

# Local Enhanced Services Engagement - session three

29<sup>th</sup> January 2025

Chaired by Donna Roberts,  
Associate Director of Primary Care

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
- slides and a link to the recording will be circulated
- 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.**

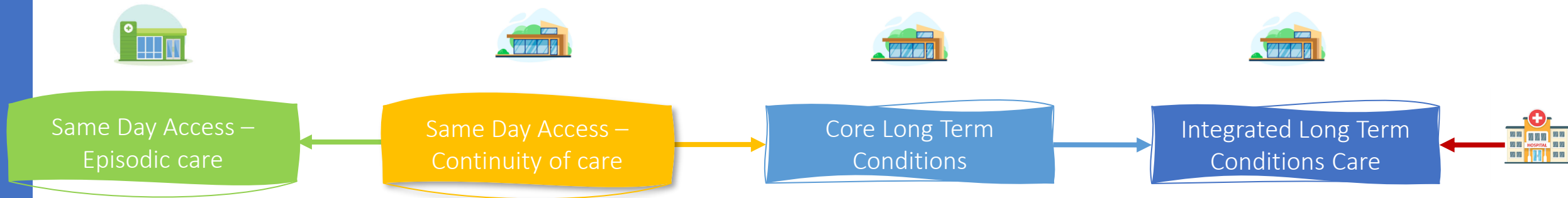
# Today's session

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

# Recap

- Thank you for all the comments and feedback following the previous two webinars
- Discussions are still ongoing with the LMC
- Feedback and questions are welcomed via the chat. Please state the name of the LES you are referring to at the start of your comment
- Questions will be answered within the chat where possible, or reviewed for inclusion in the FAQs

# 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

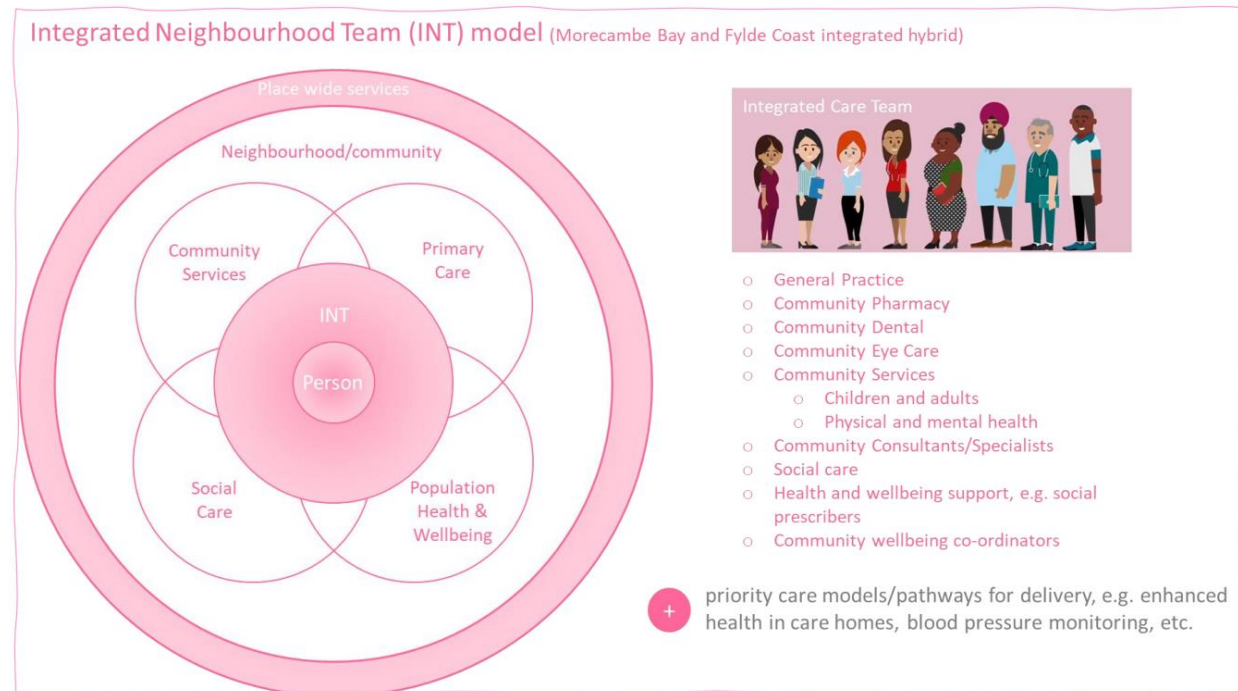
# Integrated neighbourhood care

- 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

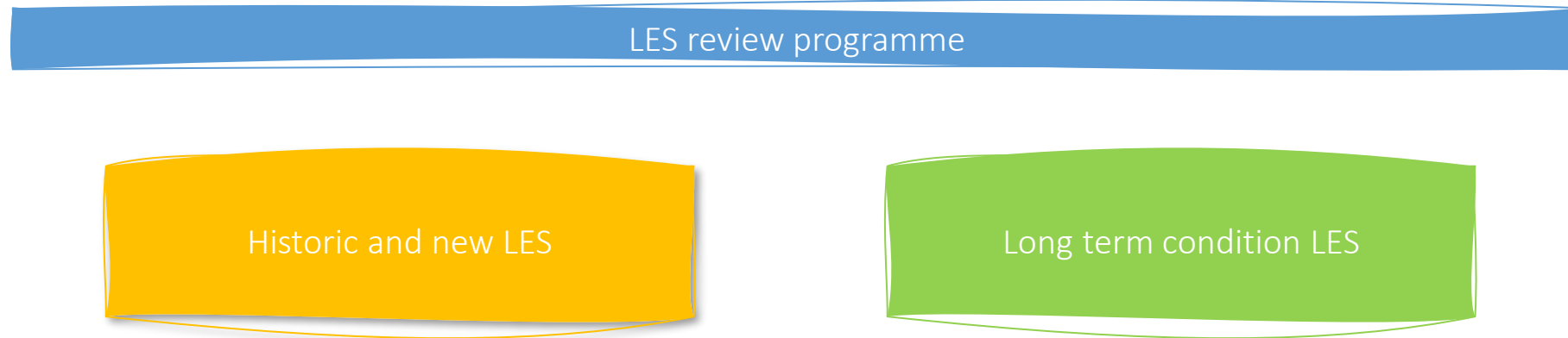


**Integrated Long Term Conditions Care**

*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 GP Quality Contract)

All activities are over and above core GMS contract

# Story board - LES

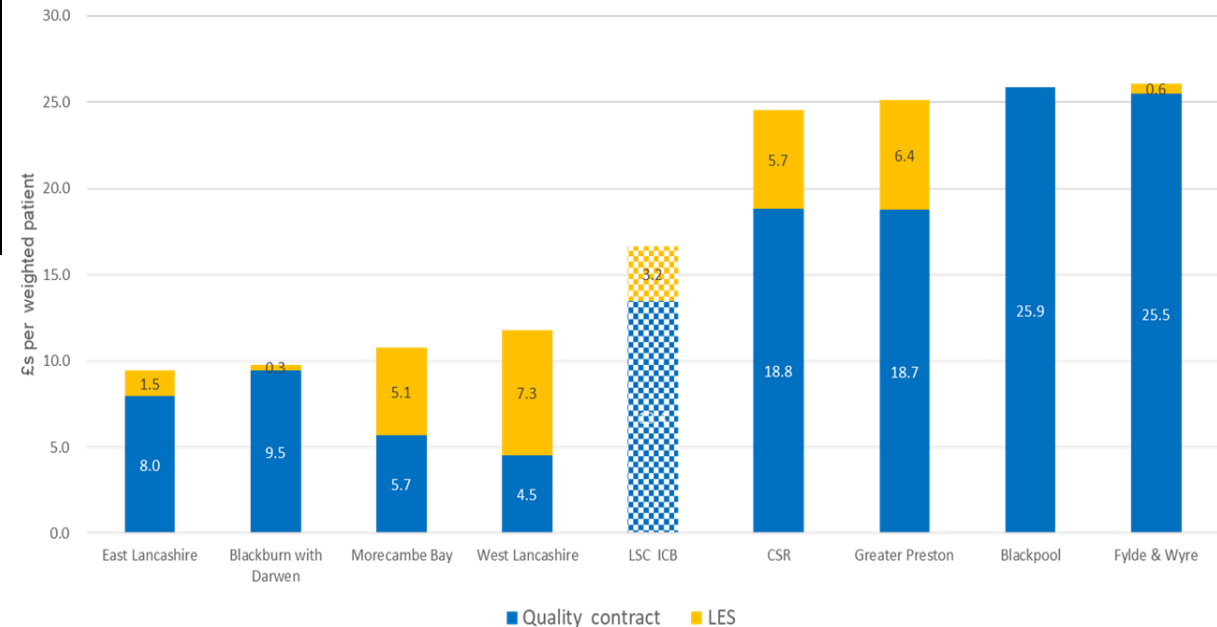


# Historic variation inherited by CCG

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
Diabetes	Dr Lindsey Dickinson
Denosumab	Dr Lindsey Dickinson
Medicines optimisation	Andrew White
Shared care of medicine	Andrew White

# Diabetes

- To deliver an enhanced service in addition to essential medical services and those set out in QOF
- To provide Support and follow up for patients with more complex needs that cannot be met in core primary care
- To provide initiation and support for GLP1 patient initiation
- To provide initiation and follow up of patients requiring basal insulin or BD mixed insulin regimes
- To provide initiation, monitoring and on-going review for patients meeting the criteria for CGM devices.
- To provide routine supportive management and monitoring of patients with well controlled type 1 diabetes and type 2 diabetes on injectable treatments (insulin or complex regimens)
- To support the transfer of patients on insulin from secondary care to primary care, when stable and appropriate care can be delivered in general practice.
- Early follow up and advice following hospital admission for diabetes related illness/complications

# Denosumab

- This service is for the treatment of patients at risk of osteoporotic fracture
- Patients will have an agreed treatment plan from secondary care specialists
- The first dose will be administered in secondary care and thereafter prescribing and administration is transferred to primary care
- Practices are required to:
  - Hold a register of patients and maintain records of the service provided
  - Record initiation dates in patient records and be included in repeat medication information
  - Provide a robust recall system (6 month intervals)
  - Ensure that the patient has an individual management plan

# Medicines optimisation LES

# Shared care of medicine LES

29<sup>th</sup> January 2025

# The 3 part plan for Medicines Optimisation for 25/26

Medicines optimisation  
LES



MO team workplan

Engagement – public and professionals

Value

Safety

Quality

Health inequalities

Innovation

# Medicines Optimisation LES 25/26

## Background

The MO LES 25/26 has been designed to incorporate the historic existing MO schemes across the ICB.

These schemes include;

- Medicines Co-Ordinator LES Central & West
- Prescribing incentive schemes Morecambe Bay and Pennine Lancs
- Practice pharmacist scheme Fylde coast
- GPQC Structured Medication Review

## 24/25 QIPP delivery

The current forecast for QIPP delivery from the above and MOT activity is approx £22 million.

- **The planned uplift for the new MO LES 25/26 is £3million**

# Medicines Optimisation LES 25/26

- **Core 40%** - Basic requirements of the practice, which should be embedded as part of good practice.
  - Engagement with Optimise decision support software. £5million in 24/25.
  - Engagement with MOT
  - Medicines Co-Ordinator work plan delivery
  - SMRs
- **Value 20%** - Cost containment
  - Incentivise practices to target growth in NIC/ASTROPU @ 3% below the average England % growth
- **Drugs of dependance 20%** - an ICB priority highest in England
  - 10% reduction in prescribing of Opioids and Gabapentinoids
- **Safety and Quality 20%** - Reduce avoidable harm
  - Prescribing in line with national targets for antimicrobials, respiratory drugs and teratogenic drugs.

# Core activity

40% - capitation

## Improve safety, efficacy and value in the use of medicines.

- Engage with the ICB Medicines Optimisation team
  - In line with the local joint working agreement including regular practice meetings and agreeing an action plan
  - Update the MO team regularly on progress against the MO work plan
  - Review medicines optimisation systems and processes in practice - repeat prescribing health check
- Actively utilise Eclipse Live and OptimiseRx decision support software.
- Engage with the Pharmacy First scheme to optimise patient access.
- Appoint a GP prescribing lead, to support implementation of this LES
- Complete a minimum of 3% targeted SMRs
  - As per PCN network DES, and Eclipse risk stratification.
  - Completed SMRs should also support the targets within this LES.
  - Minimum levels will be communicated
- Medicines Coordinator / Medicines Manager or equivalent
  - To undertake and report monthly tasks and attend regular training.
  - ICB resources will be provided for this role including workplan of monthly tasks, template JD, training and other support resources

# Value/ QIPP

20% - Outcomes based

- Promotes value in medicines optimisation identifying opportunities for:
  - Lower cost medicines where there is good evidence
  - Good management of prescribing systems
  - Adherence with formulary and reduction in polypharmacy, overordering and waste.
- Measured by:
  - Practices must work towards minimisation of cost growth, measured as % growth in NIC/ASTROPU
  - Full payment:
    - best performing quartile for growth in NIC/ASTROPU nationally **or**
    - % growth of NIC/ASTROPU to track 3% lower than national average
  - **Payment based on achieving outcomes**

# Dependence-forming Medicines

## 20% - Outcomes based

- The reduction of all dependence-forming medication, particularly polypharmacy with other dependence forming medicines,
  - ICB is the highest prescribers of long-term opioids (greater than 3 months) as a percentage of all opioids.
  - Total opioid prescribing is 36% higher than national average.
  - Total prescribing of Gabapentinoids is also 36% higher than the national average.
- Measured by:
  - Practices must work towards minimisation of dependence forming medicines
  - Full payment:
    - **Total opioid reductions – 10% of payment**
      - 10 % reduction of OME/1000STARPUs or
      - Maintain top quartile performance nationally
    - **Pregabalin and Gabapentin reduction – 10% of payment**
      - 10% reduction of ADQ/1000STARPUs or
      - Maintain top quartile performance nationally
  - **Payment based on achieving outcomes**

# Medicines Safety and Antimicrobial stewardship

## 20% - Outcomes based

### Better medicines safety through:

- Reducing over-prescribing
  - Reducing the avoidable harm caused by medicines.
  - Using medicines only after all non-pharmaceutical options have been evaluated.
  - All prescribing should be a shared decision.
  - Standardising and improving the value and outcomes of care
- 
- **Measured by:**
    - Antimicrobial Stewardship – AMS – **4%**
      - Antibiotic items per 1000 STAR PU - At 23/24 national target or below
    - Pregnancy Prevention Programme (PREVENT) for teratogenic medicines. – **8%**
      - 95% completion
    - Improving Quality in prescribing of Respiratory Medicines – **8%**
      - ≤ 10% of Asthma patients taking 6 or more SABAs
    - **Payment based on achieving outcomes**

# Shared care of medicines LES

# Shared care LES

- Monitoring amber secondary care-initiated drugs within the GP practice that have been stabilised within secondary care and that require frequent monitoring at various intervals.
  - Consistent commissioning for all of the ICB
  
- **Current 24/25**
  - Different drugs paid in all areas
  - Different fees paid
  - Interface issues – acceptance
  - 39k potential patients
  
- **Principles**
  - Consistency of discharge in whole ICB
  - Fair payments – based on workload
  - Prevents OP attendance
    - Saves £7.7m
  
- **Proposed - 25/26**
  - ALL Amber drugs in LSCMMG that need monitoring -
  - £1.2m investment
  - 46k patients
    - 5% uplift in volume,
    - Double ADHD numbers
    - Add drugs under LSCMMG consideration
  
- **Standard fees – for:**
  - Quarterly
  - 6 monthly
  - Annual
  
- **Review**
  - Adds ADHD and antipsychotics
  - New LSCMMG agreed amber drugs
  - NW collaboration for cross border issues

# Drugs to be included

Drug	LSCMMG	ICB patient count (last 3m)	Frequency
Azathioprine	Amber level 2	1561	4
ADHD	Amber level 1	5588	2
Amiodarone	Amber level 1	1110	2
Antipsychotics	Amber level 1	16260	1
Apomorphine	Amber level 1	41	2
Ciclosporin	Amber level 2	83	4
Dapsone	TBC	84	4
Denosumab	Amber level 1	437	2
Dronedarone	Amber level 1	142	2
Guanfacine	Amber level 1	178	2
Leflunomide	Amber level 2	611	4
Lithium	Amber level 1	1208	4
Mercaptopurine	Amber level 2	120	4
Methotrexate	Amber level 2	5484	4
Mycophenolate	Amber level 1	403	4
Penicillamine	Amber level 2	7	4
Riluzole	Amber level 1	55	1
Sodium Aurothiomalate		0	4
Sulfasalazine	Amber level 2	2592	4
Testosterone	Amber level 1	3131	1

# Questions?



# Further engagement

- LTC LES 'walk through' – 19<sup>th</sup> February
- If you have any further feedback please include in the chat

Thank you for your time and contribution  
to this engagement session