

General FAQs for LES Specifications

Q: Will any training be provided to support these LESs?
A: We are currently looking at all training needs across all the LES specifications and are in discussions with the training hub only on specific LESs. We will communicate with practices re any available training, as and when this becomes available.
Q: Each of the LES' - are they separate sign-ups (i.e. - pick and mix) - and if so - if a practice doesn't sign up - what will the provision route be for patients?
A: Practices will be able to choose from a list of services. Any alternative provision will be picked up in local delivery planning once we know which services all practices would like to deliver. However, we would encourage practices to think about how they could deliver each specification buddying up with other practices, delivering across a group of practices or PCN or wider footprint.
Q: Can member practices sign up, and then individual elements of a LES be performed at a network level?
A: We envisage that there will be a mixed model and that some of these services may be delivered on a larger footprint, i.e. at PCN level. There is the ability for practices to work collaboratively to deliver these services and/or to sub-contract them where appropriate.
Q: Is there any funding available in relation to staffing for all these extra provisions? I'm not sure how practices are going to be able to deliver all these additional services with current workforce
A: For each of the services an analysis has been undertaken of the ask within the specification, the staff grade and time to deliver. This has then been used to generate the tariff associated with each individual service.
Q: Lots of Practices use Ardens for the use of clinical templates, aligned with our LESs, have they been involved in the discussions to ensure the templates will be ready for April?
A: All the templates will be generated with the CSU Data Quality (DQ) team. All coding and searches will be provided by the DQ team for the whole ICB footprint. If practices wish to use Ardens or other providers for searches they are able to do so, however the reporting will all be done via the DQ searches, so will be up to practices to ensure the accuracy of any searches they use outside of those provided.
Q: Are these a 12-month contract or ongoing?
A: Yes, all services are commissioned for 12 months, this forms part of a long-term piece of work to increase investment in primary care, with the expectation that all of these services will be commissioned recurrently.
Q: What processes are you going to have in place for LES's that GPs do not sign up to?
A: This will be reviewed as part of delivery planning stage, once we know what practices want to sign up to deliver.
Q: Will there be guaranteed uplift each year with the tariff payment for each LES (in line with changes in minimum wage/practice costs etc)?
A: At this stage we can't commit to what the uplift might be, but we can commit to look at what the proposed uplifts are for the core contracts, and how that might apply to LESs.

Q: Can the ICB support all specialists to encourage them to provide very clear outlines in any communications so that their plans are straightforward and explicit for primary care to follow please?

A: Yes, this is part of the ongoing work that needs to be done to ensure that secondary care is supporting primary care.

Q: What support will be available for any practices with estates challenges?

A: We do recognise this as an issue, particularly where there is a large increase in the available funding and the services being delivered. There will be some support for practices with estate challenges from your local teams & estates colleagues. We haven't released this year's Improvement Grant details, but will be prioritising practices who need additional space to provide these services.

Q: I note there are some timelines for carrying out some of these LES's. These need something building in the wording to ensure that there is some wriggle room for practices e.g. where clinically indicated or required. Some patients need blood tests, and it can be 3 weeks before we can get them in, and this is perfectly clinically acceptable. Please work with us and know that our staff are affected by winter pressures / illness - sometimes staff get sick (we usually catch things from our patients!!) and we have whole clinics to rearrange. It's important that we strive for quality but not tie ourselves in knots for the sake of some wording and not clinical need.

A: Completely agree, we need to ensure that we are asking for clinically safe and pragmatic care. We understand the pressures on practices and will support that.

Q: Will we be given adequate time/funding in advance of the new financial year to recruit? We are all going to be 'fishing from the same pond'

A: All specs are expected to be shared by the end of February, including full detail and the finances available to try to enable practices to plan for the start of the financial year, however we recognise there may be a delay to recruitment and will work with practices around delivery where this is a concern.

Q: How will practices receive all the specs to work through which to opt-in? and when, also will sign up be via CQRS

A: Unlikely to be via CQRS, we anticipate that we will send the specs out manually for you to review at this stage

Q: Will there be any funding available for practices wishing to sign up to the LES services where they need to buy new or update old equipment?

A: There is no additional funding for equipment, this has been factored into previous year GPQC for respiratory and within the specification tariff for consumables and other equipment.

Q: Do we have any idea as to when these LESs will start i.e. 1st April? Conscious that Vasectomy has not been discussed yet and lots of pressure on secondary care and long waiting lists at the minute, also patients complaining.

A: The vasectomy LES has been agreed outside of this process. It is moving to delivery very soon. All specifications have a start date of 1st April. However, we are conscious that not every practice will be in a position to start on that date - so the planning/delivery session will work through these.

Q: Are there any plans for a microsuction service?

A: Not at this time

Q: What IT is being provided by the ICB for this LES please?
A: Practices are able to access IT for practice staff in the same way they do currently. We are working with IT colleagues to support this
Q: Are home visits included within all of the specifications and is the cost factored in?
A: We expect that home visits will be minimal. This has been factored into the costing calculations for those specifications that require a home visiting element.
Q: Will further training be provided to managers around the usage of Aristotle. Timely searches and templates from the DQ team that are accurate at the point of production and do not keep being updated and changing which is challenging in terms of service delivery.
A: Yes, Aristotle training is available by contacting the BI team, and a video explaining how to access Aristotle is available on the GP Intranet
Q: Business continuity - staffing shortages happen last minute and cannot always be covered. How can we ensure adequate arrangements are put in place as such short notice?
A: This should be included as part of your Business Continuity Plan detailing how services will be provided in this situation.
Q: If we have activity levels above & beyond our targets amount, will we receive payment for this additional activity?
No, payment will not be made for any activity carried out above the targeted activity level required to deliver the LES.
Q: If we don't sign up to deliver all of the LES you could have reduced income compared to last year?
A: The overall resource package is greater than 24/25 but is structured in a different way. How this impacts an individual practice will be dependent on current delivery arrangements and activity.
Q: When will the templates and DQ searches be available?
A: DQ colleagues are working on those now and they will be available soon.
Q: Am I right in assuming any claim for April submitted could well be considerably less than subsequent ones e.g phlebotomy, wound care (where training for staff is required)?
A: April 2025 resource will include the new LTC LES (from 1st April) and the old Routine LES being delivered (until 30th April). This potentially may result in a reduction in income. We are identifying a method of managing this risk.
Q: Are there any pathways that we can review if we don't pick up so we can compare what is best for our patients?
A: It has not been possible to provide a comparison pathway for practices due to the local nuances and complexities of current commissioning arrangements. Practices are asked to make the assessment to deliver/not deliver based on their own current wishes and local understanding.
Q: From what date exactly have baselines for 25/26 activity been set and mechanisms for assessing outcomes/ ROI? If the new services have been delayed until 1 May will this impact on the initial calculations?
A: The baseline for all LES and LTC LES have been taken from 24/25 data and adjusted appropriately. The delay to 1st of May will not significantly impact on predicted RoI.

Q: Is community podiatry being stood down? If community podiatry is being stood down and the Enhanced Service is being pulled from primary care, who is checking feet?

A: We are working with community as part of this process and have been doing as part of the LES review work

Q: So, we are adopting another service, which will require additional staffing with less/no budget for this specific area?

A: Not the case, the funding will be left shifted to support funding the LES. Those discussions are forming part of the work that we're doing to move activity

Q: Is there going to be a new claim form for the routine LES costings? i.e. spiro, feno, post-bariatric monitoring etc? We would like to be signed up from 1st April and able to claim

A: The routine LESs will be available from 1st May and claims for the cost and volume LESs will be via your usual means of claiming at the moment. We are working through further details with our contracting colleagues during w/c 24th March so will be able to confirm any variation to this at that point.

Q: Where are the searches or are we expected to do our own?

A: Searches and appropriate activity codes will be supplied via the data quality team.

Q: When / how will we confirm the LES services we are going to provide? Only completed a proposal so far?

A: You will imminently receive formal sign off forms vis SCS/ICB colleagues as you would normally.

Process later changed & communicated via letter. ICB to process based on sign up intentions, practices to contact Primary Care LES mailbox asap, if they would like to make changes to the services they would like to sign up to deliver.

Q: When will we get information on where our patients can access services that we are no longer being commissioned to provide in April (as was expected before the delayed start date)? For example ECGs in Blackpool. And when will comms be out for patients?

A: As soon as we have formal board sign off and we have worked through individual place issues we will send out any required comms

Q: I filled out the online form signing up to LES's however haven't heard anything since to confirm you have received this information do we need to check as feel a little afloat without this confirmation?

A: We have received all forms and are in the process of collating all of the information and this will then form the basis of any local conversations.

Q: Do we need to do anything if we have changed our minds after submitting the intentions form for the LESs?

A: You will need to indicate this on your formal sign up form, but if you can let us know of any changes so we can update our records for planning purposes.

Process later changed & communicated via letter. ICB to process based on sign up intentions, practices to contact Primary Care LES mailbox asap, if they would like to make changes to the services they would like to sign up to deliver.

Q: Are we getting DQ searches or can use Arden's search?

A: The DQ searches for both LES and LTC LES are being published over the next few weeks. No Arden's searches have been developed.

Q: Some equipment is NOT windows 11 compliant and practice face having to buy new equipment if software won't work can we get assistance with this??

A: We would need more detail on what equipment this is referring to, to be able to provide an answer.

Q: Can we have alternative pathways for our patients so that we can make a final decision please?

A: We would need more detail on which service this is referring to, to be able to provide an answer.

Q: We need some public communication to patients for next week if things go wrong...is there a comms strategy?

A: The ICB has a comms strategy and will provide comms as required.

Q: Treatment rooms have today (22.04.25) been turning away patients attending for phlebotomy and wound care, instead advising that GPs are now delivering all services in practice with immediate effect. Can this be clarified please?

A: We have had discussions with those providers and they will be reinstating those clinics. These conversations are ongoing and we are working through details of where and when any services MAY cease in the future but nothing should be yet, although we are aware that this isn't the case

Q: Will there be a formal sign up process for 25/26?

A: You will imminently receive a letter outlining the contracting process for 2025/26. (*confirmed 22.04.25*)

Q: Please can we have clarification on the alternative patient pathways to signpost or navigate our patients to, if we are not signing up?

A: Current pathways have not changed. Existing services will remain in place until alternatives are put in place over the next 5-6 months. There has been some issues with LSCFT services and these are being rectified.

Q: Please could you confirm – are all existing services continuing for the moment and you will provide notice of any ceasing?

A: Yes, we are just starting the process of negotiations with those providers around how to move/change/cease services and no notice has been given as yet.

Q: What is the notice period please for these services so that we are prepared?

A: All notice periods are dependent on conversations with providers. Where practices are signed up to provide a service there is the expectation that payments will be made to practices in may and that delivery will also commence unless we are told differently. The transition period is to allow us to work with providers on the impacts to their staff and also allow us to source alternatives for those practices who are not signed up. There is a formal letter coming out imminently to explain the position in regards to the contracts and payments for 2025/26.

Q: Have all the targets reduced from 12 to 11 months in line with payments?

A: The only area which may be affected by this is Meds Op - none of the other routine LES's have target activity associated with them. For the LTC LES, the activity has been profiled over 11 months of the year to support practices undertaking planning during April 2025

Q: Will April activity be picked up in the May pay run?

A: Yes, it will

Q: If we've expressed an interest in delivering vasectomy but haven't heard anything as yet, does that mean we're not likely to be able to deliver it?

A: No, this is being run via a different process outside of the LES Reviews, and we will be communicating imminently

Q: When will the templates be shared?

A: Please refer to the technical guidance - this is updated regularly and has been updated in the last week. Please check the most recent version on the intranet

Q: Are there any patient comms planned?

A: We have drafted some patient communication and working with the ICB comms team to undertake patient engagement too.