LOCAL ENHANCED SERVICES
A GUIDE FOR PRACTICES

2004/05

North & South Essex
Local Medical Committees

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Introduction

This guide has been produced as a point of reference for practices on the progress made with PCOs on the commissioning of Enhanced Services for 2004/05. It is intended to supplement information circulated to practices in the monthly Contract Updates and includes extracts taken from GPC/BMA 'Focus on…' documents.

Enhanced Services were always likely to be the most contentious area of the new Contract. Significant progress has, however, been made, important principles for general practice established and agreement reached across Essex on a range of services that fall outside the definition of Essential and Additional Services.

The Guide contains details of the Pan Essex Agreement and highlights possible next steps for practices and the LMCs. Managing workload is a crucial area of consideration for all practices. The information on pages 10 and 11 will hopefully be useful to practices contemplating ceasing to provide 'non-core' services.

What are Enhanced Services?

The concept of enhanced services envisaged by the negotiating parties is detailed in paragraphs 2.13 to 2.16 of the contract document 'The New GMS Contract: Investing in General Practice.' These paragraphs highlight a number of key features:

Enhanced Services are :

1. Essential, additional or out of hours services delivered to a higher specified standard.
2. Services not provided through essential or additional services for example more specialised services by health professionals, services at the primary/secondary care interface or services meeting specific local health needs.

Essex LMCs have produced a list of Local Enhanced Services (See adjoining page) This list has recently been amended to take account of the Pan Essex Agreement. ***PRACTICES ARE REMINDED THAT ALL ENHANCED SERVICES ARE VOLUNTARY.*** Where Enhanced Services are provided by practices it is in the interest of patients, GPs and their Staff that these are appropriately resourced and supported.

LMC List of Local Enhanced Services

- Specialised Care of Residential Home Patients
- Specialised Care of Nursing Home Patients
- Specialised Care of Patients with Learning Difficulties
- Therapeutics e.g. Zoladex, Ritalin, Managing Anti-psychotics (decision making process re shared care - agreed via Pan Essex Agreement
- Vasectomy
- Advanced surgical work – outside NES
- Removal of Skin lesions (normally referred to hospital)
- BCC and skin grafting
- Emergency suturing and trauma care
- Sigmoidoscopy Service
- Release of carpel tunnel syndrome
- Removal of Sutures
- Planned care of secondary care wounds*
- Complex leg ulcer management*
- Pre-op Assessments*
- Investigations at hospital request*
- Certificates for patients under hospital care*
- Non urgent patient transport*
- Phlebotomy Service*
- Insulin Initiation
- Audiology Screening
- Neo Natal Check
- Travel Health Clinic
- 24 hours BP Monitoring
- Cardiac Event Monitoring

* Details in Pan Essex Agreement

August 2004

Pan Essex Agreement *(Agreed between PCO reps & LMC July 2004)*

THE PRINCIPLES UNDERLYING THIS AGREEMENT ARE AS FOLLOWS:

- All parties wish to avoid recourse to the disputes resolution process.
- Agreement in this area will facilitate the planned and resourced movement of services from secondary to primary care.
- Data on activity is generally poor or unavailable. Practices will be required to collect accurate data during 2004-05 in order to inform commissioning in forthcoming years.
- Services agreed as being outside essential and additional categories include only those episodes where practice data confirms that an accepted specification has been met, or that a significant service has been provided.
- PCOs and LMCs will review this area quarterly in order to correct inconsistencies and refine the commissioning process.
- Practices providing Local Enhanced Services under this agreement must accept reasonable audit and validation from PCOs.
- All parties will work to engage secondary care to improve commissioning across the economy. In particular, all parties will support negotiations with secondary care on repatriating funding for services performed in primary care, thus ensuring that PCOs are not “paying twice” for services.
- The specification and commissioning of LES should be negotiated locally to reflect local circumstances and local need.

Specific Areas of Concern

It was agreed that the following list constituted a full list of all areas of concern identified by both parties.

Secondary care wound management

- *Planned care of secondary care wounds is non-core, i.e. outside essential and additional services.*
- *Immediately necessary treatment of infection etc is a core service as the patient may present at either primary or secondary care.*

Leg Ulcers

- *Treatment of simple leg Ulcers is a core service, however it was acknowledged that there may be some areas of complex treatment that require specialist care. Support and further advice would be sought from Tissue Viability Nurses.*
- *Specialist care of leg ulcers is non-core. A service specification for this service should be developed in consultation with Tissue Viability Nurse.*
- ***Pre-operative assessments / Investigations at hospital request***

Specific requests from secondary care for pre-operative assessments of patients are non-core. However routine "work-ups" prior to referral would be considered an essential service. Specific requests for pre-operative assessment should be part of an agreed protocol with the hospital.

Certificates for patients under hospital care

The issuing of MED3 certificates (absence from work) for patients

under hospital care is not a core service.

Booking of Patient Transport (non-urgent)

This is not a core service apart from the initial out-patient appointment, which is core. This is in the main a system issue that requires the existing process to be clarified with Acute Trusts.

Suture Removal (as a result of procedures carried out in secondary care)

As this is part of planned wound management, this is a non-core service.

Specialist care for patients in nursing and residential homes and Learning Difficulties patients

Enhanced care beyond GMS is not a core service. All patients are entitled to essential and additional services under GMS. Specifications should be developed locally to reflect local need.

Shared-Care Prescribing and Drug Administration

Areas of concern included:

- *Initiation of Secondary care Drugs and Initial Monitoring,*
- *Depot Psychotropic Medication*
- *Zoladex*
- *Alcohol Dependency Prescribing;*
- *Ritalin.*

It has been agreed that in the future the suitability of individual drugs to form part of a shared care arrangement will be agreed by local area prescribing committees. The LMC will be included in these discussions, and routine follow-up and monitoring will be core.

The question of whether the shared care prescribing of a drug is an essential service or an enhanced one will be determined by adopting the colour coding system used in primary care, as set out in the Essex Pharmaceutical Advisers' paper of June 2004. Accordingly, green and amber 1 drugs will in general be covered by essential services and amber 2 drugs will be covered by enhanced services. ***(No individual drugs have been subjected to this process August 2004)***

Phlebotomy Service (to support GMS)

This is a non-core service. It is recognised that in some areas practices have been funded specifically to provide Phlebotomy and this will need to be taken into account when negotiating LES.

Domiciliary Minor Injuries Service

This is non-core work and where appropriate should form part of a minor injury NES/LES.

Surgical Procedures

- *Vasectomy;*
- *Advanced surgical work outside DES;*
- *Removal of skin lesions;*
- *BCC and skin grafting;*
- *Sigmoidoscopy Service;*
- *Release of carpel tunnel syndrome;*

It was agreed these surgical services should be commissioned as enhanced services.

Starting Insulin

A non-core service requiring specialist skills.

Audiology Screening

Agreed as a non-core service.

Travel Health Clinic

Agreed as a non-core service. This could be provided privately by GPs.

24 hours BP Monitoring

Agreed as a non-core service.

Cardiac Event Monitoring

Agreed as a non-core service, apart from routine ECGs taken as part of GMS.

Emergency Suture and Trauma Care

This should form part of a minor injuries NES/LES.

Neo-Natal Check

This is non-core and should form part of the Intra Partum Care NES or a separate LES.

Post Natal Check (Mother)

Agreed to be a core service.

Dietary Advice

Agreed to be a core service.

Domiciliary Vaccination and routine preventative care

These were agreed to be core services.

What next for Practices…..?

- The Pan Essex Agreement highlights a number of services that fall outside the definition of Enhanced and Additional Services. These 'non core' services have all been raised by GPs in Essex as being areas of concern, particularly in terms of increasing workload.
- 'Non Core' services are outside of new GMS or existing PMS contracts and are therefore not funded via the Global Sum or PMS financial baselines.
- The new contract gives all practices the ability to better manage workload. For the first time GPs can safely cease providing unresourced, or even resourced 'non core' services.
- If PCOs wish practices to continue providing services now identified as 'non core' then they need to be commissioned as Enhanced Services and resourced at a level agreed with the LMCs and/or practices.
- Practices need to give careful consideration to their future service provision including whether or not they wish to continue providing 'non-core' services. Prior to discussions with their PCO, practices need to be clear about the resource implications for them in continuing to provide non core services. This is a window of opportunity for practices to determine future priorities and agree what they consider to be reasonable workload levels.
- Whilst the management of workload is attractive and may well prove crucial in retaining and recruiting staff, informing patients of decisions made to cease providing services will not be an easy process. The information on page 10 and the standard letter on page 11 may be helpful to practices contemplating this course of action.

Informing Patients of changes in Service Provision

There are several points it is worth making when informing patients, their representatives and others of a proposal to cease providing services.

1. Remind them that you have been providing these services for the past few years without any/or proper funding from the NHS i.e. at personal expense.
2. Point out that if you were to continue to provide these services without the necessary additional funding it would have a detrimental effect on other areas of the services provided to patients by the practice.
3. Explain to patients that the new GMS contract was designed to allow you to continue to provide the work but with appropriate funding from the PCO.
4. Explain that every PCO in the UK has been given a specific amount for spending on the continuation and development of enhanced services, of which the particular service in question is one.
5. Explain to patients that the PCO has made a decision not to resource the provisions of this service from the practice or practices in the area. It is the PCO's responsibility to ensure that the proper range of services patients require are commissioned.
6. Reassure your patients that the PCO will have to commission directed enhanced services and that you will have to refer them to the alternative provider, as you would do now for a consultant opinion.
7. Make it clear to your patients that you wanted to continue to provide the enhanced service, that you approached the PCO about this, but the PCO had decided not to commission the service from your practice(s).

A standard letter or poster may be the best way to inform patients.

Service Changes –Standard Letter

To:
PCO Chief Executive
PCO Finance Director

Date

Dear

RE:- Enhanced Services

(I/We) are giving 3 months notice that (I/we) intend to cease providing the following enhanced services from **[Date]** and will be advising (my/our) patients accordingly.

Details of Service

Details of Service

Etc.

(I/we) would have been prepared to continue providing some/all of these services subject to the nationally agreed service specifications or a satisfactory negotiation via the LMC of a local enhanced service.

Yours sincerely

The Contractor

cc: Local Medical Committee, Strategic Health Authority

LMC Specifications

In discussion with other LMCs and practices, the LMCs have produced a number of service specifications. An example can be found below - the remainder can be accessed via the LMC website: www.essexlmc.org.uk

Local Enhanced Service - Zoladex

1. INTRODUCTION

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patients, all of which are beyond the scope of essential services. No part of the specification by commission, omission, or implication defines or redefines essential or additional services.

2. SCOPE OF SERVICE TO BE PROVIDED

The offering of Zoladex in a primary or community care setting for those patients for whom Zoladex has been identified as part of their care plan. This to be evidence based and within good practice guidelines to provide

* A clinical service for patients within the PCT based on criteria defined and agreed
* Supporting clinical pathways for patients requiring Zoladex

3. ELIGIBILITY TO PROVIDE THE SERVICE

Where a PCO believes a doctor carrying out Zoladex implants is not complying with the terms of the contract it should invoke a remedial notice according to the procedure laid out in Regulation. In assessing suitability for the provision of this service, the PCT must ensure the following:

⇒ **satisfactory facilities.** PCOs should be satisfied that the venue for carrying out Zoladex implants has such facilities as are necessary to enable them to provide this procedure properly.

Adequate and appropriate equipment should be available for the doctor to undertake the procedure, and should also include appropriate equipment for resuscitation. National

guidance on premises standards has been issued.

nursing support. Registered nurses can provide care and support to patients undergoing Zoladex implants. Nurses involved in Zoladex insertion procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice

sterilisation and infection control. It is important that the provision of Zoladex implants is to the highest possible standards, and linked to the following arrangements if applicable:

(a) sterile packs from the local CSSD

(b) disposable sterile instruments

(c) approved sterilisation procedures that comply with national guidelines.

(d) annual programme of infection control audit

consent. In each case the patient should be fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record

audit. Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Possible topics for audit include:

(a) clinical outcomes

(b) rates of infection

(c) removal of implants.

patient monitoring. The service must ensure that details of the patient's monitoring are included in his or her lifelong record.

4. PRICING

In 2004/05 the provision of this local enhanced service will be £41.29 per patient. The number of procedures to be undertaken will be agreed between the provider and the PCT. The prices will be uprated by 3.225% in 2005/06.

What next for the LMCs?

Liaison with PCOs

- ♣ Agree arrangements that will be put in place to fund all 'non-core' work undertaken by GPs since 1st April 2004.
- ♣ Agree whether payment will be on the basis of a basket of services (see page 16) or actual activity.
- ♣ Where 'non-core' work is to be commissioned outside general practice, agree the support to be given to practices, and action to be taken by PCOs, in informing patients of the change in arrangements.
- ♣ By the end of September 2004, agree Enhanced Services Expenditure Floors with PCOs or alternatively formally indicate that a dispute exists.
- ♣ Agree the timetable for 2005/06 Enhanced Services negotiations.

Liaison with Practices

- ♣ Continue to provide regular Contract updates to practices and to work closely with practices on issues arising from the Enhanced Services agenda.
- ♣ Arrange meetings of GPs as and when necessary. Build on the lead taken by Colchester GPs in identifying areas of concern for general practice.
- ♣ Ascertain from the remaining practices whether they wish the LMCs to negotiate on their behalf. The LMCs have mandates from the majority of practices in nine of the thirteen PCOs. (See page 15)
- ♣ Support practices, either individually or collectively in discussions with PCOs about resource allocation and/or decisions made to cease providing services.
- ♣ Agree a process with practices for dealing with any adverse publicity arising from the new commissioning arrangements.

LMC Mandate

MANDATE

To: LMC Chief Executive
`North & South Essex LMCs
6b Whitelands
Terling Road
Hatfield Peverel
CM3 2AG

Dear Dr Balmer

New GMS Contract - Enhanced Services

I wish to confirm that the practice authorises Essex LMCs to negotiate on its behalf the pricing and specification of Enhanced Services that form part of the new GMS arrangements.

Practice Stamp

Signature of
Practice Representative

.....

New Contract Update , Volume 1, Issue 5—March 2004

'Basket' of Services

- The LMCs now have a list of Local Enhanced Services (Page 3 refers) that has been amended to take account of the Pan Essex Agreement.
- From this list it has been possible to identify a number of services that should be commissioned as individual items, eg specialist care to Nursing/Residential Home patients.
- These services can now be commissioned from selected practices with the necessary expertise. A number of specifications and prices for individual LESs have already been produced by the LMCs (see page 12 and 13).
- At the same time work has been ongoing to identify groups of services that could be commissioned as "baskets" by PCOs. The two "baskets" that have so far been suggested in Essex are detailed below:-

Basket 1

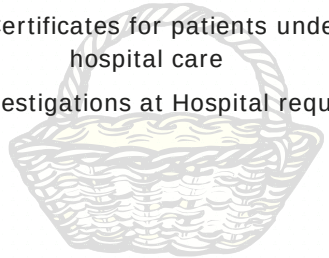
Secondary Care Wound Management

Pre-operative Assessments

Non-urgent patient transport

Certificates for patients under hospital care

Investigations at Hospital request



Basket 2

Minor Injuries

Phlebotomy Services

24hr BP Monitoring

Cardiac Event Monitoring

Secondary Care Wound Management

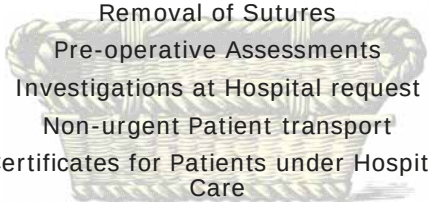
Removal of Sutures

Pre-operative Assessments

Investigations at Hospital request

Non-urgent Patient transport

Certificates for Patients under Hospital Care



- The price for these "baskets" has still to be agreed. Practices should take the opportunity of considering the resource implications of undertaking a "basket" of work.
- The commissioning of "baskets" negates the need to commission each element of the service individually. It requires practices to collect activity information to allow the arrangements to be reviewed at the end of December 2004.

Expenditure 'Floor'

In 2004/05 all PCTs have been given an Enhanced Services Expenditure Floor. **PCTs will not be allowed to spend less than this amount on Enhanced Services, although the amount can be exceeded.**

Essex PCOs	*Enhanced Services Floor (£000s)*
Basildon	1,464
Billericay, Brentwood &	1,531
Castle Point & Rochford	1,769
Chelmsford	1,360
Colchester	1,805
Epping Forest	1,280
Harlow	1,033
Maldon & South Chelmsford	841
Southend on Sea	2,086
Tendring	1,726
Thurrock	1,617
Uttlesford	733
Witham, Braintree & Halstead	1,459
TOTAL	**18,704**

What counts towards the Floor

The GPC takes the view that it is not possible to compile a nationally approved list of what constitutes an Enhanced Service.

The LMCs should agree this at a local level to reflect local health needs.

General guidance has been produced by both the BMA and DoH. **Having taken account of this guidance, the LMCs are of the opinion that the following services will generally count towards the expenditure floor:-**

☑ All Directed Enhanced Services (by definition)

☑ All National Enhanced Services (by definition)

☑ Local Development Schemes

☑ Local Primary Care Incentive Schemes

☑ GPs with a special interest (excluding essential or additional services work) funded by current expenditure.

☑ The plus element of PMS plus (none presently in Essex)

☑ The specialist element of specialist PMS arrangements (none presently in Essex)

☑ Services that are moved from the secondary care sector and instead provided in primary care by primary health care professionals.

NB: In determining whether a secondary care service has been shifted to primary care, the following combination of factors are relevant:-

- A service now being provided in a primary care setting
- A service now being provided **which is contestable for GMS and PMS contractors and might reasonably be provided by them,** eg other such contractors in the UK are delivering similar services.

The following services would not generally count towards the Enhanced Services Floor.

- ☒ Spend on primary medical services that is funded through other routes, e.g. Appraisal.
- ☒ Spend on GMS (or PMS equivalent) essential or additional services including greenfield and brownfield sites.
- ☒ Spend on any additional or out-of-hours services (except where spend is for the purpose of delivering services to a higher standard than normally required).
- ☒ Clinical Governance
- ☒ Community Nursing Services
- ☒ Prescribing incentive schemes
- ☒ Occupational Health
- ☒ Services that are provided by GPs in the secondary care sector, eg Community hospitals/clinical assistants.
- ☒ Baseline spend on services provided through Trusts or other providers, eg Accident and Emergency based minor injuries service. **These types of baseline services cannot be included for as long as existing contracts are simply rolled forward.**

Financial Monitoring -Role of the LMCs

PCTs are expected to draw up plans for commissioning of Enhanced Services. These should then be signed off by their Professional Executive Committee.

The LMC should be consulted about the proposed level of spend. The PCT should seek to obtain LMC agreement that the proposed services count for financial monitoring purposes.

Where there is a dispute over what counts towards the floor, the LMC and PCT should seek to resolve this locally in the first instance.

Where a dispute remains unresolved, the PCT will need to indicate in its financial returns to the Department that the level of spend is disputed.

Enhanced Services Negotiations 2005/6

- The National Enhanced Services Expenditure "Floor" is to increase by 13.13% in 2005/06. It is reasonable to assume that this will translate into a similar increase at a local level.
- The "Floor", as it suggests, is a minimum spend. As work is transferred from secondary care, the LMCs would expect all PCOs to significantly exceed their "Floors" in 2005/06.
- Negotiations with PCOs for 2005/06 will begin in September with the aim of agreeing PCOs' primary care commissioning intentions by the end of December 2004.
- This timescale will allow PCOs to take account of the resource implications of their commissioning intentions as part of Local Delivery Plans.

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Promoting the interests, aspirations and welfare of general practitioners in North and South Essex