

# Local Enhanced Services – Technical Guidance 2025/2026

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## 1. Background

### 1.1 Document Purpose

This document contains the technical and data quality information required to support delivery of the Local Enhanced Services (LESs) to be commissioned by Lancashire and South Cumbria ICB (“The ICB”). Each section contains details designed to communicate technical details of DQ resources which will be uploaded as and when available to be used and the extracts that The ICB will use to inform delivery of the LESs at monthly and/or quarterly intervals. This includes practice level information regarding the services and/or information to support the allocation of payments (or clawback where appropriate).

This document is not intended to be used in place of clinical guidelines but may be referred to by any individual or organisation to aid understanding of which patients and/or activity are included in each population or output.

While this document is intended to support GP practices in achieving the greatest possible outcomes for those patients who fall into the inclusion criteria, it is not possible to encompass all those patients that may be identified through clinical case finding or those that fall into the criteria set out in the guidance and as such where a practice wishes to construct a register for the purposes of call, recall and clinical management that this is patient based rather than solely diagnosis based.

### 1.2 Guidance

Each service has been written with a set of DQ recourses and templates to support automatic extraction and there will be limited instances when GP practices will need to submit any supporting documentation to the ICB. However, this cannot be ruled out completely and where additional requests for information are made, these will be reasonable and made in a timely manner.

Each element of technical guidance should be read in conjunction with the specific service requirements set out in the service specification, links to each of these are set out in the relevant section.

### 1.3 Resource links

Please refer to the intranet page for the LES specifications, FAQs, webinar recording, slides, and other supporting documents. The link is provided below: [LES 2025/26 – Lancashire and South Cumbria Primary Care Intranet](#)

## 2. Long Term Conditions LES

The overarching aim of the LTC LES is to identify individuals with significant health or care needs registered with each practice, identify their unmet needs and provide relevant support.

The design and delivery of the LTC LES aims to balance the overlapping needs of:

- The unmet needs of the individual patient
- The needs of system by reducing pressure on the Urgent Care sector through proactive assessment
- Effectively resourcing GP practices to provide sustainability in delivery and expectation of transformation.

Underpinning these is an intention to develop an inclusion health approach to ensure that those individuals whose needs are greatest are proactively given the opportunity of access to health services to support their needs.

The main area of the contract is split into 5 segment areas -

1. Clinical case finding
2. Population health management
3. Severe mental illness
4. Long term condition 1
5. Long term condition 2

*DQ resources will be added as and when available.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

### LTC Funding –

The Long-Term Condition (LTC) LES contract will be implemented from 1st April 2025.

Practices will receive 80% of their annual contract value in advance, paid in monthly instalments. This will begin with a two-month upfront payment in mid-April, covering both April and May 2025. Payments will be paid on separate invoice refs, not a combined payment value – i.e. one will ref P1 & one will ref P2. Thereafter, payments will continue monthly in advance – for example, June’s payment will be made in May, July’s in June, and so on. The final monthly payment will be made in February 2026, covering March 2026. As a result, there will be no payment made in March 2026.

The remaining 20% of the contract value will be paid as a reconciliation payment in June 2026, subject to performance.

- Each practice will be provided with an individual annual activity plan.
- Activity has been profiled over 11 months to support practices in planning and mobilising services from April onwards. April is recognised as a planning month to support implementation for practices. However, any LTC activity already undertaken in April will be captured and counted towards the 2025/26 delivery.

A financial overview summary, including a breakdown of each area’s £ per weighted head (PWH), is available on the final page of this document. Full details can be found in the LTC LES specification.

## High Level delivery plan templates

Templates are available in the resource section on the GP Intranet

<b>LTC LES 2025/26 – Monitoring Actions &amp; Key dates</b>	
<b>Monitoring Actions</b>	<b>Key Dates</b>
<b>LTC LES planning month -</b> Commencing the LTC LES profiled roll out from 1 April (focusing on planning between 1 April and 30 April 2025)	Contract begins on 1 <sup>st</sup> April with 1 month planning and implementation phase
<b>LTC LES activity targets and payments</b> Practice level activity and payments for LTC LES and LES to be sent to practices for planning and implementation.	W/C 10 <sup>th</sup> March 2025 – (Original activity plans) April 2025 – (Revised activity plans)
<b>Domain 1 – Implementation</b> Practices to complete high level delivery plan and submit to local primary care place team.	High level delivery plan template to be provided by the ICB and practices submit by 30 <sup>th</sup> May 2025
<b>Domain 3 – MDT</b> Practices to complete high level delivery plans x 2 and submit to local primary care place team.	High level delivery plan template to be provided by the ICB submitted on 1 <sup>st</sup> October 2025 and 31 <sup>st</sup> March 2026

### 2.1 Aristotle Information

The identification of your cohort of patients for the following areas of the LTC LES will come from the Aristotle Population Segmentation Tool LSC.

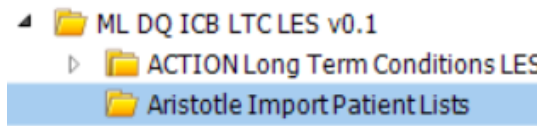
- Population Health Management
- Long Term Condition 1
- Long Term Condition 2
- Severe Mental Illness

You can find it by entering Population Segmentation Tool LSC into the search box on the Aristotle Homepage. For any assistance with Aristotle, please contact the Aristotle Helpdesk [mlcsu.aristotlesupport@nhs.net](mailto:mlcsu.aristotlesupport@nhs.net)

Details on how to use the tool for the Long-Term Conditions LES can be found in the separate Aristotle User Guide.

<https://primarycare.lancashireandsouthcumbria.nhs.uk/wp-content/uploads/2025/03/LTC-LES-Patient-List-User-Guide-v1.1-1.pdf?x91389>

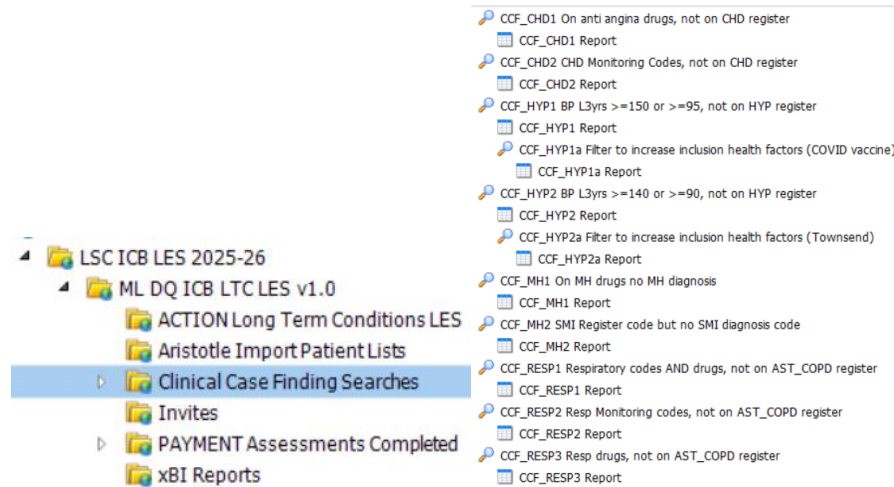
We have included a folder in the LTC LES Search Package where you can import your Aristotle patient lists if you wish to keep all of the LTC LES work together.



## 2.2 Clinical Case Finding Searches

The identification of the final cohort of patients, Clinical Case Finding, are available as EMIS searches, within the LTC LES Search Package. All of the patients included in these searches are eligible for the Holistic Health Assessment.

Each search has a report that will give you some additional information about the patients identified within the search.



Detailed below is the criteria for each of the case finding searches. These patients should be reviewed to establish if they should be included on the relevant CHD, Hypertension, Mental Health, Asthma or COPD register.

<b>CCF_CHD1</b>	Identifies patients on anti-angina drugs in last 12 months, not on the CHD register. The report will provide you with further details on the anti-angina drugs, linked problems and CHD monitoring codes.
<b>CCF_CHD2</b>	Identifies patients with CHD monitoring codes, not on CHD register. The report will provide you with further details on the CHD monitoring codes and anticoagulant/antiplatelet drugs in the last 6 months.

<b>CCF_HYP1</b>	Identifies patients aged over 40 with a BP in last 3 years $\geq 150$ or $\geq 95$ not on the hypertension register or coded as white coat hypertension. <b>There is a further filter to help you target more vulnerable individuals - those who have not received a COVID vaccine. The filtered list are the patients who should be initially targeted for review.</b> The report will provide you with further details on the latest 3 BP readings. <b>Note:</b> these may not be the high readings found in the search as they are the latest rather than high readings.
<b>CCF_HYP2</b>	Identifies patients aged over 40 with a BP in last 3 years $\geq 140$ or $\geq 90$ not on the hypertension register or coded as white coat hypertension. <b>There is a further filter to help you target more vulnerable individuals - those who have a Townsend Score of greater than zero. The filtered list are the patients who should be initially targeted for review</b> The report will provide you with further details on the latest 3 BP readings. <b>Note:</b> these may not be the high readings found in the search as they are the latest rather than high readings. There are further filters to help you target more vulnerable individuals - those who have not received a COVID vaccine or who have a Townsend Score of greater than zero. <b>Note:</b> The Townsend score is a relatively old fashioned (but still valid) marker of deprivation. It works by postcodes taken from the 2011 census and scores relative risk of deprivation. As such newer housing stock won't be included but the majority of postcodes in LSC are present. It's been validated by its use in QRISK2. The filter looks at postcodes of greater risk of deprivation and hence adds an Inclusion Health filter.
<b>CCF_MH1</b>	Identifies patients taking Psychotic drugs who are NOT currently on the MH register. The report will provide you with further details on the psychotic drugs and related symptoms/ disorders, and other codes within the record that might be related to the issue of the drug.
<b>CCF_MH2</b>	Identifies patients with SMI register codes NOT currently on the MH register. The report will provide you with further details on the SMI register code.
<b>CCF_RESP1</b>	Identifies patients with respiratory related coding taking respiratory drugs in the last 12 months, not on the Asthma or COPD register. The report will provide you with further details on respiratory codes, latest issue of drugs, linked problems and any resolved or excluded codes.
<b>CCF_RESP2</b>	Identifies patients with respiratory related coding not on the Asthma or COPD register or in search CCF_RESP1. The report will provide you with further details on respiratory codes, latest 3 drug issues, linked problems and any resolved or excluded codes.
<b>CCF_RESP3</b>	Identifies patients taking respiratory drugs in the last year, not currently on the Asthma or COPD register. The report will provide you with further details on respiratory drugs and any resolved or excluded codes.

Where it is deemed that the patient does not require a diagnosis to add them to the relevant chronic disease register, the following codes can be used and the patient will be excluded from the case finder searches. However, they will still be included as part of the payment searches for the Health Assessment, providing the patients have been batch added with the relevant codes (see below batch adding codes guide) and a Holistic Health Assessment has been carried out using the relevant template. The only exception are the Hypertension searches – there are no exclusions for this.

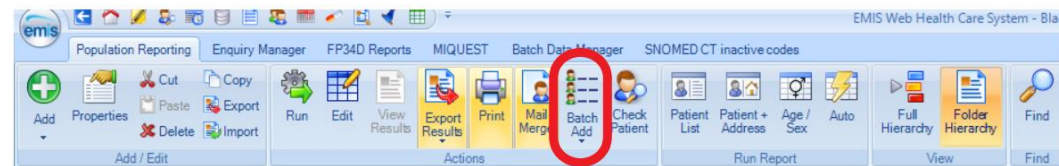
**394926003** |Heart disease excluded (situation)|  
**401268007** |No evidence of mental illness (situation)|  
**199501000000109** |Respiratory disorder excluded (situation)|

## 2.3 Batch Adding Codes Guide

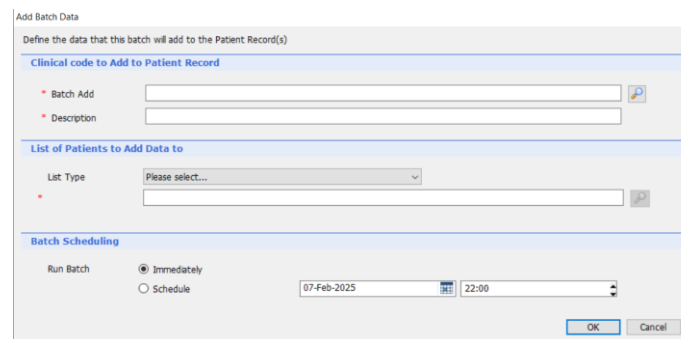
Before this step, you should have downloaded your patient list(s) off Aristotle and imported your list of patients into EMIS Web **AND** you should have run the clinical case finding searches (see sections 2.1 and 2.2 for further information).

The next part of the process is to batch add two codes to each set of patients to enable them to be searched on. **Please note: these codes are for administration purposes only and should be added on the same day.**

- Find the patient list in population reporting that you have imported from Aristotle, or your list of patients in the case finding searches.
- Click on Batch Add from the ribbon at the top of the screen and click on Clinical Code.



You will then be presented with this screen:



Please complete as follows:

- \*Batch Add. Click on the spyglass to find the code you wish to batch add to your search (list of codes can be found below).
- Description. Something needs to be entered into the description. We suggest adding [Batch added for LSC ICB LTC LES](#).

- List Type. Select [Search Population \(included\)](#).
- \*. Click on the spyglass to choose which search you wish to batch add the codes to. These will be each of the searches that you have imported or the case finding searches.
- Click OK at the bottom of the dialogue box.

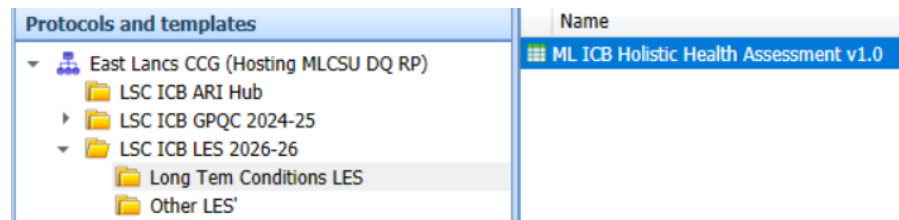
This process should be repeated for each of the imported patient searches  
The following codes should be added to the relevant patient list:

Main Category	Patient Group	Code to be Batch Added	
	All Patients	756161000000107	Meets eligibility criteria for well-being assessment for long term conditions (finding)
Sub Category	Population Health	716081000000105	Social circumstances (record artifact)
Sub Category	Case Finding	305455009	Under care of general practitioner (finding)
Sub Category	Frailty	894301000000105	Frailty needs assessment planned (situation)
Sub Category	Respiratory	268511007	Respiratory disease monitoring (regime/therapy)
Sub Category	Diabetes	713671000000109	Diabetes monitoring administration (record artifact)
Sub Category	CVD	417206009	Cardiovascular disease monitoring (regime/therapy)
Sub Category	SMI	713761000000107	Mental health monitoring administration (record artifact)

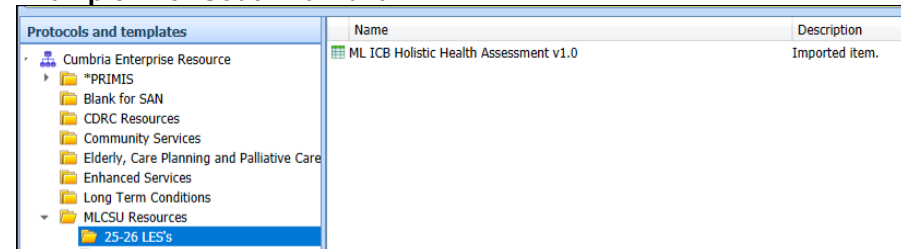
## 2.4 Holistic Health Assessment Template

The ML ICB Holistic Health Assessment template should be completed for the Holistic Health Assessment of the LTC LES. The template can be found in your shared folder on Resource Publisher.

### Example - For Lancashire



### Example - For South Cumbria



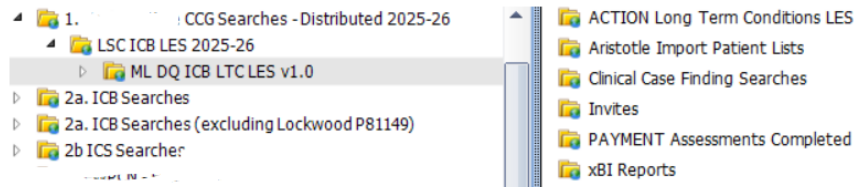
For the chronic diseases listed in the LTC LES, the chronic disease annual reviews should be carried out using your normal template that you would use in practice. **Please note** – the LTC reviews do not need to be completed on the same day as the Holistic Health Assessment. For information, ML DQ have the following templates available that cover all aspects of QoF and any additional asks within the LTC LES.

- DQ Frailty
- DQ CVD Established
- DQ Diabetes
- DQ COPD and DQ Asthma

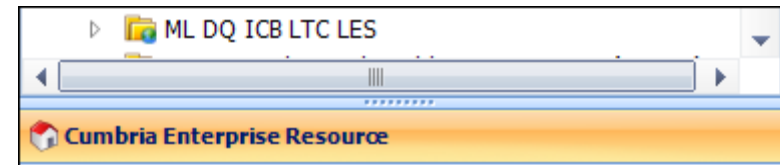
## 2.5 Searches

All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

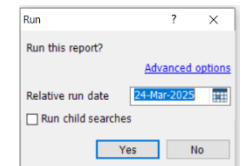
### Example - For Lancashire



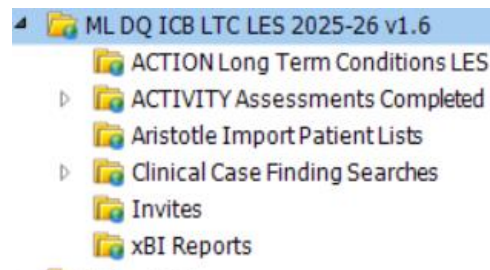
### Example - For South Cumbria



All of the searches work on the assumption that relevant codes have been batch added to be able to identify a cohort of patients. Searches can be run as and when required. However, to maintain accuracy with the BI Dashboard and any data extracted, for claiming purposes the payment searches should be run with a relative run day (RRD), this should be set to the first of the month following the date of claim period, i.e., for claims 1<sup>st</sup> May – 31<sup>st</sup> May, the RRD should be 1<sup>st</sup> June.







Please find detailed below information about the searches:



### **ACTION Long Term Conditions LES**

This folder contains searches which may affect your payments. Please review these searches and take action to ensure that these patients are not missed from your claims.

- LTCDQ1 Patients in this search have had a health assessment but have not had a category code batch added, so will not appear in the payment searches.
- LTCDQ2 Patients in this search have a health assessment date before the category date. The category should be added prior to the assessment.
- LTCDQ3 Patients in this search have had a subcategory code added but not the main category code so they will not appear in the payment search.
- LTCDQ4 Patient in this search have the main category code added, but not a sub category.

-  LTCDQ1 Health Assessment - Not Categorised ANY
-  LTCDQ2 Sub Category, No Main Category
-  LTCDQ3 Health Assessment before Category Added
-  LTCDQ4 Registration after Health Assessment

### **Aristotle Import Patient Lists**

This folder is for you to import your patient lists from Aristotle to keep all of the information together, if you wish.

### **Case Finding**

Please see the case finding section.

### **Invites**

**You may wish to use your own recalls system.** These searches use the following codes and will identify who has/hasn't had the invite code added and those who have declined.

**756181000000103** |Well-being assessment for long term conditions offered (finding)|  
**756241000000101** |Well-being assessment for long term conditions declined (situation)|

An additional search has been added into here to identify patients who appear in more than one sub category to enable prioritisation of invites.

### **ACTIVITY Assessments Completed**

This search identifies the total cohort of available patients and how many of those have had an assessment using the code in the template (see code below). This search will be used for BI reporting purposes. A report has been added to show the patients who appear on the payment search and which category they fall into.

**756261000000100** |Well-being assessment for long term conditions reviewed (finding)|

### **The following criteria is essential for payment:**

- The patient must have an appropriate category applied (see batch adding section)
- The assessment must be after the category was added

There is a separate folder which breaks down the health assessments by sub-category. **Please note: a patient a could appear in more than one of these searches, however, payment will only be made once, so these searches should not be used for comparison against extracted payment data or for comparing against your percentage achievement.**

### **xBI Reports**

This folder contains the reports that we will send to BI.

### **3. ABPILES**

Suspected peripheral vascular disease patients are to be referred to the service. Patients will attend the Provider and be seen by either a GP or a Nurse who would complete a clinical assessment.

*Referrals will be accepted from practices listed in the specification. This specification has been distributed to practices that have previously committed to participate. The current specification is valid for the upcoming year, and it will be reviewed by the team for the 2026/27 period.*

*DQ resources will be provided but is only for use by those practices directly commissioned to provide this service.*

#### **ABPI Finance –**

Please refer to the specification shared with participating practices.

### **4. Advice and Guidance LES**

Advice and Guidance (A&G) services are a key part of the National Elective Care Recovery and Transformation Programme's work. A&G provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.

By providing a digital communication channel, Advice and Guidance allows a clinician in primary care to seek advice from another (usually a specialist) prior to or instead of referral. Reasons why a clinician may wish to seek advice and guidance include:

- Asking another clinician or specialist for their advice on a treatment plan
- Asking for clarification regarding a patient's test results
- Seeking advice on the appropriateness of a referral
- Identifying the most clinically appropriate service to refer a patient into

Practices should use the relevant template to seek Advice & Guidance and then should use the supplied DQ resources that will be added as and when available.

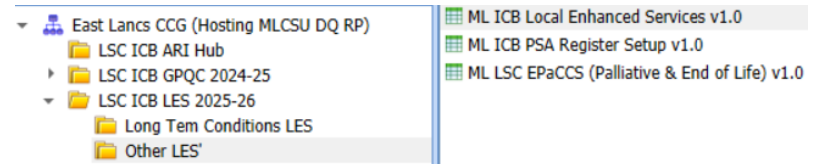
Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

**Advice & Guidance Finance –**

Payment: £0.61 per weighted head of population

**4.1 Local Enhanced Services Template**

A page has been created in the Local Enhanced Services template, **ML ICB Local Enhanced Services** (which is available through the shared folder in Resource Publisher), to provide the correct code for capturing those patients where advice and guidance has been sought. There is also a prompt to allow for diary entry follow-ups if required.



**CLAIM CODE**

Advice and Guidance (A&G) services are a key part of the National Elective Care Recovery and Transformation Programme's work. A&G provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.

Choose and book advice and guidance request Text  No previous entry

**Follow-Up**

When responses are provided from secondary care and require additional work from the GP practice, these returns should be reviewed within a maximum of 5 working days from receipt

A practice should have a process in place to manage Advice and Guidance returns when clinicians are on leave or during periods of absence.

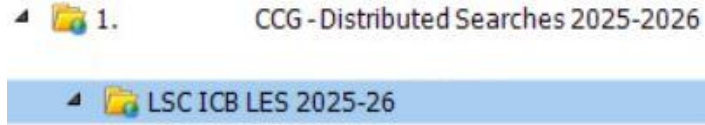
**Add in diary entry to follow up**

Choose and book advice and guidance request Follow Up 03-Apr-2025  No previous entry

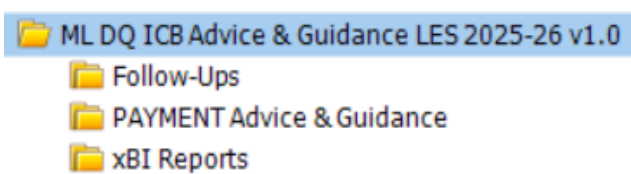
**4.2 Searches**

All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

### Example for Lancashire



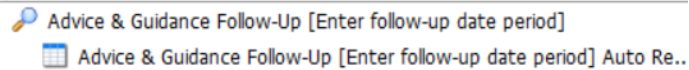
### Example for South Cumbria



Please find detailed below information about the searches:

All of the searches work on the assumption that relevant codes have been added to the patients record from the template ML ICB Local Enhanced Services.

### Follow-Ups

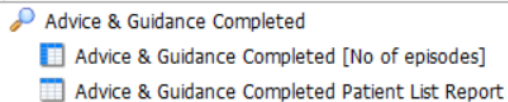


**You may wish to use your own follow-up system.** These searches use the following code as a diary entry to enable the follow-up of any outstanding advice & guidance.

**820641000000100** |Choose and book advice and guidance request (procedure)|

The search will prompt for the date of the follow-ups you wish to review. This could be done weekly, fortnightly, monthly it would be down to the practice to decide how this is managed.

### PAYMENT Advice and Guidance



This search identifies how many patients have had the advice & guidance code added from the template.

The report labelled [No of episodes] is an aggregate report that details the number of codes that have been added each month (a patient may have more than 1 episode of the code).

The report labelled Patient List Report provides you with a list of patients and information about when the code was added. Please check this report and remove any duplicate coding to avoid unauthorised claims.

### **xBI Reports**

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

### **5. Atypical Populations LES**

Atypical populations are identified as a small cohort of practices provide services to a patient population which is sufficiently demographically different to result in particular workload challenges that are not always recognised in the practice's existing contract/s or its funding allocation. A population that triggers 'uncommon' workload challenges that are not experienced by the majority of GP practices is referred to here as 'atypical'

There are four specific enhanced services that cover these populations in Lancashire in South Cumbria, these are:

- Face to Face Tourist LES
- Tourist Health Line
- University Populations – Lancaster
- University Populations – Preston

Each population has distinct requirements which are set out in the specification and these services are only commissioned from specific practices so are not universally commissioned.

*This specification has been distributed to practices that have previously committed to participate. The current specification is valid for the upcoming year, and it will be reviewed by the team for the 2026/27 period.*

*Templates and supporting DQ resources will be unique for each service and added when available.*

#### **Atypical Population Finance –**

Please refer to the specification shared with participating practices.

### **6. ECGs LES**

The aim of the service is to provide improved patient access to ECG investigation and timely interpretation (using the ICB Commissioned Interpretation Service) of the results, in order to provide timely diagnosis and management.

Healthcare professionals will record a 12 lead ECG on a patient at the practice and transmit the ECG via a telephone line to ICB's commissioned specialist interpretation provider for interpretation.

Practice based ECGs will be undertaken according to the patients' clinical condition, clinical judgement and clinical care pathways and activity recorded on that basis and as set out in the specification

*Templates and supporting DQ resources will be specific to each service and added as they become available. Practices should use them to ensure accurate recording of all activities undertaken under this LES.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

**ECGs Finance –**

Payment: £0.96 per weighted head of population.

Prices are inclusive of training, all equipment costs and consumables, unless otherwise stated.

**6.1 Local Enhanced Services Template**

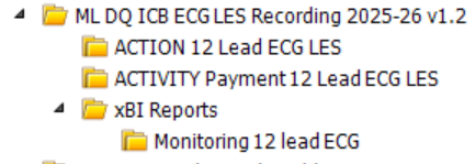
A page has been created 'ECG Recording' on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct coding for capturing those patients where an ECG has been performed.

CLAIM CODES		
<p><b>In order to be eligible for a claim BOTH these codes need to be entered on the same date.</b> If not claimable, eg done in hospital, do NOT add the Enhanced service administration code.</p>		
<input type="checkbox"/> 12 lead ECG	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Enhanced services administration		No previous entry
MONITORING INFORMATION		
<p>Practice based ECGs will be undertaken according to the patients' clinical condition, clinical judgement and clinical care pathways. To perform an ECG on patients in whom it is clinically indicated as per the LES specification:</p>		
<p><b>DIAGNOSTIC ASSESSMENT:</b></p> <ul style="list-style-type: none"> <li>• When cardiac disease is suspected.</li> <li>• When it is necessary to exclude cardiac disease.</li> <li>• For the initial diagnosis and management of suspected atrial fibrillation.</li> </ul>		
<p><b>MONITORING ASSESSMENT:</b></p> <ul style="list-style-type: none"> <li>• When it is indicated as part of a patient's routine assessment for a long-term condition, medication monitoring or for hypertension review.</li> </ul>		
<p>Please add one of the following codes to indicate Reason for Undertaking.</p>		
<input type="checkbox"/> Diagnostic assessment	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Monitoring of patient	Text <input type="text"/>	No previous entry
RESULTS		
<p>For Framework Requirements, please add result as either NORMAL or ABNORMAL. Further codes from the pick list can be added to define the result.</p>		
<input type="checkbox"/> ECG normal	Text <input type="text"/>	No previous entry
<input type="checkbox"/> ECG abnormal	Text <input type="text"/>	No previous entry
ECG results	<input type="text" value=""/>	No previous entry
<input type="checkbox"/> Referral to GP (general practitioner)	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Referral to cardiologist	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Choose and book advice and guidance request	Text <input type="text"/>	No previous entry
<input type="checkbox"/> ECG not done - please add reason	Text <input type="text"/>	No previous entry
RESOURCES USEFUL INFORMATION		
<p><a href="#">Click here to view the NICE CG95 guidance</a>  <a href="#">Click here for ECG reporting guidelines</a></p>		

## 6.2 Searches

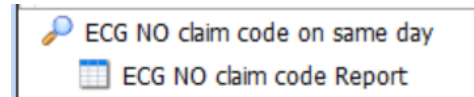
All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:



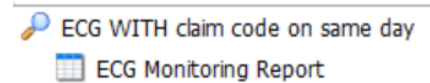
All the searches work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services'.

### Action 12 Lead ECG



This search identifies patients that may have had an ECG but has not had the Enhanced services administration code added at the same date of the ECG. This could be correct if the patient has NOT had the ECG in practice and it is therefore NOT claimable. However, it gives you the option to check that those that should be claimed for are not missed.

### Activity



This search identifies how many patients have had the appropriate codes (2 codes are needed to be added to the patient record on the same date). The report details the information required by the ICB for monitoring purposes.

### Monitoring

These searches provide further information that may be required by the ICB.

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

## 7. End of Life Care LES

The focus of PEoLC is to identify patients who are probably in the last 12 months of life, enabling care to be coordinated and supported through [Advance Care Planning \(ACP\)](#). Whilst also enabling avoidable unwanted and unnecessary admissions to hospital with care and death in the place of their choice, and good quality bereavement support for families and carers.

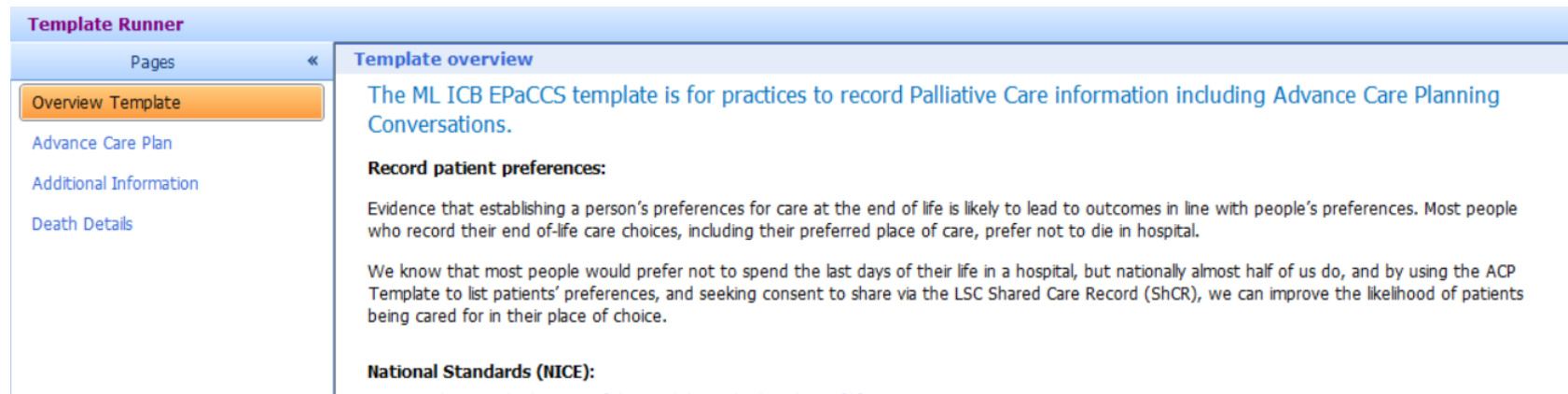
The model spans a two-year period commencing twelve months before end of life and continuing to twelve months after death. Patients approaching the end

of life will receive coordinated care from a range of health care providers.

The service will support delivery of care in accordance with the GSF, a model to proactively manage palliative care in primary care settings. It is built around regular multidisciplinary meetings (MDTs) that identify and address the needs of PEO LC patients and their carers.

### 7.1 ML LSC EPaCCS (Palliative & End of Life) Template

A template has been created that covers both national and local requirements for Palliative and End of Life care. You do not need to complete any other template. This template is available through the shared folder in Resource Publisher.



The screenshot shows a web application titled "Template Runner". On the left, there is a "Pages" menu with a double-left arrow icon. The menu items are: "Overview Template" (highlighted in orange), "Advance Care Plan", "Additional Information", and "Death Details". The main content area is titled "Template overview" and contains the following text:

The ML ICB EPaCCS template is for practices to record Palliative Care information including Advance Care Planning Conversations.

**Record patient preferences:**

Evidence that establishing a person's preferences for care at the end of life is likely to lead to outcomes in line with people's preferences. Most people who record their end-of-life care choices, including their preferred place of care, prefer not to die in hospital.






We know that most people would prefer not to spend the last days of their life in a hospital, but nationally almost half of us do, and by using the ACP Template to list patients' preferences, and seeking consent to share via the LSC Shared Care Record (ShCR), we can improve the likelihood of patients being cared for in their place of choice.

**National Standards (NICE):**

### 7.2 Searches

All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.











Please find detailed below information about the searches:

- 4  ML DQ ICB Palliative + EoL LES v1.2
  -  ACTION Palliative + EoL LES
  -  ACTIVITY EoL LES
  -  ML DQ EARLY Identification Tool v1.4
  -  xBI Reports

All the searches work on the assumption that relevant codes have been added to the patients record from the template ML LSC EPaCCS (Palliative & End of Life).

### **ACTION Palliative + EoL LES**

This folder contains searches which may affect your payments. Please review these searches and take action to ensure that these patients are not missed from your claims.













-  EOLDQ1 Consent to Share NOT Ticked
  -  EOLDQ1 Report
-  EOLDQ2 CPR Decision NOT Recorded
  -  EOLDQ2 Report
-  EOLDQ3 Preferred Place of Care (PPoC) NOT Recorded
  -  EOLDQ3 Report
-  EOLDQ4 Preferred Place of Death (PPoD) NOT Recorded
  -  EOLDQ4 Report
-  EOLDQ5 ACP NOT coded
  -  EOLDQ5 Report

EOLDQ1 Identified patients where the consent code has not been ticked. Without this code being ticked, the EoL record is unable to be shared with other providers, such as SCR, OOH, etc.

EOLDQ2 Identifies patients where a CPR decision has not been recorded in order for these patients to be reviewed. The report includes where a discussion may or may not have taken place and identified if the discussion was unsuitable at the particular time.

EOLDQ3 and EOLDQ4 identifies patients where a preferred place of care/death has not been recorded.

EOLDQ5 identifies patients where an advanced care plan code has not been recorded.

-  Combined list of patients to be reviewed
  -  Combined list of patients to be reviewed Auto Report
-  Patients NOT on Palliative Care Register
  -  1. Cancer
  -  2. Heart Failure
  -  3. COPD
  -  4. Kidney Disease
  -  5a Hepatocellular Carcinoma
  -  5b Liver Disease
  -  6. Motor Neurone Disease
  -  7. Frailty and Dementia (Diagnosis)
  -  8. Idiopathic Pulmonary Fibrosis

### **MLDQ EARLY Identification Tool**

These searches support the identification of patients who need to be reviewed for consideration to be added to the Palliative Care Register.

These searches should be run twice a year. Further details about the EARLY Toolkit and its use can be found at this link <https://www.cheshire-epaige.nhs.uk/wp-content/uploads/2023/03/EARLY-Toolkit-V2.0-March-2023.pdf> **Please note** - you do not need to download the searches from this link as they are here in your search package.

## ACTIVITY EoL LES

- 🔍 All currently registered patients
  - 🔍 PC001 - Patients on the palliative care register
    - 🔍 ACP
    - 🔍 Consent to Share Ticked
    - 🔍 CPR Decision Recorded - For
    - 🔍 CPR Decision Recorded - Not For
    - 🔍 CPR Discussion
    - 🔍 Preferred Place of Care (PPoC) Recorded
    - 🔍 Preferred Place of Death (PPoD) Recorded
    - 📅 xACP Key Items Recorded
- 🔍 All patients (including deducted and deceased)
  - 🔍 Deceased Patients 1Apr25 - 31Mar26
  - 🔍 Deceased Patients 1Apr25 - 31Mar26 - Place of Death Recorded

These searches provide you with the key items that should be recording during the Advance Care Planning conversations.

The report xACP Key Items Recorded report will provide you with a list of all patients on the palliative care register and you will see gaps where any key items are missing.

The ICB will utilise the LSC EoL Primary Care System Reporting Dashboard available in Aristotle to review the data that is extracted from practices.

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

## 8. Dementia Service LES

The main aims of the service are as follows:

- The practice to hold a register of patients with a diagnosis of dementia
- To deliver an annual holistic review of people with dementia
- To provide a medication review, to encompass a review of dementia specific medications in line with current guidelines as well as a general medication or structured medication review as necessary

Providers of the service will be required to:

- Ensure that all patients with dementia are offered an annual face to face review
- Ensure all patients with dementia on medication for the condition have an annual medication review
- Ensure the practice has staff 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 carer's services when required

Templates and supporting DQ resources will be specific to each service and added as they become available. Practices should use them to ensure accurate recording of all activities undertaken under this LES.

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

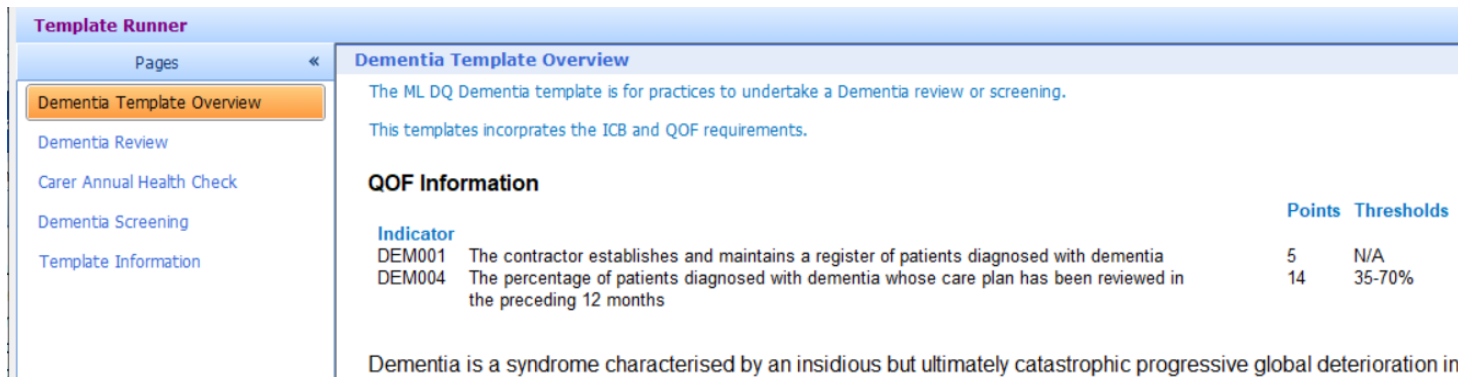
**Dementia Finance –**

Practices will be paid £34.20 per review carried out on the requirements set out above in the specification.

The provider will need to submit monthly claims stating the number of reviews carried out under this specification.

**8.1 ML DQ Dementia Template**

A template has been created that covers both national and local requirements for a Dementia Review. You do not need to complete any other template. This template is available through the shared folder in Resource Publisher.



The screenshot shows a web interface titled "Template Runner" with a "Pages" sidebar on the left. The "Dementia Template Overview" page is selected and highlighted in orange. The main content area displays the following information:

**Dementia Template Overview**  
The ML DQ Dementia template is for practices to undertake a Dementia review or screening.  
This templates incorporates the ICB and QOF requirements.

**QOF Information**

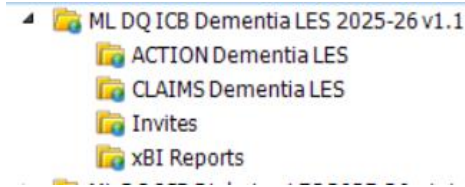
Indicator		Points	Thresholds
DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia	5	N/A
DEM004	The percentage of patients diagnosed with dementia whose care plan has been reviewed in the preceding 12 months	14	35-70%

Dementia is a syndrome characterised by an insidious but ultimately catastrophic progressive global deterioration in

**8.2 Searches**











All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:



All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML DQ Dementia'



### ACTION Dementia LES

-  DEMDQ1 Dementia Register, NO Diary Entry
-  DEMDQ1 Report
-  DEMDQ2a Dementia Annual Review, NO Claim Code
-  DEMDQ2a Report
-  DEMDQ2b Claim Code, NO Dementia Annual Review
-  DEMDQ2b Report
-  DEMDQ3 Dementia Register, NO LES Dementia Review completed
-  DEMDQ3 Report
-  Info Only - Dementia Care Plan Declined or Unsuitable
-  Info Only - Dementia Care Plan Declined or Unsuitable Auto Report

This folder contains searches which may affect your payments. Please review these searches and take action to ensure that these patients are not missed from your claims






DEMDQ1 Identifies patients on the dementia register who do not have a future diary entry, using the code 249181000000100 [Dementia annual review (regime/therapy)]. Without a diary entry, these patients may not be invited for a review.  
 DEMDQ2a, 2b and 3 Identifies patients who have not had a review completed, using the relevant code from the template or have simply just not had one done. The report can identify if any codes have been missed. The Info Only search provides information on how many patients have declined from 1<sup>st</sup> May.

### Invites

-  Dementia Patients to Invite
-  Dementia Patients to Invite Auto Report

You may wish to use your own recalls system. These searches use the diary entry codes in the Template and Action searches. Run the searches using the date period the patients are due their review for invitation into the surgery. 249181000000100 [Dementia annual review (regime/therapy)]

### CLAIMS

-  Dementia LES: Patients on the dementia register
-  Dementia LES: Reviews Completed
-  CLAIMS Dementia LES (view report for monthly claims)
-  FOR CHECKING Dementia Reviews Completed Report
-  xPLEASE READ

This search identifies how many patients have had the appropriate codes (2 codes are needed to be added to the patient record on the same date). There is an aggregate report broken down by month (CLAIMS) and a list report to show you which payments are appearing in your claims search. This report should be checked for errors. **It is the responsibility of the practice to check through the patients lists to ensure they are claiming appropriately and any duplicates are removed. The DQ Team are not responsible for any incorrect claims made using these**

searches.

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

## 9. Diabetes LES

The aim of the Diabetes LES is to strengthen, integrate, and coordinate all sectors to improve quality of life and health outcomes and reduce the social and economic impact of diabetes in Lancashire and South Cumbria.

### Principles

- Facilitation of person-centred care and self-management throughout life
- Reduction of health inequities
- Collaboration and cooperation to improve quality, patient experience, and health outcomes
- Coordination and integration of diabetes care across services, settings, technology, and sectors
- Measurement of health behaviours and outcomes

### Goals

1. Reduce the burden of diabetes and its complications and improve quality of life.
2. Reduce the impact of pre-existing diabetes and gestational diabetes in pregnancy.
3. Strengthen prevention and care through research, evidence, and data.

*The results from this LES are outlined in the specification, and the templates and DQ resources will be added as they become available to help practices gather the necessary information as specified.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

#### **Diabetes - Finance & Activity**

Finance Payment to be claimed by practices:

- Initiation of insulin £279.00
- Initiation of GLP1 £55
- Ongoing care for patients on insulin therapy not under secondary care £85.30

The above prices are per patient per year, although initiation prices are for the year in which the drug is initiated only and not an ongoing price.

The above prices include all clinical and administration time and include all appropriate consumables for delivering this service. Activity should be recorded using the appropriate READ/SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

**Template:**

The Diabetes page of the ML ICB Local Enhanced Services template provides the correct coding for patients where GLP1s or Insulins have been initiated, or patients have received ongoing care while on Insulin:

Diabetes

**CLAIM CODES**

**Initiation of GLP1**  
A payment for initiating patients on a GLP1 is payable from 25-26 onwards. For this activity to count towards the LES Incretin mimetic therapy started must be ticked.

Incretin mimetic therapy started    *Text*     No previous entry

**Initiation of Insulin**  
A payment for initiating patients on insulin is payable from 25-26 onwards. For this activity to count towards the LES either the Insulin treatment initiated OR Insulin initiation enhanced services administration must be selected.

Insulin treatment initiated        No previous entry  
*Text*

**Ongoing care of patients on Insulin Therapy**  
From April 25 a payment for ongoing care of patients on insulin will be paid in the financial year after the initiation. For this activity to count towards the LES BOTH Enhanced services administration and Diabetic on insulin must be ticked and coded on the same day.

Enhanced services administration    *Text*     No previous entry

Diabetic on insulin    *Text*     No previous entry

*If you are undertaking the activity for a patient that is not permanently registered with your practice please also complete the temporary registration section.*

Temporary registration    *Text*     No previous entry

**MONITORING INFORMATION**

Diabetic Review        No previous entry  
*Text*

Diabetes medication review    *Text*     No previous entry

**GLP1 Monitoring**  
This code should be used for the follow appointments detailed within the service specification.

Incretin mimetic therapy management    *Text*     No previous entry

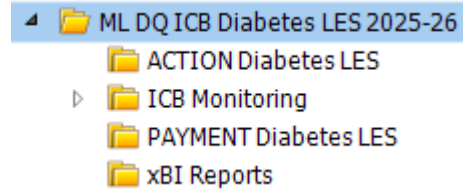
**Insulin Monitoring**

Insulin administration education    *Text*     No previous entry

Insulin dose changed    *Text*     No previous entry





## Searches:

All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services'.



### ACTION Diabetes LES

These searches should be actioned before the PAYMENT searches are run to ensure that patients are identified correctly

-  Pts on insulin last 12m and under sec care - possibly eligible for ongoing ...
-  Pts on insulin last 12m and under sec care - possibly eligible for ongoi...
-  Pts under secondary care excluded from 'ongoing care' payment searches
-  Pts under secondary care excluded from 'ongoing care' payment sea...

### ICB Monitoring

These searches provide further information that may be required by the ICB.

-  QOF Register Searches
-  GLP1 Monitoring
-  Insulin Monitoring, Initiations
-  Insulin Monitoring, Ongoing Care

### PAYMENT Diabetes LES

These are your claims searches. The codes needed for patients to be identified by the searches can be found on the Diabetes page of the ML ICB Local Enhanced Services template however, for reference:

- 🔍 Initiation of GLP1
  - 📅 Initiation of GLP1 - YTD by month
- 🔍 Initiation of Insulin
  - 📅 Initiation of Insulin - YTD by month
- 🔍 Ongoing care for patients on Insulin Therapy
  - 📅 Ongoing care for patients on Insulin Therapy - YTD by month

Initiation of GLP1 – Incretin mimetic therapy started – 702542006

Initiation of Insulin – Insulin treatment initiated – 345041000000106 or Insulin Initiation enhanced services administration - 344641000000106

Ongoing care for patients on Insulin Therapy – Enhanced services administration - 166221000000105 **AND** Diabetic on Insulin - 170747006

### **xBI Reports**

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

### **10. Injections – Complex LES**

This enhanced service is for the treatment of patients who require complex injections as part of their ongoing treatment plans. This specification will cover patients:

- at risk of osteoporotic fracture who require Denosumab injections

This specification is not intended to create a Shared Care arrangement. It is not considered that a shared care protocol is necessary to allow the transfer of clinical responsibility for prescribing and administration of complex injections for this indication.

#### **10.1 Local Enhanced Services Template**

A page has been created 'Injections – Complex' in the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct coding for capturing those patients where an injection procedure has taken place.

### CLAIM CODES

This enhanced service is for the treatment of patients who require complex injections as part of their ongoing treatment plans. *This template covers the administering of the vaccine and diary entries for invites.*

This specification will cover patients:

- at risk of osteoporotic fracture who require Denosumab injections

Denosumab therapy Text  No previous entry

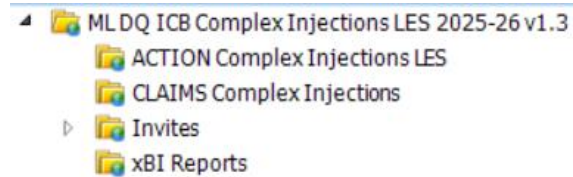
If you are undertaking this for a patient that is not permanently registered with your practice please also complete the temporary registration section.

Temporary registration Text  No previous entry

## 10.2 Searches





All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:



All the searches work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services.

## ACTION Complex Injections LES

-  DENDQ1 Prescribed Denosumab L12m, NO Diary Entry
-  DENDQ1 Auto Report
-  DENDQ2 Denosumab Treatment, NO Claim Code in claim period
-  DENDQ2 Report



This folder contains searches which may affect your payments. Please review these searches and take action to ensure that these patients are not missed from your claims.

DENDQ1 Help to identify patients who do not have a diary entry on their record for recall purposes.

DENDQ2 Identify patients who have had denosumab treatment in the claim period but no claim code added

There may of course be reasons why appropriate coding has not been added.






## Invites

-  Denosumab Patients to Invite
-  Denosumab Patients to Invite Auto Report

**You may wish to use your own recalls system.** These searches use the diary entry codes in the Template and Action searches. Run the searches using the date period the patients are due their injection for invitation into the clinic.

**700139004** |Denosumab therapy (procedure)|

## PAYMENT Complex Injections

-  ALL Pts Aged 50+
-  Denosumab Given (Claim Code)
-  CLAIMS Complex Injections LES (view report for monthly claims)
-  FOR CHECKING Denosumab Given Report
-  xPLEASE READ

These searches identify the number of patients with the appropriate claim code added to the patient's record. As a patient can receive more than one injection within the financial year, we have created a report labelled CLAIMS which provides you with the number of injections in each month. You need to view the results of this report to be able to see actual numbers. This will be the information that is provided for payment. We have also included a list report (FOR CHECKING) that provides you with the patients who are included in the claims. This should be checked for errors. **It is the responsibility of the practice to check through the**

**patients lists to ensure they are claiming appropriately and any duplicates are removed. The DQ Team are not responsible for any incorrect claims made using these searches.**

## xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard.

## 11. Injections – Simple LES

This enhanced service is for the treatment of patients who require simple injections as part of their ongoing treatment plans. This specification will cover patients requiring:

- B12 injections
- Gonadotropin-releasing hormone analogue (GnRH)
- Testosterone for male deficiency

The practice will be required to create a register of patients that require simple injections administration and monitoring using the information provided below.

### 11.1 Local Enhanced Services Template

A page has been created 'Injections – Simple' in the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct coding for capturing those patients where an injection procedure has taken place.

**ACTIVITY CODE**

This enhanced service is for the treatment of patients who require simple injections as part of their ongoing treatment plans.

This specification will cover patients requiring:

- B12 injections
- Testosterone for male deficiency
- Gonadotropin-releasing hormone analogue (GnRH)

**Please tick the relevant box below to indicate which injection you are claiming for.**

<input type="checkbox"/>	Intramuscular injection of vitamin B12	Text	<input type="text"/>	No previous entry
<input type="checkbox"/>	Testosterone replacement therapy	Text	<input type="text"/>	No previous entry
	Testosterone Injection Info		<input type="text" value="▼"/>	
<input type="checkbox"/>	Gonadotrophin releasing hormone analogue prophylaxis			No previous entry
	GnRH Injection Info		<input type="text" value="▼"/>	

*If you are undertaking this for a patient that is not permanently registered with your practice please also complete the temporary registration section.*

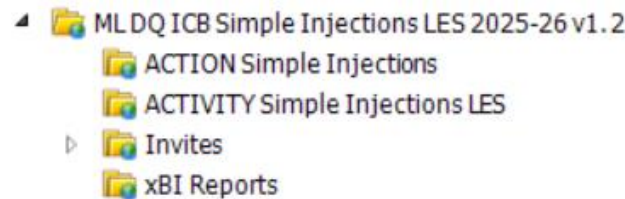
<input type="checkbox"/>	Temporary registration	Text	<input type="text" value="ML ICB Simple Injections LES"/>	No previous entry
--------------------------	------------------------	------	---	-------------------

**Please note:** It is an EMIS feature that allows the recording of manufacturer, batch no etc when adding a code. Where this is not automatically made available, a drop down box has been provided to be able to enter this information into the patient's record.

### 11.2 Searches

All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.












Please find detailed below information about the searches:



All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services.

### **ACTION Simple Injections**

This folder contains searches which may affect your payments. Please review these searches and take action to ensure that these patients are not missed from your claims.

-  SIDQ1 Prescribed GnRH L12m, NO Diary Entry
-  SIDQ1 Report
-  SIDQ2 Prescribed Testosterone L12m, NO Diary Entry
-  SIDQ2 Report
-  SIDQ3 Prescribed Vitamin B12 L12m, NO Diary Entry
-  SIDQ3 Report
-  SIDQ4 GnRH Prescription in claim period, NO Claim Code
-  SIDQ4 Report
-  SIDQ6 Testosterone Prescription in claim period, NO Claim Code
-  SIDQ6 Report
-  SIDQ8 Vitamin B12 Prescription in claim period, NO Claim Code
-  SIDQ8 Report

SIDQ1-3 Help to identify patients who do not have a diary entry on their record for recall purposes.

SIDQ4, SIDQ6 and SIDQ8 Identify patients who have a medication recorded in the claim period, but no claim code.

There may of course be reasons why appropriate coding has not been added.

### **Invites**

-  GnRH Patients to Invite
-  GnRH Report
-  Testosterone Patients to Invite
-  Testosterone Report
-  Vitamin B12 Patients to Invite
-  Vitamin B12 Report

**You may wish to use your own recalls system.** These searches use the diary entry codes in the Template and Action searches. Run the searches using the date period the patients are due their injection for invitation into the clinic.











For GnRH: **844841000000107** |Gonadotrophin releasing hormone analogue prophylaxis (procedure)|

For Testosterone: **724163007** Testosterone Replacement Therapy|

For Vitamin B12: **1842071000006108** | Vitamin B12 Injection Due (regime/therapy)|

There are also some additional invites searches added to enable you to identify patients who are overdue their injection.

## ACTIVITY Simple Injections

-  GnRH Given
  -  ACTIVITY GnRH Given [No of Treatments]
  -  FOR CHECKING GnRH Given Report
-  Testosterone Given
  -  ACTIVITY Testosterone Given [No of Treatments]
  -  FOR CHECKING Testosterone Given Report
-  Vitamin B12 Given
  -  ACTIVITY Vitamin B12 Given [No of Injections]
  -  FOR CHECKING Vitamin B12 Given Report
-  xPLEASE READ

These searches identify the number of patients with the appropriate claim code added to the patient's record.

As a patient can receive more than one injection within the financial year, we have created a report labelled ACTIVITY which provides you with the number of injections in each month. You need to view the ja results of this report to be able to see actual numbers. This will be the information that is provided for payment. . We have also included a list report (FOR CHECKING) that provides you with the patients who are included in the activity. This should be checked for errors.

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard.

## 12. Local Care Homes LES

In recognition of the increase in patient demand within our vulnerable populations and the unique position of General Practice and PCNs in delivering enhanced care services to our care home population, NHS Lancashire and South Cumbria Integrated Care Board will continue to commission an Enhanced Care Home Services across the system, to support the ongoing implementation of the national requirements in the Network Contract DES, to continue to improve the quality of care in line with current evidence. The aim is to improve the quality of life through improved care in community settings with fewer and shorter stays in acute hospital settings.

The principal aim of the Local Enhanced Care Home Service (the Service) is to provide an additional level of care over and above that of a) the General, Personal Medical Services Contract or Alternative Provider Medical Services Contract provided by the Provider; and b) to support the delivery of the requirements of the nationally commissioned Enhanced Health in Care Home service and the Framework for Enhanced Health in Care Homes set out in the Network Contract DES. This is a proactive, preventative service aimed at improving the quality of care to people in Care Homes.

*The service specification outlines requirements that practices must meet for patients as part of this LES. Supporting templates and DQ resources will be added when available to ensure all relevant data is captured.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

### Local Care Homes Finance –

The Provider will receive a payment of £132 per bed, per year for the beds within their aligned care homes.

The Provider will receive payment regardless of whether beds are occupied. The agreed total will be paid in monthly instalments. The payment will be calculated based on the bed information in the Care Home Alignment document, which the ICB has agreed and shared with each Provider. All costs of the service are included within the payments made.

### 12.1 Enhanced Health in Care Homes Template

The existing **ML DQ Enhanced Health in Care Homes** template, available for the PCN DES should be used for this LES. This is available to you through the shared folder in resource publisher (see screenshot below).

Protocols and templates	Name	Description
East Lancs CCG (Hosting MLCSU DQ RP)	ML DQ Cancer Rev Patient Centred PL v48	v48 Pennine Only
LSC ICB ARI Hub	ML DQ Carer Annual Check v48	v48
LSC ICB GPQC 2024-25	ML DQ Community Pharmacy Referral v47	v47
LSC ICB LES 2025-26	<b>ML DQ Enhanced Health in Care Homes (EHCH... v1.4</b>	
MLCSU DQ Templates	ML DQ Reasonable Adjustments v1	v1
MLCSU Libraries	ML DQ Targeted Lung Health Check v1.0	v1.1
MLCSU Projects	ML DQ Vacc and Imms v48.3	v48.3
MLCSU Protocols	MLCSU DQ Asthma v48	v48
Orphaned Migrated Protocols and Templates	MLCSU DO BP@Home Monitorinn V47	V47
TEST		

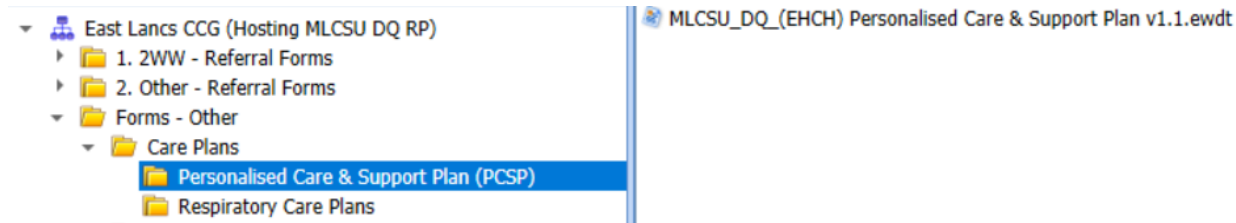
### 12.2 Searches

Existing searches for the PCN DES will be used to extract data for the PCN DES Dashboard. These searches can be found in the PCN DES package available through ES&R.

MLCSU DQ PCN Network DES 2024-25 v1.6b	Data Quality Checks and Workload
IIF / Payment Indicators	Linked Searches
Management Information	MI_EHCH01_N_Patient =>18 Living in a Care Home in Beds Eligible to R...
Access v1	MI_EHCH02_D_Care Home Residents =>18 inc Temp Last 12 Months
Cancer v1.4	MI_EHCH02_N_Care Home Residents =>18 and PCSP agreed or revl...
Cardiovascular Disease Prevention v1	MI_EHCH04_D_Mean Number Pt Contacts Weekly Care Home Round CH...
<b>Enhanced Health in Care Homes v1</b>	MI_EHCH05_D_Care Home Resident =>18 + Acute Confusion
Data Quality Checks and Workload	MI_EHCH05_N_Care Home Resident =>18 + Delirium Assess if Acute...
Linked Searches	MI_EHCH14_D_Permanent Care Home Res =>18
Environmental Sustainability v1	MI_EHCH14_N_Permanent Care Home Resident =>18 Received Falls...
Personalised Care v1	MI_EHCH24_D_Permanent Care Home Res =>18
Proactive Care v1	MI_EHCH24_N_Permanent Care Home Res =>18 with Psychosocial ...
Respiratory Care v1	MI_EHCH27_D_Care Home Resident => 18 inc Temp Last 12 Months
Structured Med reviews & Meds optimisation v1	MI_EHCH27_N_Care Home Resident => 18 on the QOF Dementia R...
Tackling Health Inequalities v1.1	MI_EHCH28_D_Permanent Care Home Res =>18
Vaccination and Immunisation v1	MI_EHCH28_N_Permanent Care Home Res =>18 Pref Place of Deat...
Workforce v1.1	MI_EHCH29_D_Care Home Resident =>18 inc Temp Last 12 Months
x.BI Reports	MI_EHCH29_N_Mean Number MDT Meetings Per Care Home Residen...
x.BI Reports Breakdown	
MLCSU DQ Prevalence 24-25 v2.1	
MLCSU DQ Prospective Online Access v4	

### 12.3 Personalised Care & Support Plan PCSP (Document Template)

A Personalised Care & Support Plan document was also created for the PCN DES and is available for you to use from the shared folder in Resource Publisher. Data entered in the Enhanced Health in Care Home template should merge into this care plan. **Please note** the Enhanced Health in Care Home Template will need to be saved prior to launching the Personalised Care & Support Plan to enable the latest information to be merged.



### 13 Minor Surgery LES

There are various national drivers and agendas including 18-week referral to treatment times which have placed an increased emphasis on ICBs to review the way in which services are provided. Local drivers include care closer to home and rebalancing the health economy.

There has been a huge variation in the range of procedures undertaken at practice level. The majority of practices provide the Minor Surgery Additional Service covering cryotherapy, curettage and cauterisation and a high number of practices provide the Directed Enhanced Service (DES) for their own patients.

This Local Enhanced Service (LES) seeks to ensure that there is the opportunity to provide the maximum range of minor surgery in the primary care sector.

All GP practices are expected to provide essential and core services to all of their registered patients and meet Care Quality Commission (CQC) requirements in relation to the essential standards for quality and patient safety.

The core GP contract requires GPs to offer curettage, and cauterization as part of core services and are funded under GMS/PMS/APMS contracts. This service specification will cover those practices that have opted out of providing these services for their own patients, by providing the procedures for their patients.

*This specification aims to address advanced aspects of minor surgical procedures that go beyond core or essential services. Templates and data quality resources will be provided as they become available to ensure that the required data is collected accurately and promptly.*

*This specification has been distributed to practices that have previously committed to participate. The current specification is valid for the upcoming year, and it will be reviewed by the team for the 2026/27 period.*

#### Minor Surgery Finance –

Please refer to the specification shared with participating practices.

### 13.1 Patient Registration

For patients to be identified on the searches they **must** be registered as a Minor Surgery patient type within the registration section.



### 13.2 Template:

The Minor Surgery Tier 3 page of the ML ICB Local Enhanced Services template provides the correct coding for patients where minor surgery has been carried out on a patient not normally registered with the practice:

Minor Surgery Tier 3

Minor Surgery Admin

Informed Consent For Procedure	<input type="text" value="09-Apr-2025"/>	No previous entry
Chaperone	<input type="text" value="09-Apr-2025"/>	No previous entry

CLAIM CODE

For any patients that are assessed but do not have the procedure undertaken (patient declines procedure, procedure not appropriate, patient is referred onto secondary care). Please tick Assessment undertaken and one of the additional options.

<input type="checkbox"/> Assessment for minor surgery	Text	<input type="text" value="27-Mar-2025"/>	»
<input type="checkbox"/> Procedure not done	Text	<input type="text" value="No previous entry"/>	
<input type="checkbox"/> Procedure not indicated	Text	<input type="text" value="No previous entry"/>	

For activity to count towards the LES, patients need both the 'Minor surgery done' prompt ticking AND the procedure being carried out. This needs to be recorded on the same date. Multiple procedures must be recorded using each drop down as appropriate.

<input type="checkbox"/> Minor surgery done	Text	<input type="text" value="01-Apr-2025"/>	»
First Procedure		<input type="text" value="01-Apr-2025"/> <span style="color: #0070c0;">Aspiration</span>	»
Second Procedure		<input type="text" value="01-Apr-2025"/> <span style="color: #0070c0;">Aspiration</span>	»
Third Procedure		<input type="text" value="01-Apr-2025"/> <span style="color: #0070c0;">Aspiration</span>	»
Fourth Procedure		<input type="text" value="01-Apr-2025"/> <span style="color: #0070c0;">Aspiration</span>	»

If you are undertaking the activity for a patient that is not permanently registered with your practice please also tick the temporary registration below.

<input type="checkbox"/> Temporary registration	Text	<input type="text" value="ML ICB Minor Surgery LES"/>	»
---	------	---	---





### 13.3 Searches

Please find detailed below information about the searches:

- ML DQ ICB Minor Surgery LES 2025-26 v1.2
  - ACTION Minor Surgery LES (Tier 3)
  - CLAIMS Minor Surgery LES (Tier 3)
  - xBI Reports

All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services'.

#### **ACTION Minor Surgery LES (Tier 3)**

- 
-  DQ Minor Surgery claim codes added to a non-MS patient type
  -  MS claim codes added to a non-MS patient type - List Report
  -  DQ Minor Surgery coded without procedure or temp reg code
  -  MS coded without procedure or temp reg code - List report

These searches should be actioned before the PAYMENT searches are run to ensure that patients are identified correctly.

#### **CLAIMS Minor Surgery LES (Tier 3)**

These are your claims searches.

- 🔍 Minor surgery done - Aspiration (Tier 3)
  - 📄 CLAIMS MS Aspiration - YTD Procedure Count (view to see count)
  - 📄 FOR CHECKING MS Apriration - List Report
- 🔍 Minor surgery done - Excision (Tier 3)
  - 📄 CLAIMS MS Excision - YTD Procedure Count (view to see count)
  - 📄 FOR CHECKING MS Excision - List Report
- 🔍 Minor surgery done - Incision (Tier 3)
  - 📄 CLAIMS MS Incision - YTD Procedure Count (view to see count)
  - 📄 FOR CHECKING MS Incision - List Report
- 🔍 Minor surgery done - Injection given (Tier 3)
  - 📄 CLAIMS MS Injection given - YTD Procedure Count (view to see cou...)
  - 📄 FOR CHECKING MS Injection given - List Report

The codes for these searches can be found on the Minor Surgery page of the ML ICB Local Enhanced Services template however, for reference:

**MS Aspiration needs 3 codes:**

- Minor surgery done – 1268934004
- Aspiration – 14766002
- Temporary registration – 24811000000105

**MS Excision needs 3 codes:**

- Minor surgery done – 1268934004
- Excision – 65801008
- Temporary registration – 24811000000105

**MS Incision needs 3 codes:**

- Minor surgery done – 1268934004
- Incision – 34896006
- Temporary registration – 24811000000105

**MS Injection given needs 3 codes:**

- Minor surgery done – 1268934004
- Injection given – 275659002
- Temporary registration – 24811000000105

**xBI Reports**

These reports form part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

#### **14 Phlebotomy LES**

The aim of the offer is to ensure an equitable and consistent service to all patients across Lancashire and South Cumbria and to deliver care closer to home, in particular:

- To increase access to phlebotomy services, reduce phlebotomy waiting times and to ensure a more equitable resource across Lancashire and South Cumbria
- To provide a more convenient service to patients who require blood tests.
- To provide phlebotomy services to cover 'in-house' provision of Primary and appropriate Secondary Care generated phlebotomy requests during core hours.
- To provide a primary care-based phlebotomy service encompassing the majority of blood sampling for investigations and follow up arising from the management of patients in primary care.

Information that will be required to support delivery of this specification, will be (as a minimum):

- Activity on blood samples taken
- Activity on number of failed blood samples
- Activity on number of phlebotomy domiciliary visits
- Activity on number of consultant requested phlebotomy tests done by practice

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

#### **Phlebotomy Finance –**

Payments will be based on £3.08 per head of weighted population.


Practices will be paid a pro-rata allocation in 12 equal monthly instalments.

The above payment is to cover:

- Time involved in undertaking the procedure
- Disposables/consumables associated with undertaking the procedure (recognise most will be provided to the practice as per the usual procurement from stores/labs)
- All sterilisation/maintenance/calibration/servicing of equipment.
- Administration time for appropriate record keeping

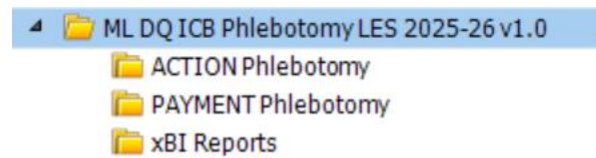
### 14.1 Local Enhanced Services Template

A page has been created on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct code for capturing those patients where phlebotomy services have been provided.

Claim Code		
<input type="checkbox"/> Blood sample taken	26-Mar-2025 	No previous entry
Text <input type="text"/>		
Monitoring Information		
<p><b>Please add one of the following codes if the blood sample taken is for anything else other than routine monitoring to indicate reason for undertaking for LES payment, :-</b></p>		
<input type="checkbox"/> Phlebotomy D.V. done	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Phlebotomy generated from secondary care done by practice	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Unsuccessful phlebotomy	Text <input type="text"/>	No previous entry
<p><b>If you are undertaking the assessment or procedure for a patient that is not permanently registered with your practice please also complete the temporary registration section.</b></p>		
<input type="checkbox"/> Temporary registration	Text <input type="text"/>	No previous entry
Consultation Notes		
<p><b>Please add any free text here. This will be especially useful for patients not registered at your practice.</b></p>		
<input type="checkbox"/> Consultation	Text <input type="text"/>	No previous entry

### 14.2 Searches

All searches for the Enhanced Services can be found in the distributed searches folder in ES&R. Please find detailed below information about the searches:





All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services.

## ACTION Phlebotomy

Please ensure you have run and actioned these searches before claiming for it you don't you may be missing out on entries you could claim for.

This search uses the following codes and check that one of them is entered on the same day as the blood sample taken code for any other purpose than for routine monitoring and highlights those that are not. In order to claim for phlebotomy for anything other than routine monitoring payment BOTH codes need to be entered on the same day.

-  Phlebotomy code NOT on same day as blood sample taken code
-  Phlebotomy code NOT on same day as blood sample taken code Au...

<b>Phlebotomy generated from secondary care done by practice</b>	165791000000107	226021000000110
Includes all child codes		
<b>Phlebotomy D.V. done</b>	248301000000103	406631000000111
Includes all child codes		
<b>Unsuccessful phlebotomy</b>	719889008	3318332010
Includes all child codes		

AND

<b>Blood sample taken</b>	313334002	457223015
---------------------------	-----------	-----------

## PAYMENT Phlebotomy

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li> Pt Age 0-4yrs</li> <li> Pts 0-4yrs Phlebotomy-2ndry Care+Bloods</li> <li> Pts 0-4yrs Phlebotomy-2ndry Care+Bloods</li> <li> Pts 0-4yrs Phlebotomy - Blood Sample Taken</li> <li> Report - Pts 0-4yrs Blood sample taken</li> <li> Pts 0-4yrs Phlebotomy-Phleb Dom visit done+Bloods</li> <li> Pts 0-4yrs Phlebotomy-Phleb Dom visit done+Bloods</li> <li> Pts 0-4yrs Phlebotomy-Unsuccessful+Bloods</li> <li> Pts 0-4yrs Phlebotomy-Unsuccessful+Bloods</li> </ul> | <ul style="list-style-type: none"> <li> Pt Age 5-11yrs</li> <li> Pts 5-11yrs Phlebotomy-2ndry Care+Bloods</li> <li> Pts 5-11yrs Phlebotomy-2ndry Care+Bloods</li> <li> Pts 5-11yrs Phlebotomy - Blood Sample Taken</li> <li> Pts 5-11yrs Phlebotomy - Blood Sample Taken</li> <li> Pts 5-11yrs Phlebotomy-PhlebDom visit done+Bloods</li> <li> Pts 5-11yrs Phlebotomy-PhlebDom visit done+Bloods</li> <li> Pts 5-11yrs Phlebotomy-Unsuccessful+Bloods</li> <li> Pts 5-11yrs Phlebotomy-Unsuccessful+Bloods</li> </ul> | <ul style="list-style-type: none"> <li> Pt Age 12yrs+</li> <li> Pts 12yrs+ Phlebotomy-2ndry Care+Bloods</li> <li> Pts 12yrs+ Phlebotomy-2ndry Care+Bloods</li> <li> Pts 12yrs+ Phlebotomy - Blood Sample Taken</li> <li> Pts 12yrs+ Phlebotomy - Blood Sample Taken</li> <li> Pts 12yrs+ Phlebotomy-Phleb Dom visit done+Bloods</li> <li> Pts 12yrs+ Phlebotomy-Phleb Dom visit done+Bloods</li> <li> Pts 12yrs+ Phlebotomy-Unsuccessful+Bloods</li> <li> Pts 12yrs+ Phlebotomy-Unsuccessful+Bloods</li> </ul> |
|--|---|--|

These searches identify how many patients have had the appropriate coding added from the template. The reports are aggregate reports that details the number of codes that have been added each month (a patient may have more than 1 episode of the code).

## xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard.

## 15 Post Bariatric Surgery LES

People who have had bariatric surgery are provided with a follow up care package for a minimum of 2 years within the bariatric service. This LES is to standardise nutritional blood monitoring and clinical care for patients who have had bariatric surgery more than 2 years ago and completed their specialist follow up.

The requirements of this service are:

- Practice to collate a register of patients who have had bariatric surgery, searches to be provided to aid case finding
- Practice to recall patients annually for blood testing as per LSCMMG nutritional supplements post bariatric surgery 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

Case finding searches, templates and appropriate DQ resources will be provided as and when available to ensure that accurate data is recorded for this service and to ensure that accurate and timely payments are made to those practices providing this service.

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

### **Post Bariatric Surgery Finance –**

Practices will be paid £45.00 per review undertaken and coded using the SNOMED codes that will be supplied.

The provider will need to submit monthly claims stating the number of reviews provided to patients under this specification.

### 15.1 Local Enhanced Services Template

A page has been created on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct code for capturing those patients who require Bariatric Surgery Follow up. There is also a prompt to allow for diary entry follow-ups if required.

CLAIM CODE		
<input type="checkbox"/> Bariatric surgery follow-up	Text <input type="text"/>	07-Mar-2025 >
Bariatric Surgery Information		
Last recording of Bariatric procedure - check below for bloods needed as per type of procedure		07-Mar-2022 <b>Bariatric ope...</b> >
<b>Special consideration</b>		
Pregnant women, following bariatric surgery, should undergo nutritional screening during each trimester. This should include ferritin, folate, vitamin B12, calcium, vitamin D, vitamin A.		
Patients should be referred to appropriate secondary care services during pregnancy and follow up in primary recommence postnatally.		
MONITORING INFORMATION		
<input type="checkbox"/> Blood sample taken	Text <input type="text"/>	01-Aug-2003 >
<input type="checkbox"/> Advised to take oral nutritional supplements	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Compliant with oral nutritional supplement regimen	Text <input type="text"/>	No previous entry
Diet	<input type="text"/>	No previous entry
<input type="checkbox"/> Healthy Diet discussion	Text <input type="text"/>	26-Apr-2021 >
<input type="checkbox"/> Refer to dietician	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Exercise Advice	Text <input type="text"/>	No previous entry
Mood	<input type="text"/>	05-Mar-2024 <b>Depressed m...</b> >
FOLLOW UP		
<input type="checkbox"/> Bariatric surgery follow-up	Follow Up <input type="text"/>	07-Mar-2026 Existing follow up: 07-Mar-2026 >
	Text <input type="text"/>	

## 15.2 Searches







All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:

- ML DQ ICB Bariatric LES 2025-26 v1.4
  - ACTION Bariatric Surgery LES
  - CLAIMS Bariatric Surgery LES
  - Invites Bariatric Surgery LES
  - xBI Reports





All the searches work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services v1.0'.

## Action Bariatric

-  Bariatric Follow up RECALL
-  Bariatric EXTRAS (on Recall and not Register)
  -  Bariatric EXTRAS (on Recall and not Register)
-  Bariatric Follow up REGISTER
-  Bariatric EXCLUSIONS (On Register and not on Recall)
  -  Bariatric EXCLUSIONS (On Register and not on Recall)



These searches will give you a robust recall system, they can be used to find patients to invite in for a review. They will need to be run and actioned especially the EXTRA & EXCLUSION results as these searches will find patients that need ACTION to be completed before the invite search is run to ensure the correct patients are being invited into clinic.

## Invites

-  Bariatric Invites
-  Bariatric Invites
-  Bariatric Overdue Invites
-  Bariatric Overdue Invites Report

Linked to the RECALL search, this search looks for the diary entry of 'Bariatric surgery follow up' it gives you the option to specify the DUE date of patients you are wanting to invite into clinic. The Overdue search allows you to put in past dates that may still be in patient diaries this could be due to the diary date not being moved on or the patient has not attended for review and check.

## Claims

-  Bariatric Annual Follow up post 2 year Surgery
-  Bariatric Monitoring Report

This search identifies how many patients have had the appropriate code 'Bariatric surgery follow up' recorded. The report details the information required by the ICB for monitoring purposes.

## xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

## 16 PSA Testing LES

Prostate cancer is the second most common cause of cancer deaths in UK men. Each year about 47,000 men are diagnosed with prostate cancer and approximately 11,000 die from the disease. The condition of many patients with prostate cancer can be stable for a number of years post diagnosis, or post radical treatment.

The purpose of the PSA Testing LES specification is to establish a formal arrangement for primary to monitor patients that require ongoing prostate blood monitoring for:

- patients with a raised PSA who require no further secondary care intervention and do require regular structured blood test monitoring.
- patients diagnosed with prostate cancer who have completed treatment and have been followed up for 5 years.

Each practice offering this LES will need to create a register of patients that require regular PSA blood test monitoring (searches will be provided to help practices where patients have not previously been coded and recalled).

The practice must recall patients for 6 monthly or annual blood test monitoring based on the advice given at the time of discharge from urology (for most patients this will be annual monitoring).

Where PSA remains under the level advised at the time of urology discharge, patients should be advised of the result and arrangements made to recall in 12 months or as appropriate.

Where PSA is raised above the level agreed, patient assessment (this may include face to face assessment and rechecking PSA levels) and appropriate re-referral using the suspected cancer pathway should be undertaken.



*Each practice offering this LES must provide all the requirements set out in the LES and templates and DQ resources will be provided as and when available to ensure that accurate data is recorded to support monitoring.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

**PSA Testing Finance –**  
Practices will be paid £0.44 per head of weighted population.

### 16.1 Local Enhanced Services Template

A page has been created on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct coding for capturing those patients where appropriate PSA testing, monitoring and referrals need to be provided.

Last Coded Entries		
Last Suspected Prostate Cancer		No previous entry
Last Prostate Cancer Dx		No previous entry
Last PSA Level		No previous entry
Last Raised PSA dx		No previous entry
Ref urology service		No previous entry
<b>Please check latest discharge for review and testing frequency and/or re referral to urology</b>		
Discharge		No previous entry
Monitoring Admin		
<input type="checkbox"/> Prostate-specific antigen monitoring	Text <input type="text"/>	No previous entry
Ethnicity		
Ethnic category - 2011 census England and Wales	<input type="text"/> 	No previous entry
Suspected Prostate Cancer		
<input type="checkbox"/> Suspected prostate cancer	Text <input type="text"/>	No previous entry
Ref to Urology		
<input type="checkbox"/> Referral to urology service	26-Mar-2025  Text <input type="text"/>	No previous entry

<input type="checkbox"/> Fast track referral for suspected urological cancer	26-Mar-2025	No previous entry
Text <input type="text"/>		
<b>Discharge</b>		
<input type="checkbox"/> Discharge from urology service	26-Mar-2025	No previous entry
Text <input type="text" value="Please enter the recommended frequency of review"/>		
<input type="checkbox"/> Prostate specific antigen threshold for referral		No previous entry
Text <input type="text"/>		
<b>Repeat Test (if required)</b>		
<input type="checkbox"/> Blood sample taken		No previous entry
Text <input type="text"/>		
PSA Level		No previous entry
Text <input type="text"/>		
<b>Follow Up</b>		
<input type="checkbox"/> PSA Monitoring	Follow Up	26-Mar-2025
Text <input type="text"/>		

There is also a mini stand-alone template to assist clinicians when working through the case finding search results to update patients records with the necessary appropriate information, including a follow up diary entry as to when the patients should next be called in for PSA testing.

<b>PSA Register Set Up</b>			
<input type="checkbox"/> Prostate-specific antigen monitoring	Text	Annual Check	No previous entry
<input type="checkbox"/> Prostate-specific antigen monitoring	Text	Six Monthly Check	No previous entry
<input type="checkbox"/> Prostate specific antigen threshold for referral	Text		No previous entry
<input type="checkbox"/> Prostate-specific antigen monitoring	Follow Up	26-Mar-2025	No previous entry

## 16.2 Searches



All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:

- ML DQ ICB Prostate LES 2025-26 v1.2
  - ACTION Case Finding PSA Register Set Up
  - ACTIVITY PSA
  - Invites
  - xBI Reports

All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services

### ACTION Case Finding Register Set Up

-  PSA Register Set Up List
-  PSA Register Set Up List

**Please ensure you have run and actioned this search in order to validate and create your PSA Register accurately.** Using the results of this search combined with the afore mentioned mini stand alone PSA Register Set Up template will ensure that all the appropriate information will be entered on the patients record which in turn will ensure a robust and accurate register and recall are created.

The codes used in the search to identify patients are any of the following;

<b>Malignant tumour of prostate</b>	399068003	1773293010
Includes all child codes		
<b>Raised PSA</b>	396152005	1785466017
Includes all child codes		
<b>Prostate specific antigen abnormal</b>	166160000	258298016
<b>Urology referral</b>	904551000006100	904551000006116
Includes all child codes		
<b>Referred to urologist</b>	183552008	283665014
Includes all child codes		
<b>Referral to urologist</b>	306318004	449298015
Includes all child codes, except:		
Referral to urogynaecologist	718550001	3312732018
<b>Fast track referral for suspected urological cancer</b>	276431000000102	473631000000111
Includes all child codes		
<b>Prostate-specific antigen monitoring</b>	395155002	1488852010
Includes all child codes		










### Invites

These searches will give you a robust recall system, they can be used to find patients to invite in for a review.



They will need to be run and actioned especially the EXTRA & EXCLUSION results as these searches will find patients that need ACTION to be completed before being invited into clinic i.e. PSA monitoring diary entry but no register criteria or register criteria with no PSA monitoring diary entry.

The reports include all the relevant columns to show information and appropriate coding, including the PSA threshold for referral.

The PSA Invite Due search and report has a global parameter that when running the search, you will need to enter the appropriate date range for which you wish to search for patients to invite in for their due PSA monitoring.

-  PSA Register
-  PSA Exclusions (On Register and not on Recall)
-  PSA Exclusions (on Recall & not Register) Auto Report
-  PSA Register Auto Report
-  Recall
-  PSA Extras (on Recall & not Register)
-  PSA Extras (on Recall & not Register) Auto Report
-  PSA Invite Due
-  PSA Invite Due Auto Report

### ACTIVITY PSA

-  PSA Results recorded 25-26
-  PSA Results recorded 25-26 Auto Report

This search identifies how many patients have had the appropriate coding added from the template for a PSA result and the report identifies other appropriate coding elements including Urology Referral and or discharge, PSA monitoring threshold for referral and if a future diary date has been added for the patients to help identify any missing information.

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard.

### 17 Ring Pessary LES

The LES specification describes the service requirements for Ring Pessary to be provided within primary care. A vaginal ring pessary is an effective treatment for utero-vaginal prolapse and is more appropriate for some patients than surgery. The procedure is suitable for primary care provision. The specification is intended to cover the enhanced aspects of clinical care of the patient, which are beyond the scope of GMS essential services and the quality and outcomes framework.

Lancashire and South Cumbria ICB wants to ensure that Vaginal Ring Pessary (insertion and ongoing management) services are readily available in Primary Care. A practice-based service will provide more convenient and timely care to the patient.

It has been recognised that the provision of a Vaginal Ring Pessary service (insertion and on-going management) in primary care has significant benefits to patients which include:

- Greater patient convenience
- Timely service
- Treatment and management that is compliant with UK National Pessaries guidelines

- Minimal travel
- Available expertise already present in primary care
- Holistic approach to patient care.

*The service description and care pathway outline the explicit requirements for service provision. The supporting templates and data quality resources, provided when available, will ensure that each practice delivering this service can obtain precise data regarding the service it is providing and convey that information to the commissioner as required.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

#### **Ring Pessary Finance –**

- First fit £55.47
- Removal/change £47.22 per wash and reinsertion (max of 4 visits per 12-month period).
- Additional visit will be made when clinically assessed.
- Information to be provided in monitoring.

#### **17.1 Local Enhanced Services Template**

A page has been created on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct coding for capturing those patients who have been seen as part of this service.

<p><b>ADMIN</b></p> <p><input type="checkbox"/> Informed consent for procedure Chaperone</p> <p><b>BLADDER &amp; BOWELS</b></p> <p>Micturition frequency Micturition control</p> <p><input type="checkbox"/> Recurrent urinary tract infection Constipation</p> <p><b>EXAMINATION</b></p> <p><input type="checkbox"/> Vaginal bleeding Vaginal Speculum exam Vaginal discharge</p> <p>Vaginal discharge type O/E external female genitalia</p>	<p><b>CLAIM CODES</b></p> <p>Patient discussion - Explain benefits, risks and complications; and need for regular review</p> <p><b>INSERTION or RENEWAL OF RING PESSARY</b></p> <p>To support claims for this LES please select the 'RING PESSARY PROCEDURE' from the pick list. Insertion should be used for 'FIRST FIT' only (not renewals/change). Renewal/Change should not be used for First Fit or Removal.</p> <p>Ring Pessary procedure - Please record Type/make of pessary including manufacturer, serial/batch number. (Needed in case of recall)</p> <p><b>R.B. A new pessary is only required when the pessary is showing signs of wear, such as cracks or splits, smells, or is not controlling the symptoms of pelvic organ prolapse sufficiently and in accordance with any specific manufacturer's instructions.</b></p> <p>This should be recorded as a RENEWAL/CHANGE Patients who cannot attend the GP surgery and the Ring Pessary procedure has to be performed at their place of residence in order to be eligible for a claim BOTH the above code and the following code needs to be entered on the same date.</p> <p><input type="checkbox"/> Remote care monitoring enhanced services administration</p> <p>If you are undertaking the assessment or procedure for a patient that is not permanently registered with your practice please also tick the 'Temporary registration' prompt below:</p>	<p><input type="checkbox"/> Temporary registration (Inter-practice patient)</p> <p><b>REMOVAL OF RING PESSARY</b></p> <p><input type="checkbox"/> Removal of ring pessary from vagina</p> <p>If the Ring Pessary is being REMOVED from the patient and NOT replaced please select the above prompt 'Removal of ring pessary', this will remove the patient from the Ring Pessary register. If procedure is performed at their place of residence also tick the 'Remote care monitoring' prompt. If you are undertaking the assessment or procedure for a patient that is not permanently registered with your practice please also tick the 'Temporary registration' prompt below.</p> <p><input type="checkbox"/> Remote care monitoring enhanced services administration</p> <p><input type="checkbox"/> Temporary registration (Inter-practice patient)</p> <p><b>For Self-Management:</b></p> <ul style="list-style-type: none"> <li>Teach &amp; assess competency of removal and re-insertion of pessary</li> <li>Frequency depends upon pessary type &amp; patient choice. Certain pessaries (e.g. cube) are advised to be taken out daily and left out overnight</li> <li>Review at 3-6 months and then consider annually if no concerns</li> </ul> <p><input type="checkbox"/> Self management of vaginal support pessary</p>
<p><b>FOLLOW UP - DON'T FORGET TO ADD DIARY DATE FOR NEXT REVIEW</b></p> <p><input type="checkbox"/> Ring pessary follow up      Follow Up      01-Apr-2025      No previous entry</p>		

## 17.2 Searches
















All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:

- 📁 ML DQ ICB Ring Pessary LES 2025-26 v1.1
  - 📁 ACTION Ring Pessary LES
  - 📁 CLAIMS Ring Pessary LES
  - 📁 Invites
  - 📁 xBI Reports

All the searches work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services

### Action Ring Pessary:

-  RPDQ1 Ring Pessary check RECALL
-  Ring Pessary EXTRAS (on Recall and not Register)
-  Ring Pessary EXTRAS (on Recall and not Register) Auto Report
-  RPDQ2 Ring pessary REGISTER
-  Ring Pessary EXCLUSIONS (on Register and not on Recall)
-  Ring Pessary EXCLUSIONS (on Register and not on Recall) Auto R...
-  RPDQ2 Ring pessary REGISTER Auto Report
-  RPDQ3 Non Claim Codes First Fit
-  RPDQ3 Report
-  RPDQ4 Non Claim Codes Generic, Removal, Change for Ring Pessary
-  RPDQ4 Report
-  RPDQ5 Claims Codes - Other Consultations
-  RPDQ5 Report
-  RPDQ6 First Fit coded as Change
-  RPDQ6 Report


















These searches will give you a robust recall system, they can be used to find patients to invite in for a review. They will need to be run and actioned especially the EXTRA & EXCLUSION results as these searches will find patients that need ACTION to be completed before the invite search is run to ensure the correct patients are being invited into clinic. The others are to help find data quality issues like incorrect coding.

### Invites

-  Ring Pessary Invites
-  Recall Ring Pessary Invites Auto Report
-  Ring Pessary Invites Overdue
-  Recall Ring Pessary Overdue Invites Auto Report

Linked to the RECALL search, this search looks for the diary entry of 'Renewal of Ring Pessary in Vagina' it gives you the option to specify the DUE date of patients you are wanting to invite into clinic. The Overdue search allows you to put in past dates that may still be in patient diaries this could be due to the diary date not being moved on or the patient has not attended for review and check.

### Claims - Ring Pessary

-  1. FIRST FIT GP practice (or Inter)
  -  CLAIMS FIRST FIT Ring Pessary
  -  FOR CHECKING First Fit YTD
-  2. REMOVAL or CHANGE Ring Pessary GP practice (or Inter) [Max 4]
  -  CLAIM 1st REMOVAL or CHANGE (view results for claims by Month)
  -  CLAIM 2nd REMOVAL or CHANGE (view results for claims by Month)
  -  CLAIM 3rd REMOVAL or CHANGE (view results for claims by Month)
  -  CLAIM 4th REMOVAL or CHANGE (view results for claims by Month)
  -  FOR CHECKING Removal or Change Report YTD
-  3. INTER [1 per patient per year]
  -  CLAIM INTER [1 per patient per year]
-  4. DOMICILIARY Ring Pessary First Fit, Change, removal [Max 4]
  -  CLAIM 1st DOMICILIARY (view results for claims by Month)
  -  CLAIM 2nd DOMICILIARY (view results for claims by Month)
  -  CLAIM 3rd DOMICILIARY (view results for claims by Month)
  -  CLAIM 4th DOMICILIARY (view results for claims by Month)
  -  FOR CHECKING Domiciliary Report YTD

These searches identify patients for claims and have been designed to mirror the Claims template.

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

## 18 Respiratory (Spiro/FeNO)

Reduction of chronic respiratory disease is one of the 'plus 5' priorities of the Core20PLUS work that is a priority for LSC ICB.

Timely and accurate diagnosis is a priority. Without this people with conditions such as asthma and chronic obstructive pulmonary disease (COPD) cannot access the correct care and treatment that they need to improve symptoms and prevent acute exacerbations or manage their long-term condition. A delayed diagnosis may limit a person's quality and even length of life. The correct diagnosis and treatment are key to keep people with lung conditions well and out of hospital.

The aim of the service is to provide equitable and timely access to high quality respiratory diagnostic services by providing 'Spirometry and FeNO' testing and interpretation service delivered by Primary Care across Lancashire and South Cumbria.

The high-level objectives of the Service are:

- to provide timely, accessible testing.
- to ensure the high quality and accuracy of testing and interpretation.
- to support capacity to meet the increased demand from COPD and Asthma exacerbations, provide optimised care and offer preventative measures to increase wellness, supporting patients to be cared for in the community, and reducing avoidable hospital admissions.

*The specific requirements of the service are outlined in the LES specification. Supporting templates and DQ resources will be provided as they become available, offering practices the necessary information to collect data and provide requested information to the ICB.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

### **Respiratory (Spiro/FeNO) Finance –**

Cost per Case based on Lancashire and South Cumbria wide activity

FeNO: £28.00 per test including consumable costs

Spirometry: £56.88 per test including consumable costs

Costs based on [NHS England standard costings guidance](#)

#### **FeNO:**

- Consumables are included within the cost per case.
- Overheads are also included in the cost per case.
- Online training will be provided ad hoc as needed (recurrently).
- Access to peer support and specialist advice.

#### **Spirometry:**

- Consumables are included in cost per case.
- Admin, backfill and overheads are also included in the cost per case.
- The ICB is able to support and facilitate accredited training throughout the year to ensure that members of Primary Care feel competent and confident in using the devices to support diagnosis.
- Access to peer support and specialist advice.

**Template:**

The Respiratory Diagnosis page of the ML ICB Local Enhanced Services template provides the correct coding for patients who have had FENO testing and no prior diagnosis of Asthma or Spirometry testing with no prior diagnosis of Asthma or COPD:

Respiratory Diagnosis

**CLAIM CODES**

**FENO Testing**  
A payment for FENO testing is payable for patients with no prior diagnosis of Asthma. For this activity to count towards the LES BOTH a FENO code AND Initial respiratory assessment must be ticked and coded on the same day.

This testing must be done BEFORE any diagnosis to count towards the LES.

FENO testing	<input style="width: 95%;" type="text" value=""/>	No previous entry
	<i>Text</i> <input style="width: 95%;" type="text"/>	
<input type="checkbox"/> Initial respiratory assessment	<input style="width: 95%;" type="text"/>	No previous entry
	<i>Text</i> <input style="width: 95%;" type="text"/>	

**Spirometry Testing**  
A payment for Spirometry testing is payable for patients with no prior diagnosis of Asthma or COPD. For this activity to count towards the LES BOTH a Spirometry code AND Initial respiratory assessment must be ticked and coded on the same day.

This testing must be done BEFORE any diagnosis to count towards the LES.

Spirometry	<input style="width: 95%;" type="text" value=""/>	No previous entry
	<i>Text</i> <input style="width: 95%;" type="text"/>	
<input type="checkbox"/> Initial respiratory assessment	<input style="width: 95%;" type="text"/>	No previous entry
	<i>Text</i> <input style="width: 95%;" type="text"/>	

If you are undertaking the activity for a patient that is not permanently registered with your practice please also complete the temporary registration section.

<input type="checkbox"/> Temporary registration	<input style="width: 95%;" type="text" value="ML ICB Respiratory Diagnosis LES"/>	No previous entry
	<i>Text</i> <input style="width: 95%;" type="text"/>	

**Results**

Suspected Disease	<input style="width: 95%;" type="text" value=""/>	No previous entry
	<i>Text</i> <input style="width: 95%;" type="text"/>	

If the results of the test indicate that the patient has a diagnosis of Asthma or COPD please record this separately on the patient's record and diary a follow up review.

**MONITORING INFORMATION**

Please use the MLCSU DQ Asthma or MLCSU DQ COPD template to record the subsequent monitoring of any confirmed diagnoses.

## Searches:

All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services'.

- ▾ ML DQ ICB Respiratory Dx LES 2025-26
  - ACTION Respiratory Dx LES
  - CLAIMS Respiratory Dx LES
  - ICB Monitoring
  - xBI Reports







### ACTION Respiratory Dx LES

These searches should be actioned before the PAYMENT searches are run to ensure that patients are identified correctly

- DQ Checks
  - 🔍 Dx with Asthma but NO Spirometry or FENO
    - 📅 Dx with Asthma but NO Spirometry or FENO
  - 🔍 Dx with COPD but NO Spirometry
    - 📅 Dx with COPD but NO Spirometry
  - 🔍 FENO undertaken - No claim code
    - 📅 FENO undertaken - No claim code
  - 🔍 FENO undertaken AFTER Asthma Dx
    - 📅 FENO undertaken AFTER Asthma Dx
  - 🔍 Spirometry undertaken - No claim code
    - 📅 Spirometry undertaken - No claim code
  - 🔍 Spirometry undertaken AFTER Asthma / COPD Dx
    - 📅 Spirometry undertaken AFTER Asthma / COPD Dx

### CLAIMS Respiratory Dx LES

These are your claims searches.

-  Total FENO undertaken, no previous Dx of Asthma
  -  CLAIMS Total FENO undertaken - YTD by month
  -  FOR CHECKING Total FENO undertaken - List Report
-  Total Spirometry undertaken, no previous Dx of Asthma or COPD
  -  CLAIMS Total Spirometry undertaken - YTD by month
  -  FOR CHECKING Total Spirometry undertaken - List Report

The codes needed for patients to be identified by the searches can be found on the Respiratory Diagnosis page of the ML ICB Local Enhanced Services template however, for reference:

To claim for FENO testing, BOTH codes need to be entered on the same day.



Initial respiratory assessment	170608002
<b>AND</b>	
Measurement of expired nitric oxide <b>or</b>	444642008
Fractional concentration of nitric oxide in exhaled breath	1201788001

To claim for Spirometry testing, BOTH codes need to be entered on the same day.

Initial respiratory assessment	170608002
<b>AND</b>	
Spirometry reversibility <b>or</b>	314979004
Post bronchodilator spirometry <b>or</b>	767906009
Spirometry	127783003
<i>More options available via the ML ICB Local Enhanced Services template</i>	

### ICB Monitoring

These searches provide further information that may be required by the ICB.

-  Activity Breakdowns
-  Diagnoses / Testing by year

## xBI Reports

These reports form part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

### 19 Shared Care LES

The treatment of several diseases within the fields of medicine, are increasingly reliant on drugs that, while clinically effective, need regular blood and other monitoring. This is due to the potentially serious side-effects that these drugs can potentially cause. It has been shown that the number of side-effects can be reduced significantly if this monitoring is carried out in a well-organised way, close to the patient's home. Medicines that have been designated with an Amber traffic light are considered suitable for a GP to monitor within their practice **once the drug has been initiated and stabilised within secondary care.**

This service is designated to remunerate practices for additional work involved in 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.

*The LES specification outlines amber secondary care-initiated drugs requiring monitoring, along with frequency and templates. Practices will use DQ resources to capture activity and report to the ICB as needed.*

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

### **Shared Care Finance –**

Payment should only be claimed for those patients who receive near patient testing and monitoring by the practice, including taking clinically appropriate action in response to results and patient response.

Patients who receive their monitoring of therapy and subsequent adjustments in secondary/tertiary care should be SNOMED coded in a different manner and payment should not be claimed.

The provider will receive payments based on the intensity of testing required.

- For drugs that require up to and including 3 monthly tests an annual fee of £120 per patient per year
- For drugs that require up to and including 6 monthly tests an annual fee of £60 per patient per year will be paid.
- For drugs that require 12 monthly testing an annual fee of £30 per patient per year will be paid.

For patients on two or more medications listed within this service specification practices should claim for monitoring one patient only unless the monitoring requirements of each drug is significantly different from the other.

Payments will be made in monthly equal instalments in accordance with the monitoring requirements and respective SNOMED codes. The practice is not required to submit a monthly claim in respect of this service. The ICB DQT will undertake monthly extractions which will generate payment.

All activity should be recorded using the appropriate READ/SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

All details regarding data quality and submission of data can be found in the supporting Technical Guidance Document.

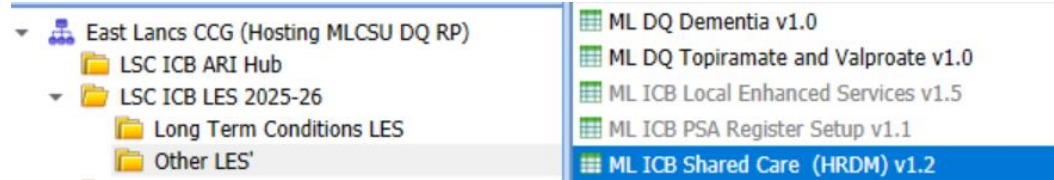
Phlebotomy is commissioned separately and is outside the scope of this service specification.

To generate payments, practices will be required to validate their patient numbers at the end of each reporting period (quarterly or 6-monthly as per monitoring requirements below) using the MLCSU Data Quality searches available on Enterprise Searches and Reporting (ES &R).

Practices will receive payments at the end of each reporting period (quarterly, 6- monthly or 12 monthly as per monitoring requirements above) according to the number of patients and frequency of monitoring requirements.

### **19.1 Template:**

ML ICB High Risk Drug Monitoring (HRDM) v1.0 template should be completed for the Shared Care LES and provides the correct coding for HRD Monitoring Shared Care. The template can be found in your shared folder on Resource Publisher.



This Dynamic template will only display the relevant drug pages for each patient. Each page contains monitoring relevant to each drug alongside claim codes and diary entry codes for recall purposes.

CLAIM CODE	
<b>Text Information</b>	<b>Where patients are receiving...</b>
<b>Clinical Code (Single Item)</b>	<b>High risk drug monitorin...</b> - High risk drug monitoring - sha... <a href="#">CM Section - Additional</a> Prompt for Date   Allow Text
APOMORPHINE	
<b>Text Information</b>	<b>Monitoring every 6 months</b>
<b>Clinical Code (Single Item)</b>	<b>Blood sample taken</b> - Blood sample taken <a href="#">CM Section - Procedure</a> Allow Text
EVERY 6 MONTHS	
<b>Clinical Code (Single Item)</b>	<b>FBC - full blood count</b> - FBC - full blood count <a href="#">CM Section - Test Request</a>
<b>Clinical Code (Single Item)</b>	<b>Reticulocyte count</b> - Reticulocyte count <a href="#">CM Section - Test Request</a>
RECALL	
<b>Diary Entry</b>	<b>High risk drug monitorin...</b> - High risk drug monitoring - sha... Prompt for Date   Allow text

## 19.2 Searches:

All the search's work on the assumption that relevant codes have been added to the patients record from the template ML ICB High Risk Drug Monitoring (HRDM) v1.0. All searches for the Enhanced Services can be found in the distributed searches folder in ES&R. Please find detailed below information about the searches:

- ML DQ ICB Shared Care LES 2025-26 v1.2
  - ACTION Shared Care LES
  - ▶ CLAIMS Shared Care LES
  - Invites
  - ▶ Monitoring Shared Care
  - ▶ xBI Reports

### Action Shared Care:

These searches should be actioned before the PAYMENT searches are run to ensure that patients are identified correctly

- 
- Shared Care RECALL
    - Shared Care EXTRAS (on Recall and not Register)
    - Shared Care EXTRAS (on Recall and not Register)
  - Shared Care REGISTER
    - Shared Care EXCLUSIONS (On Register and not on Recall)
    - Shared Care EXCLUSIONS (On Register and not on Recall)
    - Shared Care REGISTER Drug List

**These searches will give you a robust recall system, they can be used to find patients to invite in for HRD Monitoring.** They will need to be run and actioned especially the EXTRA & EXCLUSION results as these searches will find patients that need ACTION to be completed before the invite search is run to ensure the correct patients are being invited into clinic. The Shared Care Register Drug List Auto Report shows types of Monitoring codes and the drugs for each patient on the Shared Care Register.

- 
- Shared Care Invites
    - Shared Care Invites
  - Shared Care Invites - Overdue Reviews
    - Shared Care Invites - Overdue Reviews

Linked to the RECALL this search looks for the Diary entry High Risk Drug Monitoring – Shared Care (this financial year High Risk Drug Monitoring – Primary Care is included). These searches give you the option to specify the DUE date of patients you are wanting to invite into clinic. The Overdue search allows you to put in past dates that may still be in patient diaries this could be due to the diary date not being moved on or the patient has not attended for review and check.

### Monitoring Searches Shared Care:

These searches provide further information that may be required by the ICB. They also contain detailed reports for each drug group including monitoring criteria.

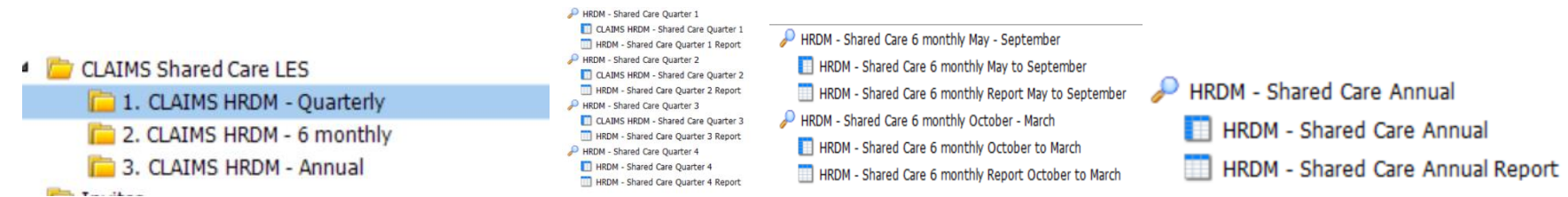


The screenshot shows a file explorer interface with the following structure:

- Monitoring Shared Care
  - Shared Care 6 Monthly Monitoring
  - Shared Care Quarterly Monitoring
  - Shared Care Yearly Monitoring
- 6 monthly by Drug
  - High Risk Drugs 6 monthly Monitoring
    - 6 monthly HRDM - Primary Care
    - 6 monthly HRDM - Secondary Care
    - 6 monthly HRDM - Shared Care
    - 6 monthly HRDM - Treatment Stopped
  - High Risk Drugs 6 monthly Auto Report
- Quarterly By Drug
  - High Risk Drugs Quarterly Monitoring
    - High Risk Drugs Quarterly monitoring Auto Report
    - Quarterly HRDM - Primary Care
    - Quarterly HRDM - Secondary Care
    - Quarterly HRDM - Shared Care Quarterly
    - Quarterly HRDM - Treatment Stopped
- Yearly By Drug
  - High Risk Drugs Yearly Monitoring
    - High Risk Drugs Yearly Auto Report
    - Yearly HRDM - Primary Care
    - Yearly HRDM - Secondary Care
    - Yearly HRDM - Shared Care Yearly
    - Yearly HRDM - Treatment Stopped

### Claims Shared Care

The searches in here identify patients for claims. These patients have been prescribed a HRD alongside the High-Risk Drug Monitoring – shared care code. The claims for Shared care must be done in arrears to help with the process we have now hard dated all the searches.



The screenshot shows a file explorer interface with the following structure:

- CLAIMS Shared Care LES
  - 1. CLAIMS HRDM - Quarterly
  - 2. CLAIMS HRDM - 6 monthly
  - 3. CLAIMS HRDM - Annual
- HRDM - Shared Care Quarter 1
  - CLAIMS HRDM - Shared Care Quarter 1
  - HRDM - Shared Care Quarter 1 Report
- HRDM - Shared Care Quarter 2
  - CLAIMS HRDM - Shared Care Quarter 2
  - HRDM - Shared Care Quarter 2 Report
- HRDM - Shared Care Quarter 3
  - CLAIMS HRDM - Shared Care Quarter 3
  - HRDM - Shared Care Quarter 3 Report
- HRDM - Shared Care Quarter 4
  - HRDM - Shared Care Quarter 4
  - HRDM - Shared Care Quarter 4 Report
- HRDM - Shared Care 6 monthly May - September
  - HRDM - Shared Care 6 monthly May to September
  - HRDM - Shared Care 6 monthly Report May to September
- HRDM - Shared Care 6 monthly October - March
  - HRDM - Shared Care 6 monthly October to March
  - HRDM - Shared Care 6 monthly Report October to March
- HRDM - Shared Care Annual
  - HRDM - Shared Care Annual
  - HRDM - Shared Care Annual Report

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard

### 20 Wound Care LES

The LES specification sets out a model for an enhanced service for simple wound care by a GP Practice.

The core services to be provided are:

- Dressings and wound care management, including basic dressings, dressing assessments (without a doppler) and ongoing simple wound care support
- Suture removal/wound closure removal

The LES Specification outlines the circumstances included and excluded from the service. The template and DQ resources will be provided when available, covering only areas within the scope of the service, and enabling the practice to submit data to the ICB as requested.

Please refer to the specification on the intranet - <https://primarycare.lancashireandsouthcumbria.nhs.uk/les-2025-26/>

**Wound Care Finance –**

£0.93 per weighted head of population.

**21.1 Local Enhanced Services Template**

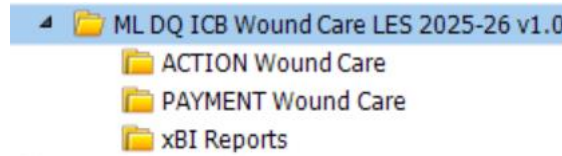
A page has been created on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct code for capturing those patients where wound care services have been provided.

Claim Code		
<input type="checkbox"/> Minor injury enhanced service completed	Text <input type="text"/>	No previous entry
Procedure		
Please to add one of the following codes to indicate reason for undertaking for LES payment, if you fail to tick one of the reasons below on the same date as the claim code above you will <b>NOT</b> be paid.		
Laceration capable of Closure	<input type="text"/> <input type="text"/>	No previous entry
Removal of Suture/Clip	<input type="text"/> <input type="text"/>	No previous entry
<input type="checkbox"/> Application of dressing	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Change of dressing	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Dressing of ulcer	26-Mar-2025 <input type="text"/>	No previous entry
<input type="checkbox"/> Application of dressing for burn	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Post-traumatic bruising	Text <input type="text"/>	No previous entry
If you are undertaking the assessment or procedure for a patient that is not permanently registered with your practice please also complete the temporary registration section.		
<input type="checkbox"/> Temporary registration	Text <input type="text"/>	No previous entry

## 21.2 Searches



All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:



All the search's work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services

### ACTION Wound Care

-  Wound Care code without procedure code added
-  Wound care code without procedure Auto Report

**Please ensure you have run and actioned these searches before claiming for it you don't you may be missing out on entries you could claim for.**

This search uses the following codes and checks that one of them is entered on the same day as the wound care code and highlights those that are not. In order to claim for wound care payment BOTH codes need to be entered on the same day.

Removal of suture from skin	302415002	444087010
Removal of clip from skin	302414003	444086018
Change of dressing	18949003	31936012
Primary suture of skin	302410007	444082016
Secondary suture of skin	302412004	444084015
Application of adhesive skin closure	225153000	338363013
Integumentary system repair	119828008	184089012
Application of dressing for burn	90660004	150247010
Post-traumatic bruising	390835003	1484868014
<small>Includes all child codes</small>		

**AND**

**Wound care** 225358003 338652015

### PAYMENT Wound Care

<ul style="list-style-type: none"> <li>1. Wound Care ICB LES (view aggregate report)</li> <li>Application of adhesive skin closure</li> <li>Laceration Capable of Closure - application of adhesive skin closure A...</li> <li>Change of Dressings</li> <li>change of Dressings Auto Report</li> <li>Dressing of Burns</li> <li>Dressing of Burns Auto Report</li> <li>Dressing of Ulcer</li> <li>Dressing of Ulcer Auto Report</li> <li>Other closure of skin</li> <li>Laceration Capable of Closure - other closure of skin Auto Report</li> <li>Post-Traumatic Bruising</li> <li>Post-Traumatic Bruising Auto Report</li> <li>Primary suture of skin</li> <li>Laceration Capable of Closure - primary suture of skin Auto Report</li> <li>Removal of clip from skin</li> <li>Removal of clip from skin Auto Report</li> </ul>	<ul style="list-style-type: none"> <li>Removal of Sutures</li> <li>Removal of Sutures Auto Report</li> <li>Secondary suture of skin</li> <li>Laceration Capable of Closure - secondary suture of skin Auto Report</li> </ul>
--	--

These searches identify and patient list report show how many patients have had the appropriate coding added from the template.

There is also an aggregate report consisting of all the various searches and codes that details the number of codes that have been added each month (a patient may have more than 1 episode of the code).

### xBI Reports

This report forms part of a number of reports that get collated and sent to ML Business Intelligence to form the dashboard.

### Meds Optimisation

The Medicines Optimisation Strategy is focused on the guiding principles of Medicines Optimisation (MO) which are:

- Aim to understand the patient’s experience (MO)
- Ensure evidence-based choice of medicines.
- Ensure safe use of medicines

### ML ICB Structured Medication Review v1.7

MLICB Structured Medication template should be used to provide the correct code for capturing those patients who required a Structured Medication Review

**SMR details**

An SMR is a comprehensive and clinical review of a patient's medicines and detailed aspects of their health, requiring shared decision-making conversations with patients.

\* Structured medication review No previous entry

Medication Review by:  No previous entry

Type of medication review:  No previous entry

Invitation for Structured Medication review declined No previous entry

Text:

Previous SMR action plan or Eclipse SMR live notes summary:

---

**NO TEARS Tool for Medication Review**

It may be appropriate to change, reduce or indeed add medications in an SMR based on the needs and preferences of the individual using the NO TEARS approach.

- Need and indication
- Open questions
- Tests and monitoring
- Evidence and guidelines
- Adverse events
- Risk reduction or prevention
- Simplification and switches

[NO TEARS Tool](#)

### ML DQ Topiramate and Valproate v1.0

The ML DQ Topiramate and Valproate template will assist with consistent monitoring for patients prescribed these drugs

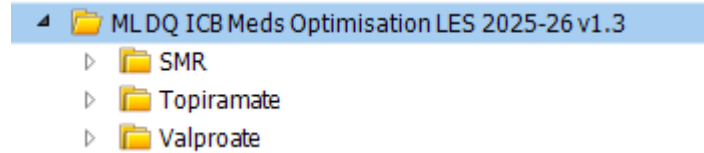
MLCSU DQ Topiramate Template v1	
Text Information	This template has been desig...
Text Information	NB: The guidance within this...
Launch Hyperlink	Guide for Healthcare...
Launch Hyperlink	MHRA Patient Guide - ...
Launch Hyperlink	MHRA Patient Guide - ...
Launch Hyperlink	MHRA Patient Card f...
Text Pick List	Which patient guide has be... - MHRA Patient Guide - To... CM Section - Additional
Prompt for Date   Mandatory   Multiselect	

MLCSU DQ Valproate Template v1	
Text Information	This template has been desig...
Text Information	NB: The guidance within this...
Launch Hyperlink	MHRA Guide for Healthca...
Launch Hyperlink	MHRA Patient Guide - wh...
Launch Hyperlink	MHRA Valproate Patient Card
Text Pick List	Has a Patient Guide be... - MHRA Patient Guide - what yo... CM Section - Additional
Prompt for Date   Mandatory   Multiselect	

## Searches

All searches for the Enhanced Services can be found in the distributed searches folder in ES&R.

Please find detailed below information about the searches:

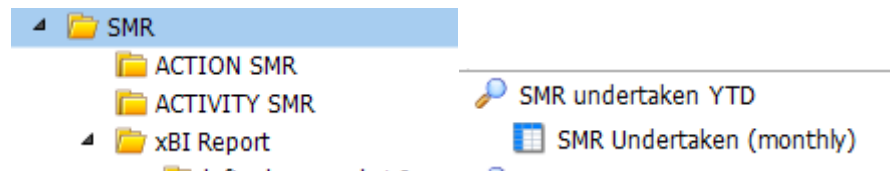


### SMR Search

SMR Search work on the assumption that relevant codes have been added to the patients record from the template

**The ACTIVITY folder**, shows a monthly breakdown of patients who have received a Structured Medication Review.

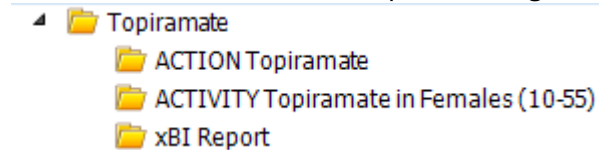
**The ACTION Folder**, will assist with checking patients who have an SMR coded on the same day as another and also any patients who have had an SMR coded within 7 days of another.



### Topiramate in Females (10-55)

**ACTION Folder** – will assist in identifying patients who need a PPP ARAF completing this financial year

**ACTIVITY Folder** – Number of patients eligible who have had a PPP ARAF completed this financial year



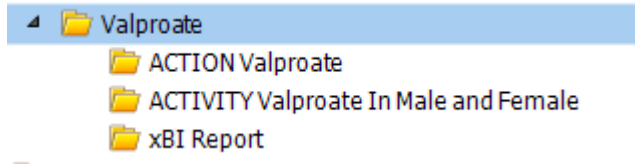
Valproate

**ACTION Folder**

Identify females of childbearing age who require an annual PPP ARAF completing  
Identify Male patients newly prescribed Valproate and require an RAF completing

**ACTIVITY Folder**

Number of female patients who have had an annual PPP ARAF completed



## 22. Financial overview summary

Please see financial summary for each LES below. Please refer to the specifications for details on those distributed to practices specifically that have previously committed to participate. Comprehensive information can be found within the specification or under each specification in the finance sections of this technical guidance.

<b>Routine LES costings – capped budget contracts –</b>	
11 months of the total annual value, paid in equal 11ths from <b>May 25 to March 26</b>	
<b>Capitated budget</b>	<b>£PWH</b>
ECGs	£0.96
Phlebotomy	£3.08
Wound care	£0.93
Injections	£1.00
Advice and guidance	£0.61
PSA testing	£0.44
End of life	£1.00
<b>Shared care</b>	
For drugs that require 3 monthly tests an annual fee of £120	£120
For drugs that require 6 monthly tests an annual fee of £60	£60
For drugs that require 12 monthly testing an annual fee of £30	£30

<b>Routine LES costings – cost and volume contracts –</b>	
Paid based on claims made for activity form <b>May 25 to March 26</b>	
<b>Cost and volume</b>	<b>£</b>
Care home (per bed)	£132.00
Minor surgery - excision - other practice patients only	£115.50
Minor surgery - injection - other practice patients only	£62.00
Ring pessary	£55.47
Spiro	£56.88
Feno	£28.00
Post bariatric monitoring	£45.00
Dementia	£34.20
<b>Diabetes</b>	
Initiation of insulin	£279.00
Initiation of GLP1	£55.00
Ongoing care	£85.30

<b>LTC LES</b>		
Payment will be 80% of the contract value paid in equal 12ths. Remaining 20% paid in June 26 based on actual achievement		
<b>Area</b>	<b>£PWH</b>	Payment per unit of activity: £115.
Blackburn with Darwen	£8.40	
East Lancashire	£8.40	
Morecambe Bay	£8.40	
Fylde & Wyre	£8.40	
Blackpool	£8.40	
Greater Preston	£8.40	
Chorley & South Ribble	£8.40	
West Lancashire	£8.40	