



**North & South Essex**  
**Local Medical Committees Ltd**  
Promoting the interests, aspirations and welfare of general practitioners

## Local Enhanced Services Commissioned In Essex or Elsewhere

---



**Information for Practices**



## Index of Local Enhanced Services that have been commissioned in Essex or elsewhere

Title	Page
Infectious Disease Immunisation	1
Pandemic Influenza (H1H1) Vaccination Scheme	1
MMR Vaccinations provided to under 25 year olds	1
Hip B Catch Up	1
Administration of PCV and Hib/Men C Vaccinations	1
Vaccination against Hepatitis B	1
Infant Hep B Vaccination Programme (Post Exposure Immunisation)	1
Influenza Immunisation – Poultry Workers	1
Choose and Book	2
Referral Review Scheme	2
Treatment Room Support	2
Treatment Room/Basket Services	2
Complex Leg Ulcer Treatment	2
Leg Ulcer Management	2
Additional Clinical Services	3
Enhanced Phlebotomy Services	3
Secondary Care Wound Management	3
Provision of Wound Care & Minor Injuries Service	3
Wound Care	3
Provision of Wound Care Minor Injuries	4
Minor Injuries Service	4
Emergency Treatment of Minor Injuries in General Practice	4
Domiciliary Falls/Minor Injuries	4
Vasectomy	4
Administration of Gonadorelins for patients with Carcinoma	4
Rheumatology Drugs	5
GNHR (Zoladex/Prostap)	5
Zoladex	5
Local Enhanced Service for Warfarin Prescribing	5
Gold Therapy	5
Administration of Goserelin Implant in General Practice	5
Care Homes (Nursing & Residential)	5
Care Home Support	5
Emergency Hormonal Contraception Service	5
Contraceptive Device Fittings, Specifically 'Implanon'	6
Chlamydia Screening	6
Primary Care Sexual Health Scheme	6
Neo Natal checks carried out by GPs	6
Intra-uterine Contraceptive Device Fitting	6
Primary Prevention of Coronary Heart Disease	6
Heart Failure	6
24 Hour Ambulatory BP Monitoring	7
Practice Based ECG Service	7
Spirometry Measurement for COPD in General Practice	7
CVD Risk Assessment	7
DVT Pathway Contract	7
Learning Disabilities	7
Mental Health Depression Counselling Service	8
Specialised Primary Care Service for Depression	8
Delivery of brief interventions to patients to reduce alcohol related harm	8
Ad Hoc Audit LES	8
Asylum Seekers	8
Emergency Box Palliative Care	8
Homeless Patients	9
Initiation of Insulin in Type II Diabetes	9
LES for Primary Care provision for patients who have had difficulty maintaining registrations and require frequent allocations	9
Smoking Cessation	9
University Students	10

# Local Enhanced Services

In August 2012 Essex LMCs produced a briefing for practices "The Future Commissioning of Enhanced Services and other Non Core Services from GP practices".

This paper focuses on Local Enhanced Services (LESs) which from April 2013 will largely be commissioned by CCGs although Local Authorities will have responsibility for the commissioning of certain public health services.

Enhanced services were introduced as part of the GP Contract in 2004 and are defined as being:

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

All enhanced services are voluntary and it is in the interest of patients, GPs and their Staff that these are appropriately resourced and supported.

When LESs were introduced in 2004 the Essex LMCs agreed a range of services that were considered non-core and outside of essential services. This list remains valid today and guidance produced at that time (Local Enhanced Services: A Guide for Practices) is still available on the LMC website. Inevitably the list of services that have been commissioned as LESs by PCTs in recent years has expanded considerably, not only in Essex but nationwide.

With the emergence of new NHS organisations and an expectation of taking on more work with ever decreasing resources, General Practice is probably experiencing its most challenging time. Within the current environment, it has never been more important that practices take a serious review of LESs they currently provide and any new LES that they may be considering providing in the future. More importantly, consideration needs to be given to whether services are properly resourced and if they are not then if it is viable to continue providing them, particularly if they are not resourced at all.

**The LMCs firmly believe that if a service has since 2004 been commissioned as a LES, either in Essex or elsewhere in England, then this clearly demonstrates that these areas of work have been identified as outside of essential services and is non-core work.**

To assist practices in being clear about work that is non-core, the LMC has drawn up the attached list of services that have been/are commissioned under LES arrangements.

# Local Enhanced Services Commissioned in Essex or Elsewhere

## INTRODUCTION

The following sets out, in a few sentences, a brief flavour of each of the local enhanced services that have been plucked from specifications across the Country. The list is not exhaustive and this document will be reviewed and updated.

### Infectious Disease Immunisations

This LES sets out for GMS and PMS contractors to provide any immunisation campaigns that are not funded through the SFE.

### Pandemic Influenza (H1H1) Vaccination Scheme

To cover the provision of H1H1 influenza immunisation programme for those in the phase 2 priority group and based on the advice of the JCVI. The group covers all children born on or between 31st May 2005 and 1st July 2009 that have not already been immunised under the DES.

### MMR vaccinations provided to under 25 year olds

The purpose of the LES is to provide adequate protection against mumps for adults between the ages of 18 – 25 years and ensure that individuals aged under 25 years in contact with a case of mumps (laboratory confirmed or strong clinical suspicion) and who have not had two doses of a mumps containing vaccine are offered MMR.

### Hib B Catch Up

The aim of this DES is to cover the provision of Hib vaccinations to children in the target age group detailed, who have not previously received one so that these children are protected in line with older and younger children.

### Administration of PCV and Hib/Men C Vaccinations

The aim of this specification is to ensure that children receive the appropriate vaccinations in accordance with the changes introduced to the routine childhood immunisation programme with effect from 4th September 2006.

### Vaccination against Hepatitis B

This LES is intended to provide, within primary care, the facility to vaccinate registered patients against Hepatitis B, who fall outside the criteria for payment for vaccination under current government policy.

### Infant Hep B Vaccination Programme (Post Exposure Immunisation)

The purpose of this LES is to ensure that babies born to mothers who are chronically infected or to mothers who have had acute Hep B during pregnancy receive necessary treatment as the infection can be transmitted from infected mothers to their babies at or around the time of birth. Babies acquiring infection at this time have a high risk of becoming chronically infected with the virus. For this cohort of patients the accelerated immunisation schedule is preferred. For these babies this will mean an initial dose of vaccine at birth, with further doses at one and two months of age and a fourth dose at one year of age. A blood test is then required to confirm immunity. The scheme will provide a cost-effective means of ensuring that children are protected from serious disease and associated complications. The scheme will be an effective public health tool in that it not only protects children individually but collectively in the wider community.

### LES for Influenza Immunisation – Poultry Workers

The purpose of this Local Enhanced Service (LES) is to cover the provision of influenza immunisation for poultry workers. The Advisory Committee on Dangerous Pathogens (ACDP) has recommended that poultry workers should be

# Local Enhanced Services Commissioned in Essex or Elsewhere

offered seasonal influenza vaccine. By protecting poultry workers against human flu, the very slight risk that the worker could catch human flu and avian (bird) flu at the same time is reduced.

## Choose & Book

To support practices in implementing and using the national Choose & Book system when making first outpatient and community referrals.

## Referral Review Scheme

The focus of the referral review scheme is to provide care in a different way. The variation in referral rates by individual GPs is a highly complex area. It is, however, widely acknowledged that when GPs have dedicated time to review their referrals, they can gain a better understanding of the reasons why some members of the practice team have a lower threshold for referrals than others.

## Treatment Room Support

- Secondary care or specialist sampling done in the practice setting; for example, phlebotomy
- Support for the provision of Cardiac Event Recording
- Support for the provision of Ambulatory BP Monitoring
- Administration of injectable drugs, normally provided in secondary care, to patients who require them and whose condition is stabilised
- Removal of sutures and clips from uncomplicated wounds arising from secondary care procedures
- Post operative care of surgical wounds in patients who can attend surgery premises and where the care of such wounds falls within the skill and experience of staff involved
- Removal of foreign bodies from Ears, Eyes and Nose within the experience of the practitioner
- Audiometry
- Aural care from appropriately trained nurses
- Dressing to uncomplicated gravitational leg ulcers

- Management of Minor Trauma which would not normally require attendance at A & E
- H Pylori testing

## Treatment Room/Basket Services

This LES recognises and resources a number of services that have, over time, moved into a primary care setting:

- Secondary Care Wound Management
- Pre-operative assessments
- Initial patient transport booking (outpatients)
- Certificates for patients under hospital care
- Arranging investigations at hospital request
- Occasional phlebotomy
- Organisation of domiciliary vaccinations for housebound patients
- Investigation of hospital DNA

## Complex Leg Ulcer Treatment

The purpose of this LES is to cover the provision of the treatment of complex leg ulcers carried out through general practice. Payment arrangements under the scheme will apply to the treatment of complex leg ulcers that:

- Do not heal within one month of treatment
- Occur in the presence of diabetes, connective tissue disease, significant venous disease or peripheral vascular disease.

## Leg Ulcer Management

The service will provide:

- A full and holistic assessment of a patient with leg ulceration to assess their suitability for compression bandaging. This will include the use of Doppler ultrasound as a diagnostic tool.
- An individualised treatment plan based on national guidelines and evidenced best practice. Regular dressings and bandaging according to an individualised treatment plan.

- Ongoing review and reassessment, and referrals where appropriate to specialists, e.g. Dermatology or Vascular surgeons.
- Patient education and lifestyle management with written support for patients and carers.

### Additional Clinical Services

This LES provides for:

- Phlebotomy where the request has been specifically made by a secondary care provider.
- A clinical measurement where the request has been specifically made by a secondary care provider. The procedure must involve a General Practitioner being required to provide a clinical interpretation of the result.
- Post operative wound care following intervention by a secondary provider

### Enhanced Phlebotomy Services

The aim of the LES is to commission a LES for the provision of a phlebotomy service (beyond that required under essential services) from practices to their own patients.

### Secondary Care Wound Management

This LES recognises the need for a consistent approach to reward GPs for work that is carried out within primary care to manage wounds that have been initially treated in a secondary care environment or follow up on minor injury interventions carried out in primary care. The delivery of these services through primary care ensures that patients are able to continue treatment in the community without needing to visit a secondary care provider.

### Provision of Wound Care & Minor Injuries Service

- Lacerations capable of closure by stripping
- Bruises

- Following recent injury of a severity not amendable to simple domestic first aid
- Following blows to the head where there has been no loss of consciousness
- Partial thickness thermal burns or scalds involving broken skin (a) not over 1 inch diameter, (b) not involving the hands, feet, face, neck, genital areas
- Foreign bodies superficially embedded in tissues
- Minor trauma to hands, limbs or feet.

### Wound Care

The aims of this service are to:

- Ensure good access to high quality wound management for patients who are discharged from hospital or specialist primary care providers following surgery or trauma, including discharges from Accident and Emergency Departments.
- Provide appropriate and timely follow up arrangements if necessary.
- Provide relevant clinical examination including wound assessment and wound management as indicated
- To collect information regarding wound management services delivered within practice-based settings from which to determine future commissioning intentions.

Individual practices may wish to provide this service to their own patients

A number of practices may wish to provide this service jointly, providing services for patients from practices within their locality.

Procedures likely to fall within this agreement include:

**NB the following list gives guidance on the types of procedures and circumstances that lead to the use of a practice based post-surgical wound management service and is not exhaustive.**



# Local Enhanced Services Commissioned in Essex or Elsewhere

- The removal of sutures and clips
- Management of all types of surgical/post trauma wounds including treatments for wound infection and dehiscence
- Management of skin ulcers where the nurse has appropriate knowledge and skills and is competent to do so
- Any further treatment requisite with providing a post operative wound management service

## Provision of Wound Care Minor Injuries

This LES covers the following surgery based services for ambulatory patients:

- Requests for removal of sutures or staples, where the operation is carried out outside general medical practice as a consequence of a referral to or on-going care by hospital services, where it is either inconvenient for or undesirable for the patient to attend at hospital.
- Requests for wound dressing in respect of ambulatory patients where the operation was carried out outside general medical practice as a consequence of a referral to or on-going care by hospital services, where it is either inconvenient for or undesirable for the patient to attend at hospital.
- A minor injury service would cover the following treatments:
  - (i) lacerations capable of closure by stripping
  - (ii) bruises
  - (iii) following recent injury of a severity not amenable to simple domestic first aid
  - (iv) following blows to the head where there has been no loss of consciousness
  - (v) partial thickness thermal burns or scalds involving broken skin
    - (a) not over 1 inch diameter
    - (b) not involving the hands, feet, face, neck, genital areas
  - (vi) foreign bodies superficially embedded in tissues
  - (vii) minor trauma to hands, limbs or feet

## Minor Injury Services

Under the GMS/PMS contract Minor Injury Services are classified as an enhanced service and this agreement covers aspects of clinical care of registered and temporary patients beyond the scope of essential services, during core hours.

## Emergency treatment of minor injuries in general practice

This enhanced service recognises the need for a consistent approach to rewarding GPs equitably for providing minor injury services within their own practice. Injuries and wounds over 48 hours old should usually be dealt with through normal primary care services, as should any lesion of a non-traumatic origin. Interventions in primary care will ensure pressure will be taken off A&E services and will improve patients access to services overall. The service will reimburse practices for the immediate treatment required, but not for any subsequent treatment that is carried out (for example redressing and re-prescriptions).

## Domiciliary Falls/Minor Injuries

This LES aims to provide a comprehensive in-hours domiciliary service to falls/minor injuries where patients for reason of age, illness or disability are unable to attend the surgery or designated minor injuries unit.

## Vasectomy

To provide day care male sterilisation (vasectomy) under local anaesthetic, providing a high quality service, which is sensitive to the needs of patients.

## Administration of Gonadorelins for patients with Carcinoma

9. The administration of gonadorelins within primary care is designed to be an enhanced service in which:

- Patients with an established diagnosis and agreed treatment plan of Carcinoma of the Prostate, can undergo part of their treatment safely, effectively and conveniently close to their home.
- There is much greater integration of primary and



secondary care services and which recognises the increasing contribution that primary care can make in medical management and treatment of the hitherto predominantly hospital based approach.

### Rheumatology Drugs

This service funds a shared care drug monitoring service in respect of:

- Penicillamine
- Auranofin
- Sulphasalazine
- Methotrexate
- Sodium Aurothiomalate

### GNHR (Zoladex/Prostap)

This is a LES for the practice administration of Zoladex/Prostap

### Zoladex

The aim of this service is to enable the administration of Zoladex within a primary care setting to those patients for whom the treatment is deemed necessary as part of their care.

### Local Enhanced Service for Warfarin Prescribing

Warfarin prescribing is funded to ensure:

- therapy should normally be initiated in secondary care, for recognised indications for specified lengths of time
- maintenance of patients should be properly controlled
- the service to the patient is convenient
- the need for continuation of therapy is reviewed regularly
- the therapy is discontinued when appropriate

### Gold Therapy

This service specification relates to the enhanced service

for the prescribing, administration and monitoring of Gold Therapy.

### Administration of Goserelin Implant in General Practice

This enhanced service recognises the need for a consistent approach to rewarding GPs equitably for administering goserelin via subcutaneous injection within their own practice. It is recognised that when a GP or practice nurse administers goserelin the time taken and skill needed should be appropriately rewarded.

### Care Homes (Nursing & Residential)

This LES outlines the enhanced specialised services for patients in care homes and is designed to cover enhanced aspects of clinical care for those patients, beyond the scope of essential health services.

### Care Home Support

The aim of this LES is:

- Practices to provide a weekly base surgery/ward-round combination where appropriate, and to include regular medication reviews.
- New patient face to face contact visit
- Provide on call services for care home
- Provide telephone advice and support for Nurses employed in the care home
- Robust lines of communication to elderly medicine, care home support team, intermediate care, community pharmacists and other necessary therapists

### Emergency Hormonal Contraception Services

This LES is for the provision of emergency hormonal contraception through primary care. These services will be provided on an emergency basis in order to improve access to free emergency contraception and to signpost young people into mainstream services.

# Local Enhanced Services Commissioned in Essex or Elsewhere

## Contraceptive device fittings, specifically 'Implanon'

The aim of this service is to ensure that the full range of contraceptive options is available for patients in 'town'. Implanon fitting must be done by appropriately trained doctors. The patients must be counselled before fitting to ensure that it is right for them. Most people requiring this service will be 16-25 years of age with a few exceptions, to be determined by the clinician.

## Chlamydia Screening

The aims of this service are:

- To increase knowledge and awareness, especially among young people, of the National Chlamydia Screening Programme, whereabouts of screening facilities, and availability of treatment for Chlamydia.
- To increase the uptake of screening and treatment (if appropriate) for Chlamydia by young people who have had unprotected sex, and/or a new partner, and thus help contribute to a reduction in the prevalence of the infection and its medical complications.

## Primary Care Sexual Health Scheme

The overarching aim of the service is to achieve Health Care Commission targets and Choosing Health Local Delivery Plan targets. Joint working between service providers is critical to achieving the following:

- to reduce by at least 45% the under 18 conception rate from the baseline to achieve a local target of % by 2010:
- patients to be seen within 48 hours of referral;
- to reduce the number of 15 – 24 year olds positive to Chlamydia by screening 15% of that local population;
- to reduce the volume of referrals, where appropriate, to secondary care;
- to develop the plurality of Providers;
- to assist with the delivery of the 18 week target;
- to develop opportunities for Providers to make use of the opportunities presented by the Practice Based

Commissioning agenda;

- to develop services within Primary Care which offer convenient access for patients;
- to extend Patient Choice;
- to make better use of clinical skills available in Primary Care;
- to encourage the development of condition specific clinical pathways which make better use of the skill mix available in Primary Care;

## Neo Natal checks carried out by GPs

The majority of checks will be carried out by paediatricians in hospital, however, there will be occasions when new births are discharged at the hospital and GPs are requested to carry out neo natal checks. Instances when this occurs include home births, discharges on same date of birth and discharges at weekends following birth on Friday.

## Intra-uterine Contraceptive Device Fitting

The aims of this service are to:

- ensure that the full range of contraceptive options is provided by practices to patients
- ensure that the availability of post-coital IUCD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies

## Primary Prevention of Coronary Heart Disease

This enhanced service recognises the need for practices to identify potential patients at risk of CHD in order to be assessed and risk stratified. It recognises that work will need to be carried out to identify at risk patients, carry out appropriate investigations and provide a strong public health message.

## Heart Failure

- To bring delivery of Heart Failure Services into the

clinical network structure. This process commences with educational elements and continues by including follow –up for patients with heart failure to be recognised as activity.

- To encourage suitably skilled primary care teams to take responsibility for the uptitration of medication for heart failure for patients diagnosed with this in the Rapid Access Heart Failure Clinic.
- To improve the quality and care of heart failure registers in primary care, as well as screening patients with previous heart attacks for heart failure, hopefully leading to better delivery of evidence based care.
- To form part of a system to allow predictable integrated care of patients with heart failure across the PCT, including working with the hospital and community heart failure nurses.

## 24 Hour Ambulatory BP Monitoring

The aim of this LES is:

- to avoid unnecessarily labelling patients as hypertensive.
- to identify patients at increased cardiovascular risk because of hypertension more accurately.
- to initiate treatment for hypertension before the onset of target organ damage.
- to introduce the concept of patient self monitoring.

## Practice based ECG Service

- To provide an easily accessible and efficient locality based ECG service for practices in the PCT, for newly diagnosed patients with hypertension.
- To perform an ECG reading at a time convenient to patients and close to their homes.
- To provide an interpretation of the ECG recording.

## Spirometry Measurement for COPD in General Practice

The aims of this LES are:

- to ensure that the ongoing monitoring of patients with COPD is optimal
- to ensure patients receive the same standard of care, whether monitored in primary or secondary care
- to encourage shared care of patients and optimise the use of attendances at secondary care outpatient clinics
- to increase access for breathless patients to lung function testing nearer their home

## CVD Risk Assessment

The purpose of the Local Enhanced Service (LES) is to support Practices to identify patients at risk of developing cardiovascular disease (CVD) and deliver a risk assessment, intervention and management service for patients who have been identified at risk of developing cardiovascular disease over the next ten years.

## DVT Pathway Contract

The purpose of the service is to provide a primary care based high quality safe pathway for the diagnosis and management of Non-Complex patients with suspected DVT

## Learning Disabilities

The aims if this LES are to:

To ensure that all means all and the health inequalities faced by people with learning disabilities are part of local delivery plans (e.g. access). The community learning disability team want to offer the right support to practices to enable them to achieve government targets.

To ensure all People with a learning disability, currently on the practice list, are identified.

To ensure all local individuals with a learning disability are able to register with a GP.

To ensure individuals with learning disabilities have equality of access to primary care health team professionals and

# Local Enhanced Services Commissioned in Essex or Elsewhere

that they are fully involved in their own care and in planning and review services.

## Mental Health Depression Counselling Service

This service is intended to cover, and to extend, the existing accessibility to short term effective therapies for people suffering from depression and related disorders. It also aims to increase the range of treatment options available and to improve the efficiency of communication between primary and secondary care.

The service is intended to benefit primarily adults with mild to moderate depression or related disorders. These may include people presenting with:

Problems with low or depressed mood

- Bereavement issues
- Life crises
- Anxiety or stress problems
- Phobias
- Problems with self-esteem
- Problems with management of anger
- Self harm
- Mild to moderate Post Traumatic Stress
- Mild to moderate eating disorders

## Specialised primary care service for depression

This LES is for a specialised service for sufferers of depression and related disorders. It is intended to cover, and to extend, the existing accessibility to short term effective therapies for people suffering from depression and related disorders. It also aims to increase the range of treatment options available and to improve the efficiency of communication between primary and secondary care.

## Delivery of brief interventions to patients to reduce alcohol related harm

The LES will deliver brief interventions to a targeted group of patients in order to improve health and address social issues (family networks, crime and disorder, workplace). It is anticipated the service will run alongside the normal health promotion activities of the practice.

## Ad Hoc Audit LES

- Patients presenting possible symptoms of osteoporosis audit
- Mental Health Audit – patients on repeat antidepressants
- Renal disease audit in primary care

## Asylum Seekers

The aim of this LES is to ensure that:

- refugees and asylum seekers have equal access to appropriate levels of service from practices designed to ensure that their health needs are effectively tackled
- GPs are provided with knowledge, training and resources to enable them to deal effectively with refugees and asylum seekers health needs
- GP services are empowered to tackle the health needs of refugees and asylum seekers holistically by working with the relevant services

## Emergency Box Palliative Care

### 1. Service description

- i. This scheme aims to ensure that appropriate palliative care drugs are already present in a patient's home before the need arises
- ii. The contractor will provide palliative care drugs for a specific patient in advance of there being a need. Specific drugs are prescribed using a private prescription. Pharmacists then dispense but invoice the cost to the PCT. The

drugs are issued to the patient and then stored in the patient's home, to be used should the medical need arise.

- iii. It is the responsibility of the contractor to monitor the expiry date. The contractor will notify the district nursing team when an item in the emergency drug box is expiring and needs replacing.
- iv. The contractor will liaise with the carer and / or the district nursing team to ensure that any unused or expired medicines are returned to the pharmacy for destruction.
- v. The contractor will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

## 2. Aims and intended service outcomes

- i. To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- ii. To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate

### Homeless Patients

A LES to formalise access to primary care services for homeless people (registered or unregistered), ensuring that homeless people attending "clinic" can receive timely referral to a GP.

### Initiation of Insulin in Type II Diabetes

The aim of the LES is to ensure continuity of care, to ensure the service to the patient is convenient and timely and to facilitate keeping the person with diabetes in primary care.

### Local Enhanced Service for Primary care provision for patients who have

### difficulty maintaining registrations and require frequent allocations

Some patients experience on-going difficulties in their relationships with GP practices. These difficulties do not usually require the practices to resort to the use of the Violent Patients procedure, but may mean that a patient has a history of being removed from practices and being allocated on a regular basis. This can at times lead to them being registered on a rota basis. Whilst this approach may limit the impact for the practices, it does not address issues such as continuity of care and feelings that the patients are being victimised by the system.

Other patients may have received care through the Violent Patient Scheme and a review of their care under this scheme has identified that they no longer need to be treated via this route, but need a step down service before transferring back to mainstream primary care services.

The aim of this Enhanced Service is to recognise the workload involved for practices in handling the needs of these patients and recompense them for agreeing to provide on-going care for these patients.

### Smoking Cessation

- To support the reduction in smoking prevalence
- To increase access to Stop Smoking Service within the overall Strategic Smoking Cessation plan
- To ensure all healthcare professionals can contribute to the reduction in morbidity and mortality from smoking related diseases
- To ensure that the PCT delivers a reduction in health inequalities
- To support the achievement of the PCTs 4 week quit target
- To facilitate access to intensive support for those that wish to stop

# Local Enhanced Services Commissioned in Essex or Elsewhere

## University Students

The aim of this LES is to meet the particular needs of the student population and which are not incentivised by the QoF. This LES outlines the range of student specific services the PCT would like provided for this cohort of students at the Universities of Brighton and Sussex.

Practices providing this service will deliver an enhanced level of:

- **Sexual Health** – for many students, university is the time when they may become sexually active, increasing the risk of sexually transmitted infection and unwanted pregnancy. Students require the provision of information, screening and treatment of STIs
- **Mental Health** – prevalence of mental health conditions is known to be high amongst university student populations. Practices with these students commonly experience patients with conditions such as eating disorders, anxiety disorders, depression and self-harm. This requires assessment, appropriate management or referral. Since students are often only resident at the university location for part of the year, there is an increased responsibility for the practice to liaise with other service partners in the patient's home location to ensure seamless service throughout the year
- **Sports Injuries** – where a practice is located within a campus setting, the proximity of the service to sports facilities is likely to lead to an increased number of presentations of sports injuries. Where the practice has the necessary skills in place it is possible to offer an immediate service in the practice rather than referring to A&E.
- **Ethnic groups** – most universities have a significant proportion of overseas students and there are a wide range of needs arising out of this group including language barriers requiring longer consultations, requiring alternative approaches to treatment and effective means of communication.
- **High turnover patients** – The majority of patients are only with the practice for 3-4 years leading to an extremely high turnover of patients accompanied by an annual requirement for note summarisation to be undertaken.
- **Meningitis C** – the unvaccinated student population is at high risk of meningitis C and so the practice needs to fulfil an important public health function by identifying and vaccinating those patients who attend university without having first had the vaccine
- **Minor injuries** – University students, particularly those living away from home for the first time, are at higher risk of experiencing minor injuries such as lacerations, partial thickness burns, and minor trauma to hands, limbs or feet. Where the practice has appropriate expertise these can be dealt with within the practice rather than referring them on to A&E.







North & South Essex Local Medical Committees Ltd  
Registered Office: 5 Whitelands, Terling Road, Hatfield Peverel CM3 2AG  
Registered as a company limited by guarantee in England and Wales - Registered number 06398483