

# Local Enhanced Services Engagement - session two

15<sup>th</sup> January 2025

Chaired by Peter Tinson,  
ICB Director of Primary and Community  
Commissioning

Purpose of today's session:

- engage with colleagues across ICB (clinical and non-clinical), GP practices, Local Medical Committee, stakeholders and partners
- focus on clinical elements of draft LES specifications
- colleagues are encouraged to share feedback via the chat. Please state the name of the LES you're referring to at the start of your comment.

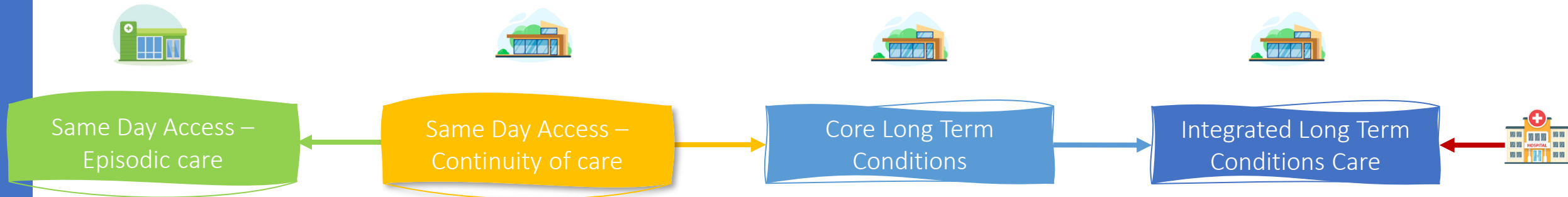
# Today's session

- Recap
- Vision
- Services being covered
- LES specifications – overview of clinical aspects
- Further engagement

## Recap

- Thank you for all the comments and feedback following last weeks webinar
- Discussions are still ongoing with the LMC including a conversation last Thursday afternoon with all the Chairs on the pricing and activity modelling
- A reminder to please complete any feedback you have on the specifications that's been shared with you
- We mentioned at last weeks webinar that we would be doing a session on delivery planning and this will be on the 29<sup>th</sup> January

# General practice vision - a reminder



Core General Practice and primary care provision  
*Screening, health promotion, vaccinations and immunisations, safeguarding, routine medications, routine health checks, etc*

- In addition to monitoring and supporting the delivery of the new LES requirements, work will continue to monitor, support and improve the delivery of core contract requirements, including the
  - Prioritised programme of proactive practice improvement visits
  - Development of a primary care provider collaborative and associated ‘practice and PCN levels support offer’
  - Commissioning of a peer improvement support team
  - Complete roll out of modern general practice

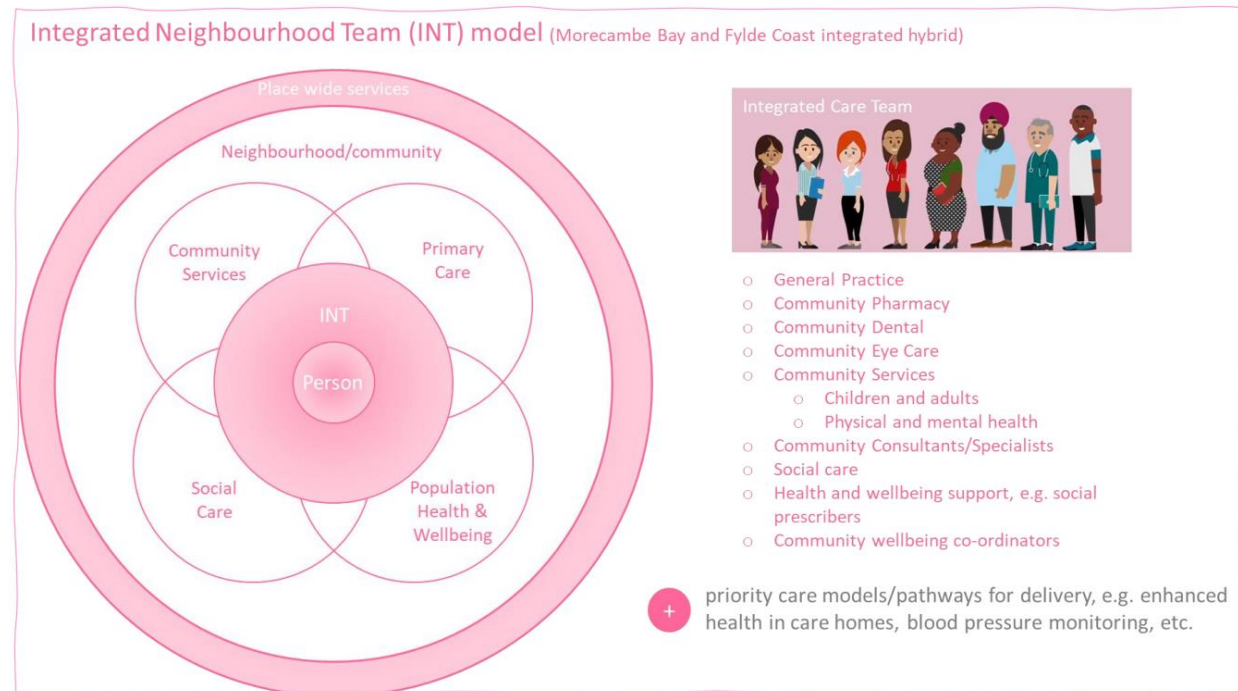
# Integrated neighbourhood care

- Step in the journey towards fully integrated neighbourhood care
- Future steps include investment in community services to enable and support a growing left shift of care
- And formalising the integrated leadership and targeting of neighbourhood primary and community resources



**Integrated Long Term Conditions Care**

*Invest in General Practice enhanced long term conditions care to include an integrated neighbourhood care outcomes framework*



# LES review programme



## Two areas of focus

Initial commenced two individual pieces of work, these have now been merged into one overarching work programme with two areas of focus:

1. All LES inherited from former CCGs and a number of newly developed LES identified through collective action conversations
2. Long Term Conditions LES (former GPQuality Contract)

All activities are over and above core GMS contract

# Story board - LES

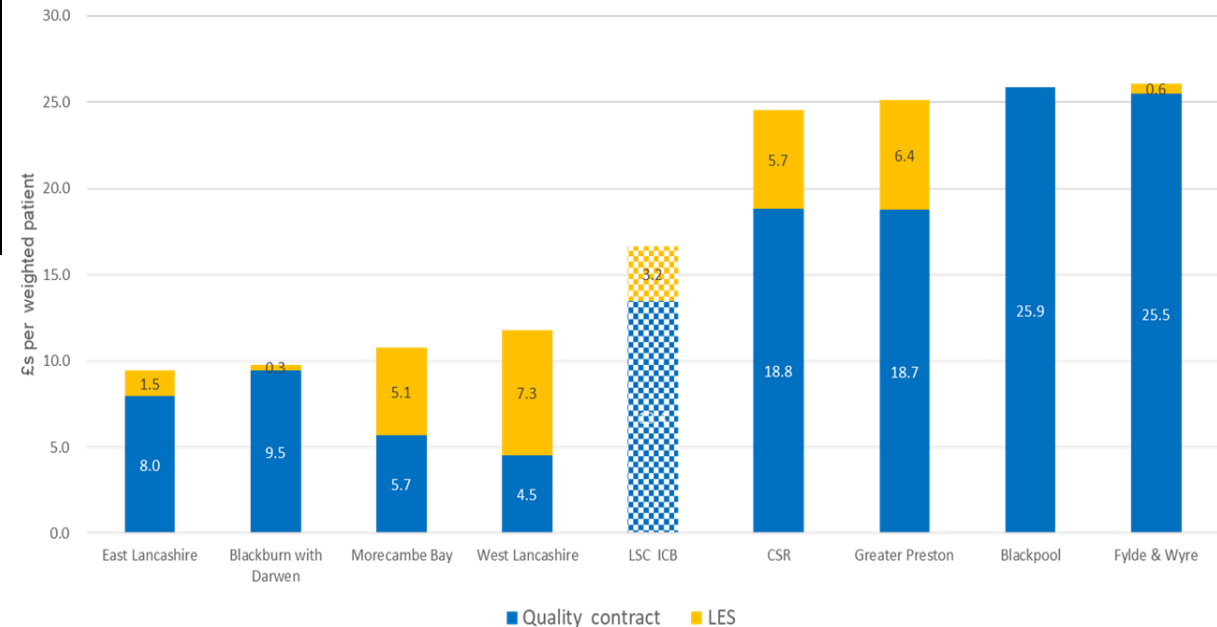


# Historic variation inherited by CCG

Existing LES	Part of Collective action	BwD	East	MB	Fylde	Blackpool	CSR	GrP	West
		189,555	430,364	383,478	194,436	212,731	166,373	259,063	128,165
24 Hour Ambulatory Blood Pressure Monitoring			X						
24 Hour ECGs			X						
Anti-coagulation Monitoring			X	X	X		X	X	X
Atypical GP Practice populations			X	X			X	X	
Residential facilities			X	X			X		
Care Home/Nursing Home						X	X	X	
Community Carpal Tunnel Service		X							
Vasectomy		X	X				X	X	X
Complex Wound Care (All Areas)	x			X					
Post op wound care	x			X	X				
Treatment room	x		X				X	X	X
Phlebotomy	x		X	X				X	X
Diabetes		X	X				X	X	X
Diabetes Foot Screening							X	X	
ECGS	x		X						
In House Medical Cover to Clitheroe Community Hospital			X						
Medicines co-ordinators / prescribing scheme / pharmacy support		X	X	X	X	X	X	X	X
Menorrhagia			X	X			X	X	X
Minor Injuries			X	X			X	X	X
Minor Surgery for other Practice's Patients		X	X					X	X
Near Patient Testing of High-Risk/Amber Drugs Level 2	x	X	X	X	X	X	X	X	X
Palliative and End of Life Care		X	X						
Peripheral Vascular Disease Assessment Service							X	X	
Positive Life-Style Service (mental health)								X	
Prostates Cancer Injections (All)	x			X					
Rehabilitation Unit / intermediate care				X			X		X
Ring Pessary			X		X		X	X	
MBRN				X					
Tier 2 GP Support for ARAP/UK Resettlement Scheme (UKRS)		X	X						

New LES	Part of Collective action
<b>Identified through collective action</b>	
Braetric post op monitoring	x
Dementia care	x
Advice and guidance	x
PSA monitoring	x

- Continue to commission
- Continue to commission – transfer to another ICB team
- Cease to commission



# Approach to activity and costing

## Activity

- Activity assessments undertaken for each individual service based on historical data, prevalence and extrapolated where needed

## Costing

- A bottom-up approach to costing has been used through identification of:
  - Individual tasks required
  - Time and grade of staff required to undertake each task
  - Bench marked nationally and sense checked with a number of local practice managers

## Service/transformational shifts

- For each service, an assessment has been made of:
  - Service shifts – where an existing service will cease, and the associated budget transferred to fund the service in primary care i.e. phlebotomy currently undertaken by community providers
  - Transformational shifts – where the impact of commissioning a service from primary care has an impact elsewhere i.e. a consistent approach to medicines optimisation will create savings on the prescribing budget

## Impact assessments

- For each service an assessment has been made to the impact on other providers as a result of commissioning from primary care
- An assessment has also been made as to the impact on the system if each service was not commissioned and GPs did not provide

# Today's topics

Today we will be looking at an overview of the following specifications:

LES	Presenter
Ring Pessary	Sarah Bibby
Spiro/FeNO	Dr Peter Gregory
Phlebotomy	Erika Sutcliffe
Wound Care	Erika Sutcliffe
Advice and Guidance	Erika Sutcliffe
Palliative & End of Life Care	Dr Lindsey Dickinson
Care Homes	Dr Lindsey Dickinson
Post Bariatric Surgery Bloods	Dr Lindsey Dickinson
Dementia Service	Dr Lindsey Dickinson
ECGs	Dr Lindsey Dickinson
Minor Surgery	Dr Lindsey Dickinson
PSA Testing	Dr Lindsey Dickinson

# Ring Pessary

- To provide routine primary care based ring pessary services (fit, monitor, check and remove as appropriate) as an alternative to surgery
- To provide clinical assessments of patients, including pelvic examination and fitting of the ring pessary, along with the provision of appropriate advice to the patients
- To provide follow up appointments at 4-6 weeks following a routine first fit
- Long term follow up including a pelvic examination and a review of any side effects
- Regular removal for cleaning and/or replacement at intervals no longer than 6 months
- Maintain a record of patients using SNOMED codes and review patients who have not attended follow up appointments
- Provide regular 3-6 monthly assessments where the pessary is removed, washed and reinserted - up to 4 changes per year (as clinically appropriate)
- Offer an annual review for patients who are self-managing pessaries

# Respiratory Diagnostic Bundle – Spiro/FeNO

- A 'Spirometry and FeNO' testing and interpretation service delivered by Primary Care across L&SC
- For diagnostic purposes only
- Timely & accessible testing
- High quality & accurate testing & interpretation
- Applicable to patients registered with a GP & are deemed to be at risk and displaying the symptoms suggestive of COPD or asthma
- Exclusions – under 5's and those not registered with a L&SC GP
- To support capacity to meet the increased demand from COPD and Asthma exacerbation
- Provide optimised care and offer preventative measures to increase wellness
- Supporting patients to be cared for in the community, and reducing avoidable hospital admissions

# Phlebotomy

- To provide 'in house' phlebotomy services during core hours (8.00am to 6.30pm Monday to Friday)
- To provide Primary Care and appropriate Consultant generated secondary care phlebotomy services to patients aged 12+ and housebound patients not on a community nurses caseload
- To provide a phlebotomy service that covers the majority of blood sampling for investigations and follow up arising from the management of patients
- Patients can be referred to the PCN if collaborative working arrangements have been agreed
- Children under 12 may be seen if the practice has appropriate trained and skilled staff
- Routine bloods should be taken within 2 weeks
- Urgent bloods should be taken within 2 days
- Very urgent bloods should be taken when the patient presents
- All staff performing phlebotomy should receive training and demonstrate proficiency
- Children under 5, children and young people with additional needs or where venepuncture is difficult referrals can be made to paediatrics following your local Trusts pathway

# Wound Care

- To provide dressings and wound care management, including basic dressings, dressing assessments (without a doppler) and ongoing simple wound care support
- Suture removal/wound closure removal
- Laceration capable of closure with or without suturing and provide follow up
- Severe bruising other than that recorded for medico legal purposes
- First degree burns
- Superficial skin ulcers
- Service must be provided by a team of qualified healthcare professionals, who are appropriately registered with post-registration experience and recognised qualifications as appropriate

# Advice & Guidance

- To seek advice from the relevant Consultant led team to support Patients requiring specialist advice on investigations, interventions and potential referrals for non-urgent elective care
- Based on clinical need at the time of assessment by the appropriate clinician in primary care, A&G should be sought where it is felt that it supports the patient pathway and is of clinical benefit to the patient
- Where additional work is identified following a response from secondary care, this should be provided within 5 days
- Patients should be advised by the most appropriate communication (for their needs) of the outcome of that A&G and offered further appointments, further investigations/interventions as per the outcome of that A&G
- Not all correspondence entered into via A&G will result in follow up work required by the GP Practice and this LES is to reflect those instances where additional workload is required

# Palliative and End of Life Care

- Palliative and End of Life Care (PEoLC) emphasises early identification and Advance Care Planning (ACP) for patients in Lancashire and South Cumbria.
- Enhance coordination for patients in their final year, allowing them to choose care settings and providing strong family support.
- Use the EARLY Identification Toolkit and Gold Standards Framework (GSF) to identify patients and conduct personalised ACP discussions.
- Promote multidisciplinary meetings and coordinate with community services to address patient needs effectively.
- Regularly validate patients using the EARLY Identification Toolkit and monitor ACP discussions and documentation compliance.
- Adhere to national NICE guidelines to ensure safety and quality standards across all practices.
- Offer training and masterclass videos to healthcare providers to improve skills in identifying and discussing end-of-life care preferences.

# Care Home Service

- Ensure an Initial Review of the patient is undertaken to collect key information for all patients upon admission to a Care Home within 7 working days of being informed.
  - an initial review to include a mental health assessment and a frailty screen.
  - medication review.
  - information gathering to develop a personalised care and support plan.
- Identify a Care Co-ordinator with the necessary skills and knowledge to co-ordinate the PCN MDT including collating the information required prior to the meeting, take notes at the meeting, and ensure actions are completed.
- Routine Management of Care Home Patients- (Management of Patients Care Plan, Issue repeat prescriptions within 42-78 hours of request, carry out medication reviews 6 monthly basis)
- Meet relevant QOF standards for long term condition reviews, ensuring residents have appropriate access to review within their home (if appropriate, avoid unnecessary tests in very elderly or frail patients).
- Carry out a structured medication review for all patients on a six- monthly basis by a Clinician or Pharmacist. This requirement is in addition to the twelve-monthly medication review stipulated in the Network Contract DES.
- Conduct medicines reconciliation each time a patient moves between different care settings, with appropriate clinical input from a Clinical Pharmacist, Pharmacy Technician, or other appropriate Clinician.
- Provide a medical report, if requested, when a patient is presented to a complex care panel or community care panel.
- Where a patient has an emergency admission or elective admission to hospital, experiences an exacerbation of a long-term condition or requires a follow-up review for any other reason as clinically appropriate. The Provider will conduct a medical review, a review of the patients care plan and carry out medicines' reconciliation.
- Where a patient is showing early signs of dementia, the service provider will follow the ICB Dementia Referral Pathway.

# Care Home Service

## Advanced Care Plans (ACP)

- Ensure where appropriate that a personalised Advanced Care Plan (ACP) has been completed and should be documented in the resident's electronic record by way of **Electronic Palliative Care Coordination Systems (EPaCCS)**, To ensure the completed Advanced Care Plan (ACP), and patient's preferences and what matters to them, are visible across Lancashire & South Cumbria via the Shared Care Record (ShCR formally LPRES) practices MUST tick the 'consent to share box' within EMIS.
- If this box is **NOT** ticked the completed ACP will not be visible outside of EMIS/practice, and available to other health care professionals involved in the persons PEOLC care. Currently all LSC Acute Trusts, Hospices, NWS and Community Teams have access to the LSC ShCR, and if consent is provided will be able to see elements of the patients EPaCCS/ACP pulled through from the EMIS record – for example preferred place of care/death.
- It will be the responsibility, of the visiting clinician attending the weekly home rounds to update the Advanced Care Plan (ACP) on EMIS to ensure the version on EMIS is the most update and accurate version.
- Participating Practices and PCN's in this LES specification are encouraged to also review the ***Palliative and End of Life Care (PEOLC) Service Spec 2025/26.***

# Post Bariatric Surgery Bloods

- Standardised nutritional blood monitoring & clinical care – 2 years post surgery
- Practices to hold a register of patients who have had bariatric surgery – searches to support this
- Annual blood tests as per guidelines
- Where abnormalities are identified in blood monitoring, patients to be clinically reviewed as appropriate and offered nutritional support or supplementation following LSCMMG prescribing guidelines
- Advice and guidance to be sought where clinical concerns cannot appropriately be managed in primary care or re-referral to specialist services as deemed necessary
- Annual recall to be agreed with the patient and information provided to support ongoing clinical care
- To submit a quarterly return showing activity, recorded using relevant SNOMED codes

# Dementia Service

- Register of patients with a diagnosis of dementia
- Annual face to face review
- Annual medication review for those patients on medication for the condition
- Ensure staff are adequately trained to support patients with dementia and undertake the annual review and medication review
- Enhance physical health care and health promotion advice for all people with dementia, identifying and addressing unmet needs where possible
- Ensure carers of people living with dementia are supported and referred to the appropriate carers services when required
- For patients recently discharged from the memory assessment service, their first annual review should ideally be held within six months of their discharge.
- Excludes patients under active secondary care monitoring or who are not stable on medication
- Requirement to maintain adequate records of all dementia reviews, performance & results of the service

# Electrocardiograms

- Provide 12-lead ECGs in GP practices to ensure early detection of cardiac issues and reduce unnecessary secondary care referrals
- Accessible to all registered patients in Lancashire & South Cumbria ICB; limited reporting for patients under 16
- Perform ECGs for suspected cardiac disease, routine assessments, or when patients present with symptoms like chest pain or palpitations
- Enhance patient access and timely interpretation of ECG results to prevent unnecessary hospital visits and ensure effective management
- Offer ECG services at least five days per week; ICB to provide ECG equipment; practices responsible for consumables
- All staff conducting ECGs must be adequately trained and competencies regularly assessed to ensure quality service delivery
- Maintain accurate records for monitoring and payment verification; compliance with agreed codes and data standards is essential
- Collaborate with local acute trusts, cardiology services, and other professionals to ensure comprehensive patient care and timely referrals

# Minor Surgery

- This service will cover those practices that have opted out of providing these services for their own patients, by providing the procedures for their patients.
- This service is designed to cover enhanced aspects of minor surgical procedures which are beyond the scope of core/essential services.
- The specification will also highlight areas that should not be attempted within Primary Care.
- The tiers of provision are:
  - Tier 1 - Additional service – funding provided via the global sum
  - Tier 2 - Minor surgery for practices own registered patients (Tier 1 must already be provided). This element is delivered under the DES and consists of excisions, incisions, injections and aspirations.
  - Tier 3 – Tier 1 and 2 must already be provided. To provide services to patients from other practices who do not provide the DES or who are not confident to carry out the procedures under this service.
  - All procedures under tier 3 must be carried out – no option to pick and choose.
- Providers will accept referrals, assess, triage within 5 days and manage as clinically appropriate including timely action of 2 week wait referrals.
- Providers are to ensure a maximum of 6 weeks from referral to treatment.
- Providers are to ensure that there is flexibility to provide sufficient capacity and demonstrate contingency plans for any interruptions in service e.g. capacity to manage peaks in demand or staffing problems

# PSA Testing

- PSA Surveillance and Monitoring in primary care to manage prostate cancer follow-up for patients in Lancashire and South Cumbria.
- Enhance patient access to follow-up care through local GP practices and improve recall processes for those discharged from hospital follow-up.
- Establish a register for regular PSA blood test monitoring, with six-monthly or annual tests based on urology discharge advice.
- Urology specialists will refer suitable patients to primary care with a clear management plan, including regular monitoring and criteria for re-referral.
- Practices will maintain registers, ensure timely monitoring and follow-up, and manage re-referrals to secondary care when necessary.
- Service is available to all patients registered with GP practices within the Lancashire and South Cumbria ICB.
- Adhere to relevant NICE guidelines for suspected cancer and prostate cancer management to ensure quality care delivery

# Further engagement

- Further webinars on the 22<sup>nd</sup> and 29<sup>th</sup> January
- If you have any further feedback please include in the chat

Thank you for your time and contribution  
to this engagement session