. Nursing in Practice. Atkin, L ,2013).<https://remedy.bnssg.icb.nhs.uk/adults/dermatology/tissue-viabilitywound-care-service/>  |

. 1. **Doppler for assessment of peripheral vascular disease and pre-compression therapy**

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| Rationale | Doppler assessments prior to compression therapy or for the diagnosis of peripheral vascular disease in general practice supports early diagnosis, personalised care, accessibility, and efficient resource utilisation, ultimately contributing to better patient outcomes and overall healthcare effectiveness. |
| Delivery  | All patients presenting with a lower leg wound that has failed to heal within a clinical reasonable time (Remedy specifies 2 weeks) require a lower limb and Doppler assessment to identify the aetiology of the wound and detect any underlying arterial disease. Compression should not be applied until a full assessment and ABPI has taken place and should be delivered by appropriately trained clinicians. <https://remedy.bnssg.icb.nhs.uk/adults/dermatology/leg-ulcer/> * Conduct a thorough patient history and physical examination, identifying those at risk for vascular issues.
* Use Doppler devices to evaluate blood flow, aiding in the diagnosis and severity determination of peripheral vascular disease.
* Discuss findings with patients, explaining the importance of managing vascular conditions and potential interventions.
* Determine the type and level of compression based on Doppler findings, educate patients, and provide guidance on proper application.
* Schedule regular appointments to monitor treatment effectiveness and adjust plans as needed.
* Consider specialist referrals when necessary and collaborate with other healthcare professionals for comprehensive care

This intervention can also be delivered through practices working together.**Transition Arrangements** Practices not currently delivering a Doppler for assessment of peripheral vascular disease and pre-compression therapy have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.Practices will be required to provide evidence of subcontracting arrangements if service not in place.**ICB Assurance:** Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and BenefitsThis integrated approach in primary care ensures timely and personalized management of peripheral vascular diseases, promoting patient-centred and effective healthcare deliveryAppropriate referrals/management of ulcers  |
| References | <https://remedy.bnssg.icb.nhs.uk/adults/dermatology/leg-ulcer/> <https://cks.nice.org.uk/topics/leg-ulcer-venous/management/venous-leg-ulcers/>  |

1. **Primary Care requested ECG**

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| Rationale | Providing a 12-lead stable patient ECG interpretation service in primary care aims to prevent unnecessary hospital referrals for routine 12-lead ECGs and minimize interpretation delays. The service supports patient diagnosis, ongoing assessment, monitoring, and management of those with a pre-existing condition in primary care. Practices are not expected to perform ECGs for patients presenting with acute chest pain. As part of this service specification, practices are not commissioned to provide an ECG recording or interpretation service for any other Provider. |
| Delivery  | Practices will provide a 12 lead ECG recording and interpretation service for primary care-initiated requests to all eligible patients over the age of 16 years. This intervention can also be delivered through practices working together.The ECG Recording Service is for stable patients only and should not delay any proposed admission to hospital.The service should be delivered, and ECGs interpreted in a clinically appropriate time frame according to the specific needs of the patient. Interpretation of ECG can be done within general practice or referred to specialist if needed for interpretation. ECGs should be performed in line with best practice and clinical indication. Practices should be able to demonstrate that they have a process in place for agreed follow up (where required) and to inform the patient of findings.This intervention can also be delivered through practices working together.**Transition Arrangements**Practices not currently delivering a primary care based 12 lead ECG recording and interpretation service will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.Practices will be required to provide:• Evidence of subcontracting arrangements to deliver 12 lead ECG recording and/or Interpretation if unable to provide the service in practice• Evidence of practice protocol (including timescales) for delivering an ECG recording and interpretation service and patient follow up (where required) to advise findings.**ICB Assurance:**Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied. |
| Outputs/Outcomes  | Expected Outcomes and BenefitsCommissioning a primary care service for 12-lead ECG recording and interpretation aims to achieve several local outcomes, including improved access to 12-lead ECG diagnostics, increased routine interpretation in primary care, reduced referrals to secondary care, enhanced patient experience, equitable service delivery, optimal patient settings for diagnosis and treatment, early identification of conditions, provider accreditation assurance, minimised waiting times for diagnosis and treatment (supporting improved health outcomes such as for Atrial Fibrillation), and a streamlined approach to cardiac disease diagnosis or exclusion |
| References | There is increasing desire among service commissioners to treat arrhythmia in primary care. Accurate interpretation of the electrocardiogram (ECG) is fundamental to this. (Begg G, et al Electrocardiogram interpretation and arrhythmia management: a primary and secondary care survey. The British Journal of General Practice. 2016). Electrocardiography in addition to history taking and physical examination, may be an important tool in primary care. It can reduce considerably the number of unnecessary referrals. (Electrocardiography in primary care; is it useful? F.H Rutten, et al, International Journal of Cardiology, July 2000). |

1. **Spirometry**

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| Rationale | Spirometry is the recommended objective test performed to identify abnormalities in lung volumes and air flow in children (5-16) and adults. It is used in conjunction with physical assessment, history taking, blood tests and x-rays,The aim of the spirometry service is to exclude or confirm a diagnosis of COPD or Asthma enabling timely diagnosis and treatment closer to home.  |
| Delivery  | Practices to provide spirometry testing to confirm diagnosis of COPD or Asthma by completing a reversibility test and signpost patients to appropriate support services when diagnosed.It is recognised that Asthma can also be diagnosed by other alternative tests to spirometry.The service should be delivered by appropriately trained clinicians and have appropriate quality assurance processes in place.Practices should use a device that provides the full range of measurement.**Referral to secondary care**Appropriate reasons for referral into secondary care services can be found on Remedy:<https://remedy.bnssg.icb.nhs.uk/adults/respiratory/spirometry-and-lung-function-tests/>**Transition Arrangements**Practices not currently delivering a primary care-based spirometry service will have a 12 month lead in time during this transition period to ensure they have a device that provides the full range of measurement and that practice based clinicians are trained to an appropriate level with quality assurance processes in place Practices may liaise with the LMC for support on training. This intervention can also be delivered through practices working together.Practices will be required to provide the following:1. Evidence of skills and relevant accreditation to deliver a spirometry service2. Evidence of skills or subcontracting arrangements to deliver a spirometry diagnostic serviceICB Assurance: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and BenefitsSpirometry testing plays a crucial role in diagnosing, managing, and monitoring respiratory conditions, ultimately improving patient outcomes and quality of life  |
| References | Spirometry is the recommended objective test performed to identify abnormalities in lung volumes and air flow. It is used in conjunction with physical assessment, history taking, blood tests and x-rays, to exclude or confirm particular types of lung disease, enabling timely diagnosis and treatment. To be valid spirometry that is used for diagnosis must be quality-assured and should only be performed by people who have been trained and assessed to ARTP2 or equivalent standards by recognised training bodies in the performance and interpretation of spirometry. Without this overall quality assurance, the accuracy of the diagnosis cannot be relied on. (A Guide to Performing Quality Assured Diagnostic Spirometry. Source: British Lung Foundation; British Thoracic Society, 2013) <https://patient.info/doctor/spirometry-pro>  |

1. **Delivery of Gonadotrophin-releasing hormone antagonist (GnRH analogues/ LHRH) treatment (e;g Triptorelin, Goserelin) for prostate cancer**

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| Rationale | Deliver GnRH analogues to give patients convenient access to treatment for prostate cancer. |
| Delivery  | Foster collaboration between primary care and secondary care for comprehensive care.Have a call/recall system and a system to follow up any missed appointments. **Transition Arrangement**Practices not currently delivering a Gonadotrophin-releasing hormone antagonist (GnRH analogues/ LHRH) treatment (e;g Triptorelin, Goserelin) for prostate cancer will have a 12-month lead in time during this transition period to help assure themselves that the in house service is fully up and running in accordance with service requirements.Ensure healthcare providers are trained in proper injection techniques and adhere to established guidelines.Ensure proficient injection technique, including proper site selection and aseptic procedures.Equip the setting for emergencies and train providers in recognising and responding to adverse reactionsICB Assurance: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and Benefits* GnRH analogues play a crucial role in the long-term management of prostate cancer, helping to maintain disease control and prevent recurrence after primary treatments closer to home.
* Offering GnRH analogue treatment provides patients with a well-established, effective, and generally well-tolerated therapeutic option, contributing to patient-centred care in prostate cancer management.
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| References | <https://prostatecanceruk.org/prostate-information-and-support/treatments/hormone-therapy#:~:text=GnRH%20antagonists%20(gonadotrophin%2Dreleasing%20hormone,has%20spread%20to%20the%20bones> . <https://cks.nice.org.uk/topics/prostate-cancer/management/management/>  |

1. **24-hour BPs or offer home BP monitoring**

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| Rationale | The service is to provide a primary care-based blood pressure measurement service through either ambulatory 24-hour blood pressure measurement or, if more practical and would avoid long waits, to offer home blood pressure measurement for a patient to diagnose hypertension and support management. |
| Delivery  | To provide a primary care-initiated Blood Pressure Monitoring Service (either though Home Monitoring or 24-hour ABPM Monitoring) for all appropriate patients in general practice in a timely and convenient manner to support the diagnosis, management and control of blood pressure. This intervention can also be delivered through sub-contracting arrangements.Practices are also expected to work with community pharmacies who can now provide blood pressure monitoring services to support identification of hypertensive patients and reviews of existing patients as part of the nationally commissioned hypertension case-finding (HCF) service. Practices are expected to communicate with their community pharmacy in relation to capacity and agree a referral route with them. The gold standard diagnostics for hypertension is ABPM as per NICE guidance 2023. However, should ABPM not be available in the practice or community pharmacy in a reasonable timescale then the use of HBPM should be considered in order to reduce the risk of delay in starting treatment.**Transition Arrangement** Practices not currently delivering a 24-hour BPs or offer home BP monitoring will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.This intervention can also be delivered through practices working together.**ICB Assurance**: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and BenefitsHypertension is associated with a higher risk of cardiovascular events. Setting blood pressure to recommended levels aims to promote primary and secondary prevention of cardiovascular disease, and to lower the risk of cardiovascular events.  |
| References | People with suspected hypertension should be offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension. ABPM is the most accurate method for confirming a diagnosis of hypertension, and its use should reduce unnecessary treatment in people who do not have true hypertension. ABPM has also been shown to be superior to other methods of multiple blood pressure measurement for predicting blood pressure-related clinical events (NICE Quality Statement). The option of Home Blood Pressure Monitoring as an alternative to ABPM 24 hour should also be offered. |

1. **Anti-psychotic depot injections**

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| Rationale | Administering antipsychotic depot injections to stable mental health patients in primary care facilitates community-based care, allowing patients to receive treatment in familiar and accessible settings. This can contribute to increased engagement and continuity of care. The aim is to improve treatment adherence, preventing relapses, reducing hospitalisations, and ultimately enhancing the overall well-being of individuals with psychotic disorders  |
| Delivery  | Ensure healthcare providers are trained in proper injection techniques and adhere to established guidelines.Ensure proficient injection technique, including proper site selection and aseptic procedures.Equip the setting for emergencies and train providers in recognising and responding to adverse reactions.Collaborate with mental health specialists for consultation and referral.Educate patients about the injection process, potential side effects, and the importance of follow-up.Maintain accurate records of injections, including doses and patient responses.Report adverse events to regulatory authorities as part of pharmacovigilance efforts.Establish a clear pathway for practices to go back to AWP, ensuring that practices know how to escalate concerns. **Transition Arrangements**Practices not currently delivering Anti-psychotic depot injections will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.Practices will be required to provide evidence of subcontracting arrangements if service not in place. **ICB Assurance**: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and BenefitsEnsure these patients are on the Severe Mental Illness practice registers and are invited for an annual physical health check.Increased patient adherence to antipsychotic treatment due to the consistent and convenient nature of depot injections.Enhanced control and stability of psychotic symptoms, reducing the risk of relapses and hospitalizations.Improved overall quality of mental health care by providing a comprehensive and patient-centred approach.Higher patient satisfaction resulting from reduced treatment burden and improved symptom management.Decreased hospital admissions due to better maintenance of therapeutic drug levels and prevention of crises. |

1. **Prescribing for community midwives**

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| Rationale | GPs prescribing for community midwives is driven by the need for seamless, collaborative, and efficient care in managing maternal health. It supports timely access to medications, fosters collaboration between healthcare professionals, and contributes to the overall well-being of pregnant women receiving care in community settings. |
| Delivery  | GPs in primary care may engage in limited prescribing for community midwives, typically focusing on medications directly related to maternal and newborn care. The scope of prescribing for community midwives can vary but it is expected that midwifery teams will be developed to prescribe independently. Prescriptions should exclude medications that can be obtained over the counter. Some examples of prescribing activities for community midwives in primary care include:Prescribing essential prenatal vitamins and supplements, such as folic acid or iron, to support maternal and foetal health during pregnancy.Prescribing antibiotics for the treatment of minor infections, such as urinary tract infections or vaginal infections, which can occur during pregnancy.Prescribing pain relief medications, such as paracetamol, for mild to moderate pain relief during pregnancy or postpartum.Prescribing antiemetic medications to alleviate nausea and vomiting commonly experienced by pregnant women.Prescribing topical preparations, such as creams or ointments, for minor skin conditions or irritations during pregnancy.Prescribing medications for specific pregnancy-related conditions, such as gestational diabetes or gestational hypertension, in collaboration with obstetricians or other specialistsPrescribing medications for postpartum care, including pain relief medications or treatments for perineal discomfort.Prescribing medications to address common breastfeeding issues, such as nipple pain or mastitis. This dees not include medications for labour at home or anticoagulation for pregnant women at risk.**Transition Arrangement**Practices not currently prescribing for community midwives will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements. |
| Outputs/Outcomes  | Expected Outcomes and BenefitsSwift access to essential medications for immediate maternal and newborn care.Supports a holistic approach to maternal care beyond birthing.Continuity:Promotes continuity of care with midwives managing routine cases seamlessly.Enhances patient-centred care by offering comprehensive services.Reduced Referrals:Lessens dependence on immediate referrals for minor health issues.Provides convenience for patients, receiving medications during routine visits.Facilitates collaboration with other healthcare professionals. |

1. **Ear Wax Removal**

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| Rationale | Ear wax removal to improve hearing loss or other symptoms, subject to clinician assessment or to aid diagnosis with a service provided close to home. |
| Delivery  | NICE recommends that ear irrigation (flushing the wax out using water) using an electronic irrigator, microsuction (using a vacuum to suck the wax out under a microscope), or another method of earwax removal (such as manual removal using a probe) may also be considered if the expertise is available, there are no contraindications to the methods, and the correct equipment for the procedure is used. This should be performed by trained staff. **Criteria for ear wax removal in primary care include**: Presence of hearing aids, with ear wax removal required to prevent interference with the proper functioning of the devices.Patients with significant learning disabilities and people with impaired communication and dementia.Need for accurate diagnostic assessments, such as audiometry or tympanometry, where ear wax removal is necessary for accurate results.**Transition Arrangement**Practices not currently offering ear wax removal will have a 12-month lead in time during this transition period to help assure themselves that the in-house service is fully up and running in accordance with service requirements.Practices will be required to provide evidence of subcontracting arrangements if service not in place.**ICB Assurance**: Data should be recorded using the relevant Ardens templates for that specific activity (e.g. wound care) as they contain the correct codes. We are in the process of updating the Ardens template which contains all BNSSG LES codes. We will communicate with practices once this template is finalised. In the meantime, please continue to use the codes we have already supplied.  |
| Outputs/Outcomes  | Expected Outcomes and Benefits* Removal of impacted earwax can lead to immediate improvement in hearing, addressing symptoms of hearing loss or muffled sounds.
* Relief from Discomfort and resolution of Tinnitus:
* Removal of earwax may alleviate or reduce symptoms of tinnitus (ringing or buzzing in the ears).
* Earwax removal helps prevent complications such as ear infections, which may occur when wax buildup creates a favourable environment for bacterial growth.
* Facilitation of Diagnostic Assessments
* Improved Effectiveness of Hearing Aids
* Prevention of Self-Removal Complications
* Clearer Diagnostic Visuals
* Earwax removal in primary care reduces the need for unnecessary referrals to specialists, streamlining patient care and minimizing healthcare system burdens.
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**How Will Activity Data be Obtained?**Data will be extracted from the GP IT system and reported to the LES Steering Group on a quarterly basis. Where practices do not take up the LES, the ICB will seek coverage for the population from within BNSSG General Practice and will monitor impacts on other healthcare partners through the LES Steering Group. By opting for this enhanced service, you consent to the extraction and quarterly monitoring of this data.In cases of disparities in activity data, the ICB will commit to the following actions:1. **Assess Variations**: Identify areas of service provision where variations exist, whether in terms of quality, access, or outcomes. This may involve data analysis and feedback from service users.
2. **Quality Improvement**: Implement quality improvement initiatives to address identified variations. These may involve process enhancements, training, and performance monitoring.
3. **Communication**: Communicate the efforts to address variations with patients and the general public in partnership with HealthWatch. and offer educational resources to patients and the public about what to expect from healthcare services and how to navigate the system effectively.
4. **Monitor and Adapt**: Monitor and evaluate the impact of efforts to reduce variations in service provision. Adapt strategies as needed to achieve better consistency and higher quality in healthcare services.

**3.3 Population Covered** All patients registered with the practice as relevant to the service.**3.4 Any acceptance and exclusion criteria**N/A**3.5 Any interdependencies with other services / providers**Sirona Community Pharmacies  |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)*** As detailed in Section 3.2

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  As detailed in Section 3.2* 1. **Applicable local standards**

 Remedy guidelines  |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements**

**As detailed in the specification** * 1. **Applicable CQUIN goals**

**N/A** |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:****GP Practices premises** |

#

# SCHEDULE 3 – PAYMENT

1. **Local Prices**

Payments will be made to all practices at the new rates from April 2024 and the ICB will recover payments to practices which choose not to sign up.

# SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

1. **Reporting Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Requirements Reported Locally** | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** | **Application** |
| Declaration of intent to provide all services in the Basket with details of any transition plans in the first year. Please see link in the Appendix for completion and submission to the ICB. Please also exception report any service disruption lasting longer than four weeks using the template attached in the appendix,  | Each contract year | Completion of template | 10th May 2024 | **Supplementary Services** |

# Appendix

Declaration of Intent and Action Plan required by the 10th of May 2024

[Supplementary Services EOI 2024-25](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FResponsePage.aspx%3Fid%3DslTDN7CF9UeyIge0jXdO44DMjNZ1s41Pt5P0sFc5xL5UNjRYWFo1NDY3SklLWERHWjNSNzhKV0pSSy4u&data=05%7C02%7Cnwando.umeh2%40nhs.net%7Cf56308cfed3e40c4701c08dc4e721d9f%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638471499218801403%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=kWfXlSgWG0djkhNL1vIeYXE43OywGXzqbhp3gNDwfXk%3D&reserved=0)

Exception Report Form

