

Service	Enhanced Services Delivery Scheme (ESDS): Year Two
Commissioner Lead	Rachael Harrold, Primary Care Commissioning Manager
Provider Lead	GP Practices of Nottingham & Nottinghamshire CCG
Period	1 April 2020 – 31 March 2022
Date of Next Review	December 2021

1. Population Needs

1.1 National/local context and evidence base

The **Five Year Forward View** (5YFV) was published in October 2014 outlining a 'new deal' for GPs which called for more investment in primary care over a five year period. In April 2016 NHSE published the **General Practice Forward View**. This document laid out the strategic direction, through national investment and commitment in targeted areas, to stabilize and strengthen general practice. It recognised that general practice faces increasingly unsustainable pressures and that general practice wants and needs to transform the way it provides services to reflect these growing challenges. It presented plans around investment, workforce, workload, practice infrastructure and care redesign that will be led nationally but delivered locally.

In 2019 a New GP **Contract** was agreed and introduced which included the offer of a Network Contract Directed Enhanced Service, which was designed to encourage practices to work closely with each other and with other community providers and offered additional resources, in terms of cash and clinical manpower, to deliver a range of new Service Specifications.

1.2 Local Context

CCGs in Nottinghamshire have taken on delegated responsibilities for the commissioning, procurement and management of primary medical services. The CCGs in Greater Nottingham introduced 'enhanced delivery schemes' for their constituent practices. These schemes have had similar ambitions around improving patient experience and outcomes, providing a consistent patient offer', and reducing unwarranted variation in clinical practice. However, there have also been significant differences in the schemes that are no longer desirable given the merger of the CCGs and the move towards the development of an Integrated Care System in Nottinghamshire.

Nottinghamshire has been identified as one of the first eight designated Integrated Care Systems (ICS). The ICS will bring together the local NHS organisations and local authorities to deliver more integrated and effective care for patients. The local plans to develop an ICS recognise that the key enablers include increased capacity and capability in primary care. In addition, there will be a requirement for primary care providers to participate in system wide initiatives around improving quality and resource utilisation. Furthermore, moving to a collectivised model of General Practice is a necessary foundation upon which the ICS will be built and one which should ensure that a consistent service offer is made to patients.

The Enhanced Services Delivery Scheme (ESDS) has been introduced to support delivery of the STP and ICS, improving health outcomes and reducing health inequalities through the provision of high quality, consistent and value for money services that are patient-centred.

Historically there has been variation in core funding across the PMS and GMS practices within and across the CCGs. NHS England made clear in 2014 their

national intentions to move to a position where all GP practices, whether GMS, PMS or APMS, can expect to receive the same core funding for providing the core services expected of all GP practices by 2021 / 22. The Enhanced Services Delivery Scheme will help to equalise payments to practices during the transition period, increasing capacity, capability and equity in funding levels.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local Defined Outcomes

- Increased access and consistency of access to primary care services
- Improved detection and management of long term conditions
- Increased capacity and capability in primary care
- Consistent, system wide initiative to improve service quality and resource utilisation

3. Scope

3.1 Aim And Objectives

The aim is to improve the resilience and quality of primary care by increasing investment, reducing unwarranted clinical variation, improving the management of patients and ensuring a minimum standard of care which patients can expect to receive from any GP practice that is delivering the Enhanced Services Delivery Scheme.

Objectives

The objectives of the scheme are to:

- Improve access to GP services
- Reduce unwarranted clinical variation
- Improve the management of long term conditions
- Encourage practice engagement in Population Health Management
- Provide stability and increase the equity of funding received by GP practices

3.2 Service Description / Care Pathway

Service Description

The Enhanced Services Delivery Scheme is offered to practices as one scheme with two parts.

Part One is a set of minimum standards and expectations to support the enhanced delivery of good quality primary care services. It is a single framework above the core GMS / PMS / APMS contract, direct enhanced services, QOF and other locally commissioned primary medical services contracts. Practices who deliver this patient offer will deliver this alongside their core GMS / PMS / APMS contract.

This offer is available to all GP practices in Nottingham and Nottinghamshire to deliver as providers of primary medical care services.

Any practice wishing to deliver the Enhanced Services Delivery Scheme has to agree to deliver all of the minimum standards and expectations in Part One of the Scheme.

The standards are detailed at Appendix A, and have been categorised into the following groups:

- Access: all practices will endeavour to meet access standards in order to improve patient experience and resilience in the health and social care system
- Service Delivery: practices will make all of the services listed in the offer available to their patients, whether this is through directly delivering the services themselves or by sub-contracting with another organisation to ensure that their patients have access to these services. Appendix B provides further service specific detail on these services

Part Two details a Quality Scheme which will encourage practices to adopt a Population Health Management (PHM) approach aimed at improving the health of the population. Practices can choose two from four clinical domains, in agreement with the CCG. Appendix C sets out details of the Quality Scheme and the four PHM domains, including suggested patient prioritisation and impactful interventions.

The content of the Enhanced Services Delivery Scheme will be reviewed annually by commissioners to ensure that it remains fit for purpose.

Collaborative Working – Service Delivery

Practices can choose to deliver some elements of this specification in collaboration and / or with third parties as sub-contracted providers.

Where providers are working collaboratively or sub-contracting with third parties the proposed approach must be approved by commissioners prior to commencement of the service.

Should there be any proposed changes to the delivery model e.g. a change in sub-contracted provider, the GP practice who is commissioned to deliver this patient offer is required to notify and receive agreement from the commissioner as soon as possible.

Where a GP practice chooses to sub-contract delivery of the standards to another provider, the GP practice is responsible for ensuring that:

- appropriate sub-contract agreements are in place in accordance with contractual requirements
- appropriate arrangements are in place which satisfy information governance requirements and ensure that data security will be maintained if patient information is to be transferred between the two parties
- appropriate arrangements are in place which satisfy clinical governance requirements including
- where the sub-contracted service is a clinical service, the GP practice is responsible for ensuring that appropriate arrangements are in place for the patient's record to be updated with the necessary clinical details as delivered by the sub-contracted provider
- ensuring that good quality safe services are provided by the sub-contractor in line with the service specification

Care Pathways

Patients can benefit from these standards and receive these services from their own registered GP practice. For standards that involve delivery of clinical services it is

the responsibility of the GP practice to determine the pathway for patients to access these services. Wherever possible, this should be aligned to how patients access their registered GP practice for core primary medical services.

If a GP practice chooses to sub-contract delivery of these standards and / or services to another provider it is the responsibility of the patient's registered GP practice to ensure an appropriate access pathway is agreed. This should be in line with the requirements for collaborative working as detailed above.

3.3 Population Covered

The Enhanced Services Delivery Scheme will be available to the registered population of all GP practices within Nottingham and Nottinghamshire who agree to deliver the Scheme.

3.4 Any Acceptance And Exclusion Criteria And Thresholds

Appendix A details the minimum standards that must be delivered by any practice wishing to participate in the Enhanced Services Delivery Scheme.

Appendix B details acceptance and exclusion criteria for the Service Delivery element of the Scheme (where applicable).

3.5 Interdependence With Other Services/Providers

This service should be delivered alongside the GP practice's core GMS / PMS / APMS contract.

The GP practice is expected to work closely, as appropriate, with other service providers in the health community including (but not limited to):

- secondary care providers
- community care providers and other primary care providers
- the ambulance service
- local authorities
- nursing and residential homes
- voluntary sector providers

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Practices must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any relevant standards.

4.3 Applicable local standards

As detailed in the appendices.

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed and the essential 16 standards achieved. Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all Serious Incidents that relate to primary care services to the appropriate CCG, in line with NHS England's Serious Incident Framework (March 2015 and anticipated new

framework in 2021). If it is not clear whether or not an incident fulfils the definition of a serious incident, providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the CCG on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) <http://www.mhra.gov.uk/#page=DynamicListMedicines>
- Central Alerting System (CAS) <https://www.cas.dh.gov.uk/Home.aspx>
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the CCG within the designated timescale.

Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children: <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Looked After children

https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf

Adults: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Children: <https://nottinghamshirescb.proceduresonline.com/>

Adults: <https://www.nottinghamshire.gov.uk/care/safeguarding/policies>

5. Applicable Quality Requirements And CQUIN Goals

5.1 Applicable Quality Requirements

This is a patient focused quality driven offer; there are no additional quality requirements to be achieved.

5.2 Applicable CQUIN Goals (See Schedule 4 Part E)

Not applicable.

6. Location of Provider Premises

The Provider's Premises:

The Service will be provided within the boundaries of Nottingham & Nottinghamshire CCG. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

Additional Information

(derived from the relevant contract schedules of the NHS Standard Contract)

Expected Annual Contract Value

The contract value for the Enhanced Services Delivery Scheme will be specific to each individual practice.

PART ONE: Gateway Levelling Up and Service Delivery

The funding attached to Part One is a differential payment to those practices receiving below £96.78 per weighted head of population as at 1st April 2021. The payment is calculated by deducting the practice average Global Sum payment per weighted head of population from £96.78 and then multiplying the result by the practice's weighted list size.

In addition, practices in Greater Nottingham will receive £4.90 / practices in Mid-Nottinghamshire will receive £2.90*, per weighted head of population as at 1st April 2021 as a flat payment.

*£2 per weighted patient has been deducted from the Mid-Nottinghamshire service delivery payment to account for the cost of delivering the Acute Home Visiting Service.

The funding is paid for delivering **ALL** of the standards as per this contract.

The funding includes the cost of consumables and any other associated costs incurred when delivering these standards. From 1st April 2021 all practices will order H.Pylori Breath Tests on prescription. See Appendix B H-Pylori service detail.

PART TWO: Quality Scheme - Population Health Management

The practice is expected to improve the management of patients adopting a Population Health Management approach across two out of four clinical domains. For each 'domain' selected the practice will be required to submit a statement detailing how they intend to work as a practice, and collectively with PCN partners, to identify their target population and deliver impactful interventions.

The total target funding attached to Part Two will comprise £0.50 per weighted head of population as at 1 April 2021.

Timing And Amounts Of Payments

GP practices will be paid on a quarterly basis.

The CCG will automatically make the payment to the practice. The payments will be made in arrears and scheduled around the following dates;

- Q1: 25% of Gateway + 25% of PHM Quality Scheme – June
Payment is calculated using the practice weighted capitation and £/pt. as at 1st April 2021. When this information is made available the Finance Team will process payment.
- Q2: 25% of Gateway + 25% of PHM Quality Scheme – September
- Q3: 25% of Gateway + 25% of PHM Quality Scheme – December
- Q4: 25% of Gateway + 25% of PHM Quality Scheme – March

If a provider fails to meet the standards in Part One of this contract, the non-compliance will be managed as outlined below and if not resolved this will include the application of a financial penalty with contract payments adjusted accordingly. This is set out in the "Management of non-compliance" section below.

Management Of Non-Compliance

Providers are required to deliver **all** of the standards within Part One of this contract in order to receive the contract values as referenced above. All standards must be being delivered within 3 months of the contract commencement date.

Where it is identified that a provider is not delivering the standards as per this specification the contract management process outlined in figure 1 will be followed.

It is acknowledged that there may at times be exceptional circumstances where a provider is unable to deliver the standards and / or reporting requirements as detailed within this specification. The GP practice is responsible for notifying the commissioner immediately as soon as they become aware and these will be reviewed on an individual basis. This is referenced in figure 1 below.

Management of Non-Compliance

Figure 1

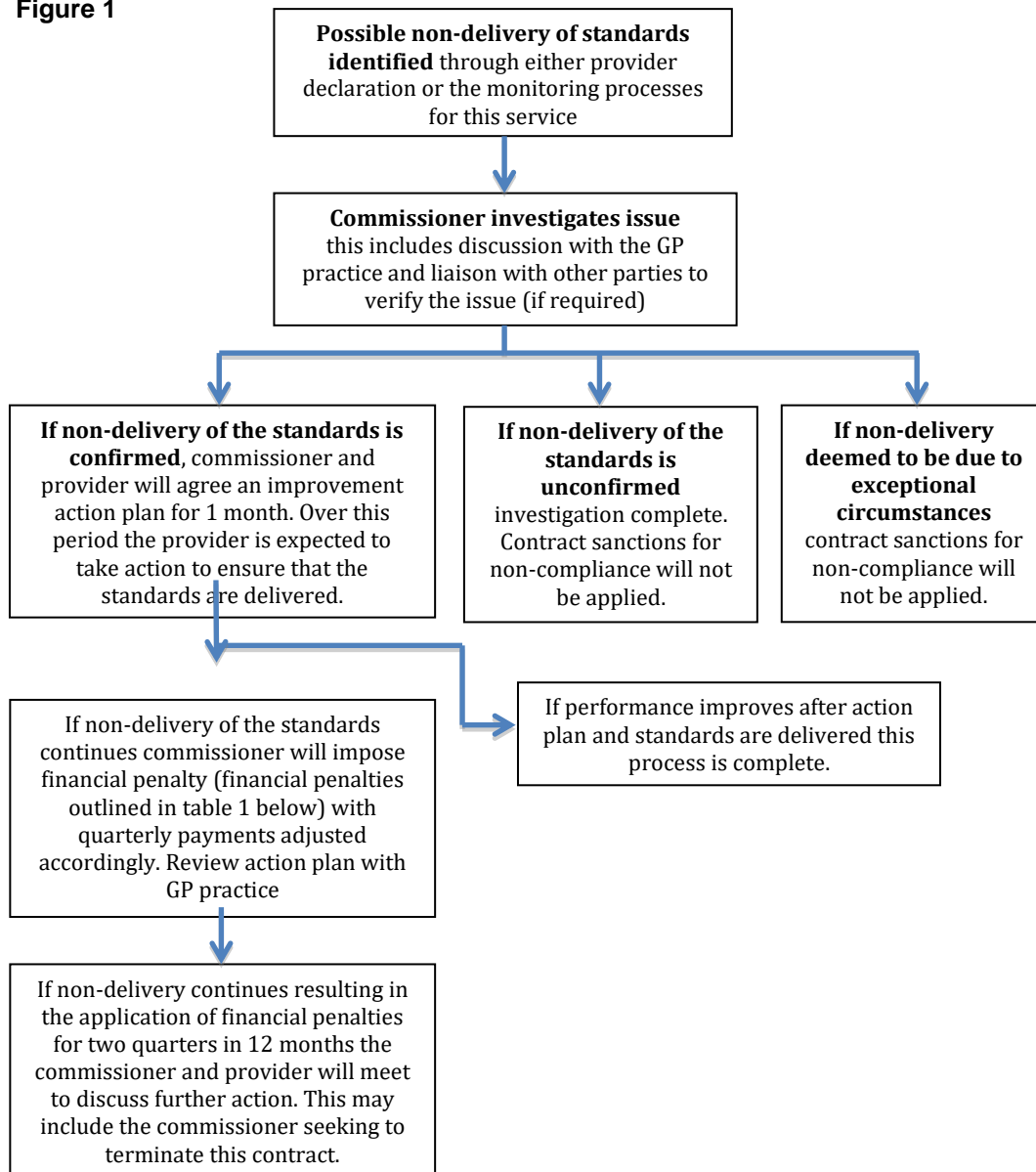


Table 1: Financial penalties

The penalties have been weighted, should a provider fail to deliver one or more of the standards within these sections then a financial penalty equivalent to the below weightings may be applied to the quarterly payment:

- ACCESS – there are no financial rewards or penalties attached to Access Standards A1, A2, A3 or A4.
- SERVICE DELIVERY – up to a maximum of 40% of the payment and up to a 50% reduction in the funding attached to Part Two of the Scheme (paid quarterly)

Local Quality And Local Reporting Requirements

The following framework will be applied to monitor this service:

- **Initial Assessment/Assurance** – All practices will be expected to provide assurance that they are able to deliver Part One of the Enhanced Services Delivery Scheme for their patients in an initial assessment document prior to the start of the service. Commissioners will provide a template for this assessment. The completed assessment document will be reviewed by Commissioners and if insufficient assurances are provided with regards to service delivery, this will be raised with the practice. If assurances cannot be provided the practice will not be eligible to sign up to this offer
- **Quality Scheme 2021/22** - Practices are required to select two out of the four domains that are most relevant to their practice population and submit a statement detailing how they intend to work as a practice, and collectively, to identify their target population and deliver impactful interventions. Commissioners will provide a template to be submitted prior to the start of the scheme (see Appendix D) in order that the chosen domains have CCG approval.
- **Annual Assurance Statement** – All providers will be required to submit an annual assurance statement for the year which includes a declaration confirming compliance against the service specification. Commissioners will provide a template for this statement and this will need to be submitted annually by the 30th April.

Where providers anticipate that they are unable to adhere to these standards, they must notify commissioners immediately

- **In-year reporting** – For some standards there may be a need for in year reporting and / or other information returns to be provided to the CCG (detailed in Appendices)

APPENDIX A – Part One: Access Standards

Category	Ref.	Standard / Requirement	KPI Threshold & Method of Assessment
	A1	Endeavour to deliver routine / non-urgent appointments with a clinician, or ensure other appropriate clinical contact is offered within 5 working days.	NHS Digital Appointment Extraction
	A2	Offer direct access (no ring back) to routine appointments up to a minimum of 4 weeks in advance.	
	A3	Urgent appointments (urgent is defined by the patient until clinically assessed by the practice e.g. telephone triage) are available on the same day.	
	A4	Provide a separate direct line for health professionals and ensure calls are answered in a timely fashion and provided with an appropriate response. Where possible transfer calls directly to a GP; where this isn't possible arrange a timely call back from a GP to the health professional. The call back should happen within a time frame where the advice from the GP is able to support the health professional in the development of a management plan for the patient.	Practice self-report and feedback from partner organisations

APPENDIX B – Part One: Service Delivery Requirements

The provider will ensure their patients have access to the following services as part of this Primary Care Enhanced Delivery Scheme.

For all services outlined below:

- The service will have contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems.
- Medicines handling activities (e.g. procurement, storage, dispensing and disposal) will be covered by standard operating procedures and will be safe and in line with current legislation, licensing requirements local guidelines and formulas and good practice including National Guidelines.
- The practice will comply with requests from the commissioner to provide information as it may reasonably request for the purposes of monitoring the performance of the practice's obligations under this service.
- For all clinical interventions delivered appropriate entries will be recorded in the patients' medical record, the records will be auditable and the patient's registered GP practice is responsible for obtaining the necessary consent from the patient for delivery of the service.
- If the patient is not registered with the provider providing this service, the registered GP practice must ensure that the provider has all the relevant information to provide safe and effective care. Similarly, the provider must ensure that the patient's registered practice is given all appropriate clinical details for inclusion in the patient's record.
- Where the clinical intervention produces a test result e.g. Phlebotomy test result, ECG result etc. all results should be read promptly and the appropriate action taken.
- Each service should have agreed protocols and standard operating procedures that are reviewed regularly (at least annually), these must include infection control and needle-stick injury management where required.

APPENDIX B – Part One: Service Delivery Requirements

Category	Ref.	Standard / Requirement	KPI Threshold & Method of Assessment
Service Delivery*		* Practices will deliver or facilitate access to the following services. These services will be provided by appropriately qualified, trained and competent individuals, either in the practice or by arrangement with another provider	<p>Payment will be based on service availability rather than service volume therefore submission of activity data is not required</p> <p>The commissioner reserves the right to request additional ad-hoc reporting from all practices. Commissioners will allow appropriate notice periods for providers to respond to the request for information.</p>
	S1	Ear Irrigation	
	S2	Treatment Room Services	
	S3	Management Of Minor Injury	
	S4	ECG Monitoring and Interpretation	
	S5	H Pylori	
	S6	Phlebotomy Adults (12 years +)	
	S7	Phlebotomy Domiciliary	
	S8	Spirometry	

FURTHER INFORMATION ON SPECIFIC SERVICES

S1 – Ear Irrigation

All registered patients aged 12+ years who attend the practice will have access to an ear irrigation service.

It is the responsibility of a clinician at the patients' registered practice to make the decision whether ear irrigation is clinically indicated, following assessment of the patient and checking that there are no contraindications to irrigation.

Ear Irrigation will be provided by an appropriately trained clinician in Ear Care and delivered from an appropriately equipped treatment room. The provider of the Ear Irrigation service will check that the patient has no contraindications to irrigation before treatment and provide any consumables required to deliver the service.

S2 – Treatment Room Services

All registered patients will have access to a minor injury and wound care treatment room service for patients requiring minor interventions including (but not exclusively confined to):

Appropriate Injuries Service

- Management of minor lacerations capable of closure by simple techniques as clinical appropriate. (A minor laceration is defined as not requiring subcuticular repair or closure and can be completed using simple closure techniques)
- Management of partial thickness thermal burns and scalds including broken skin not over 1 inch in diameter, not involving hands, feet, neck, face, genital area
- Minor trauma to hands, limbs or feet. (A minor trauma is defined as a trauma that has occurred within the last 48 hours and can be treated immediately without the requirement for an X-ray or referral to an orthopaedic clinic).

Postoperative Care for patients able to attend a clinic

- Dressing changes
- Suture or clip removal
- Wound examination to check healing process

Dressings service

- Dressings to arterial leg ulcers
- Dressings to venous leg ulcers

The minor injuries and wound care treatment room service will be provided by an appropriately trained clinician and delivered from an appropriately equipped treatment room.

Dressings or products required to deliver the service should be patient specific and ordered via an FP10 prescription, if the practice are providing the service.

The service will be compliant with relevant guidelines and standards, including:

- Wound Care Product Formulary
- Pressure Ulcer Prevention and Treatment Guidelines

The service must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any of the relevant Standards including adherence to the relevant NICE guidelines, for example:

- Simple Wound Management and Suturing
- Lacerations
- Bites – human and animal NICE – CKS
- Debriding Agents used to Treat Surgical Wounds
- CG92 Venous thromboembolism – reducing the risk: NICE guidelines
- CG74 Surgical Site Infection

S3 – Management Of Minor Injury

GP practices are required to provide minor injury services to their patients.

Minor injury is considered to be an injury which is not serious or life threatening and can be assessed and in most cases treated by a healthcare professional in primary care. Following assessment and simple actions patients could often manage these injuries themselves.

Examples include sprains, strains, minor head injuries and minor musculoskeletal injuries.

Small cuts/grazes, minor burns and scalds, insect and animal bites are also classed as conditions that should be managed in primary care.

Serious medical emergencies including serious head injury, severe blood loss, severe allergic reaction etc. should continue to be directed to the appropriate urgent care services including the Urgent Care Centre and A&E where appropriate.

S4 – ECG

All registered patients aged 18+ years will have access to a primary care based timely ECG recording service for routine screening of symptomatic patients.

This service is for ambulant patients who are able to attend the practice, undress and get unaided onto an examination couch. A carer may assist.

The service is for patients who need ECGs as part of their management plan. **This service is not for emergency ECGs** – e.g. acute chest pain. Patients requiring an immediate or emergency ECG should be referred through the appropriate patient pathways to secondary care for urgent assessment.

ECGs will be provided by trained, competent staff. All equipment used will be maintained and calibrated in accordance with the manufacturers guidelines. It is the responsibility of the GP practice or agreed sub-contractor to cover the cost of this.

It is the responsibility of the GP practice or agreed sub-contractor to interpret the results of the ECG test. ECG results should be read promptly following the test and acted upon accordingly within a timely manner.

Providers must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any of the relevant Standards including adherence to the relevant NICE guidelines, including:

- CG95 - Chest pain of recent onset

S5 – H Pylori - Provision of Carbon-13 urea breath testing for Helicobacter pylori in patients with dyspepsia post eradication with triple therapy

Registered patients who are under Patient Specific Directive (PSD) will have access to the provision of the H. Pylori breath test.

Patients must meet the test criteria and it is recommended that the Test Checklist and Procedure Form available on the pathways website are completed with patient prior to test.

The breath test service protocol available on the pathways website should be followed.

<https://pathways.nice.org.uk/pathways/dyspepsia-and-gastro-oesophageal-reflux-disease/helicobacter-pylori-testing-and-eradication-in-adults>

The service uses Diabact UBT breath test kits which are designated as a Prescription Only Medicines (POM), which can be ordered via FP10.

Exclusion criteria and thresholds

- Patients under the age of 18 years.
- Patients that have not fulfilled the criteria i.e. have had antibiotics within the last 28 days or PPIs within the last 14 days.
- Patients that cannot swallow a tablet (the size of a paracetamol tablet) – these patients cannot be given DIABACT UBT.
- Patients who are pregnant or suspect they might be.
- Breastfeeding mothers (pregnant and breastfeeding patients are excluded from eradication therapy, so do not test routinely).

Applicable national standards

Providers must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any of the relevant Standards including adherence to the relevant NICE guidelines, including:

- NICE Guidance (CG184). Dyspepsia: management of adults with dyspepsia in primary care, August 2004 (amended June 2005)

S6 – Phlebotomy Adults (12 years +)

The practice will make available all urgent and routine phlebotomy.

All registered patients aged 12+ will have access to a phlebotomy service encompassing all blood sampling for investigations, monitoring (including, but not limited to, the monitoring of INR, shared care protocols and stable prostate cancer) and follow up arising from the management of patients in primary care or for secondary care where the provider agrees to do so. The service will deliver a clinic based service for patients requiring blood testing.

The provider shall:

- Ensure each time blood is taken an appropriate entry is recorded in the lifelong patient record, including the date the sample was taken, what tests the blood was sent for and the subsequent result.
- Record the test in the patient's record using appropriate coding. Providers should use one of two codes, 41D0 or XaEJK (blood sample taken), depending on the clinical system.
- Ensure the safe storage of blood samples, ready for transportation to the Pathology laboratory for analysis. Ensure blood samples are stored in a safe clinical environment prior to transportation to the local pathology department.
- Advise the GP within acceptable timescale if it has not been possible to take blood

Ensure each patient is given, if they wish, information in writing detailing what their blood tests are for, how to get the results of their test, how long they are likely to wait, and who to contact with any queries by the service provider.

The provider must have appropriate protocols in place for infection control and needle-stick injury management.

Maintain a stock of suitable phlebotomy containers and ensure the correct usage.

Ensure blood samples are stored in a safe clinical environment prior to transportation to the local pathology department.

Where the patient is identified as high risk by the referrer (i.e.HIV/MRSA positive) this should be clearly marked on the referral form/blood sample bag and the necessary precautions taken.

Additional exclusion criteria

The following blood tests are not considered appropriate within the community and are therefore excluded from the service's remit:

- Cross matching

The services includes GTT phlebotomy tests, however, GTT phlebotomy tests in pregnant women is

excluded. This is the responsibility of secondary care providers to organise and fund as part of the maternity pathway tariff.

Applicable standards

- Staff performing the phlebotomy service should be adequately trained and supervised as determined by the provider.
- The staff undertaking the procedure must have verified Hepatitis B protection.
- Staff undertaking the procedure must have suitable indemnity.

NICE

Providers must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any of the relevant Standards including adherence to the relevant NICE guidelines, including:

- CG139 Section 1.1.2 Hand decontamination
- CG139 Section 1.1.4 Safe use and disposal of sharps

S7 – Phlebotomy Domiciliary

The practice will make available all urgent and routine phlebotomy.

All registered patients who are housebound and unable to attend a phlebotomy clinic will have access to a domiciliary phlebotomy service. The service encompasses all blood sampling for investigations, monitoring (including, but not limited to, the monitoring of INR, shared care protocols and stable prostate cancer) and follow-ups arising from the management of patients that are house bound.

The service shall:

- Ensure all referrals and requests for a planned home visit are checked for eligibility; the following questions should be asked for all planned home visit requests:
 - Has the patient a disability that prevents them from attending the surgery?
 - The patient doesn't attend surgery for other services?
 - Is the patient in a care/nursing home or housebound?
 - Is the patient oxygen dependent and cannot use ambulatory oxygen?
 - Is the patient severely mentally incapacitated and attending surgery would cause undue anxiety?
- Ensure that if a patient does not fall into one of these categories then a planned home visit request should be declined.
- Maximise efficiency to the service by contacting all patients scheduled for a planned home visit on the day of the visit to confirm who will be attending.
- Ensure the safe storage of blood samples, ready for transportation to the Pathology laboratory for analysis. Ensure blood samples are stored in a safe clinical environment prior to transportation to the local pathology department.
- Providers should ensure that appropriate safety measures are addressed i.e.:
 - Arrangements for bed bound patients who may not be able to answer the front door
 - Governance arrangements around security where key code access to patients homes is given
 - Requirement to advise GP within acceptable timescale that it has not been possible to take blood
 - Clarification of procedures/accountability for ensuring patient is not injured/collapsed at home
- Ensure each time blood is taken an appropriate entry is recorded in the lifelong patient record, including the date the sample was taken, what tests the blood was sent for and the subsequent result.
- Record the test in the patient's record using appropriate coding. Providers should use one of two codes, 41D0 or XaEJK (blood sample taken), depending on the clinical system.
- Maintain a stock of suitable phlebotomy containers and ensure the correct usage.

Where the patient is identified as high risk by the referrer (i.e. HIV/MRSA positive) this should be clearly marked on the referral form/blood sample bag and the necessary precautions taken.

Appointments must be prioritised based on clinical need and response times for patient visits should be appropriate to the clinical need.

Additional acceptance and exclusion criteria and thresholds

The following blood tests are not considered appropriate within the community and are therefore excluded from the service's remit:

- Cross matching

Applicable national standards

- Staff performing the domiciliary phlebotomy service should be adequately trained and supervised as determined by the provider.
- The staff undertaking the procedure must have verified Hepatitis B protection.
- Staff undertaking the procedure must have suitable indemnity.

Providers must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any of the relevant Standards including adherence to the relevant NICE guidelines, including:

- CG139 Section 1.1.2 Hand decontamination
- CG139 Section 1.1.4 Safe use and disposal of sharps

S8 – Spirometry

All registered patients will have access to a primary care based timely spirometry service for the accurate diagnosis of COPD. All identified patients should be referred to the appropriate competent person, ensuring patients are advised to stop taking medication which may prevent spirometry being performed, as appropriate to the individual patient.

The content of the spirometry procedure should include:

- An appropriate review of patients health, including checks for potential contra-indications, that the patient is safe to undergo the test and meets the criteria
- Clear instructions forwarded to patients who will be attending for spirometry testing e.g. inhaler advice, clinically stable, loose clothing, what the tests involves and length of time to carry out the test
- Interpretation of the results
- Results of patients diagnosed with COPD are classified and recorded (including scanning of hard copies where generated) as mild, moderate, severe or very severe
- Prescribed and administered medication, where & as appropriate
- For patients who smoke, onward referrals to the smoking cessation service should also be offered at the point of diagnosis.

Reversibility Testing

In most patients, routine spirometric reversibility testing is not necessary as a part of the diagnostic process or to plan initial therapy with bronchodilators or corticosteroids. However in some cases reversibility testing may need to be undertaken if asthma is suspected. In all cases spirometry results should be recorded & interpreted and this should be documented.

Workforce and Equipment

Health care professionals who perform spirometry and interpret the results will have completed an approved competency-based training course in spirometry; be assessed as competent and be expected to keep their skills up to date.

All equipment used will be maintained and calibrated in accordance with the manufacturers guidelines. It is the responsibility of the GP practice or agreed sub-contractor to cover the cost of this.

Providers must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any of the relevant Standards including adherence to the relevant NICE guidelines.

APPENDIX C – Part Two: Quality Scheme

Population Health Management

Population Health Management (PHM) is an approach aimed at improving the health and care of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.

<https://www.connectednottinghamshire.nhs.uk/media/1665/health-and-well-being-board.pdf>

The aim of the ESDS Quality Scheme is to encourage practices to adopt the PHM approach in the care of their practice population. PHM recognises that risk varies across the Nottinghamshire area and suggests targeting interventions where they can achieve maximum benefit. For this reason, rather than every practice tackling the same areas, practices may select any two of the four 'domains' described below, which reflect the greatest PHM challenges in their practice.

As well as focusing on care given within the practice, the aim is for practices to work with colleagues across their health communities and to work with teams that are developing through Primary Care Networks. For example, this may involve working with specialist diabetic nurses, referring patients for structured education or referring to social prescribing colleagues.

For each of the 'domains' there are a number of impactful interventions recommended and performance indicators that will allow practices to gauge how they are performing. Some of these indicators are in QOF; others have been used in previous Quality schemes.

Practices are required to select two out of the four domains that are most relevant to their practice population with the approval of the CCG. For each 'domain' selected, the practice will be required to submit a statement detailing how they intend to work as a practice, and collectively, to identify their target population and deliver impactful interventions.

Practices will be rewarded for their participation in the scheme and for the work done rather than for the achievement of specific performance targets. Provided practices are able to evidence participation as outlined in each of the chosen 'domains', full payment will be made.

Domain 1 - Diabetes

The practice will adopt a PHM approach to managing diabetes. This will involve identifying patients at high risk (obesity, pre-diabetes, certain BAME groups) and prioritising screening of these groups.

<https://www.connectednottinghamshire.nhs.uk/media/1668/phm-diabetes.pdf>

For patients with diabetes and pre-diabetes there is a recognised range of impactful interventions that can improve outcomes. These include:

- Regular review of pre-diabetics: NHS Diabetes Prevention Programme
- Referral of new diabetics for structured education (DESMOND, DAFNE)
- Comprehensive review of established diabetics (HbA1c, BP, chol, albuminuria, smoking etc.)
- Pharmaceutical interventions, e.g. use of ACE in patients with microalbuminuria

These need to be considered alongside holistic measures, which include social support and mental wellbeing.

Practice diabetes management is already monitored via a number of routes and the ESDS scheme does not seek to duplicate these. Example indicators are shown below. Practices may wish to review these to monitor how they are performing.

The practice will need to confirm that it is following this approach with regard to screening, delivering impactful interventions and working with community partners, and provide evidence, if requested, to demonstrate this. This might include evidence of the practice screening protocol, and numbers of patients referred to community partners.

Indicator	Description
QOF NDH001	The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.
	<i>Rationale: At risk patients should be screened at least annually; advice on lifestyle intervention can halve the risk of developing Type 2 diabetes (NICE Guidance – PH35)</i>
ESDS DM 1	% patients with Type 2 diabetes, excluding patients with moderate or severe frailty, who, in the last 12 months, have recorded BP <=140/80; HbA1c <=64mmol/mol; Chol <=5mmol/l; smoking cessation advice (for current smokers).
	<i>Rationale: These measures have been shown to correlate with reduced progression to ischaemic heart disease and leg amputation and associated mortality/morbidity (NICE guideline NG28)</i>
QOF DM014	The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register.
	<i>Rationale: Structured education has been shown to improve diabetic control and longer term outcomes (NICE guideline NG28). Structured education has been shown to be a cost-effective and ultimately cost-saving intervention.</i>

Domain 2 - Frailty

The practice will adopt a PMH approach to managing frail patients: those at high risk of hospital admission or at the end of life. This will involve a process of prioritisation. Practices are already familiar with the Electronic Frailty Index, which is used to identify patients who would benefit from further assessment. A clinician should verify the frailty diagnosis by direct assessment using a Clinical Frailty Scale (the Rockwood Frailty Score is recommended by the ICS).

<https://teamnet.clarity.co.uk/Topics/Public/f04d6289-3f5c-4eb2-a12f-a933006d2cb7>

For patients identified as frail, or at end of life, impactful interventions include:

- Multidisciplinary Team reviews
- Structured Medication Review
- Falls prevention / assessment
- Continence assessment
- Advanced Care planning
- Where applicable: end of life care planning

These need to be considered alongside holistic measures, which include social support and mental wellbeing.

There will be some overlap with the Network Contract DES Service Specification for Anticipatory Care which is due to be introduced from April 2021, but this Quality Scheme will focus more on the impactful interventions which can be undertaken at a practice level.

Practice management of frailty and EoL is already monitored via a number of routes and the ESDS scheme does not seek to duplicate these. Some example indicators are shown below. Practices may wish to review these to monitor how they are performing.

The practice will need to confirm that it is following this approach with regard to prioritisation, delivering impactful interventions and working with community partners, and provide evidence, if requested, to demonstrate this. This might include evidence of the practice prioritisation protocol, and numbers of patients discussed with partners at MDT meetings.

Indicator	Description
GPEDS FRAIL 1	% patients with Electronic Frailty Index (EFI) >0.36 (coded as Severe Frailty) w Frailty Template completed within the last 12 months (which must include: detailed medicines review, falls risk)
	<i>Rationale: Follows best practice guidelines (NICE Guideline NG56). Stopping unnecessary medicines and managing falls risk reduces risk of emergency admission.</i>
QOF PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age.
	<i>Rationale: Maintaining a register of palliative care patients ensures that their care needs are regularly reviewed.</i>

Domain 3 – Mental Health

The practice will adopt a PMH approach to managing their patients: identifying those at high risk of mental illness, or those with ongoing mental illness that require regular review and support. There is a strong correlation between deprivation and mental health with factors such as poverty, unemployment and lack of support networks having a significant impact. In turn, poor mental health is a major contributor to the burden of ischaemic heart disease.

<https://www.connectednottinghamshire.nhs.uk/media/1670/phm-mental-health-covid-rapid-assessment-july-2020.pdf>

Vulnerable groups include patients who have or are: unemployed, recently bereaved, suffering from multiple LTCs, history of alcohol / substance misuse, history of domestic violence.

For vulnerable patients impactful interventions include:

- Signpost information sources around mental and emotional wellbeing / self-care
- Refer to social prescribing to signpost appropriate support e.g. financial support, family support, voluntary sector, charities
- Refer to local children and families support services, e.g. Small Steps, Base 51 etc.

For patients with mental illness impactful interventions include:

- Early of self-referral to IAPT
- Regular reviews, including physical health reviews in patients with severe mental illness

Promotion of mental health and management of mental illness is already an intrinsic part of primary care, but what this scheme aims to promote is the systematic identification of vulnerable patients and implementation of impactful interventions. These are already monitored via a number of routes and the ESDS scheme does not seek to duplicate these. Example indicators are shown below. Practices may wish to review these to monitor how they are performing.

The practice will need to confirm that it is following this approach with regard to identifying vulnerable patients, delivering impactful interventions and working with community partners, and provide evidence, if requested, to demonstrate this. This might include evidence of signposting systems, and numbers of patients referred to community partners.

Indicator	Description
ESDS SMI 1	% patients with SMI (not in remission) with a record of BMI, blood pressure, cholesterol, blood glucose or HbA1c, alcohol, and smoking status in the past 12 months.
	<i>Rationale: Patients with SMI have significantly worse physical health outcomes. This compound indicator aligns with national indicators for improving health in patients with SMI (NICE guidelines CG178 and 185).</i>
QOF QILD007	The contractor can demonstrate continuous quality improvement activity focused on care of patients with a learning disability as specified in the QOF guidance.
	<i>Rationale: Patients with LD have significantly worse health outcomes.</i>
IIF PC01	Number of patients referred to social prescribing as a proportion of PCN list size.
	<i>Rationale: Social prescribing can provide personalised care and emotional support which can prevent loneliness or worsening physical health for at risk individuals.</i>

Domain 4 – Health Promotion

The practice will adopt a PMH approach to managing their patients. With regard to health promotion this means promoting well-being and preventing ill health. It applies to all sectors and ages within the population. Younger patients might be offered advice and intervention opportunistically, while older patients are already recalled for the NHS Health Check (ages 40-75).

Areas identified for intervention include obesity, exercise, blood pressure, alcohol misuse, and sexual health and mental health.

Impactful interventions include:

- Lifestyle advice re nutrition, exercise, stress management etc.
- Referral to Weight management services for obesity
- Referral to smoking cessation services
- 'Brief interventions' for alcohol misuse
- Referral to social prescriber or IAPT for emotional / mental health support

The PHM approach involves working with community partners in the practice's approach: this might include encouraging partners to adopt the approach of 'Every contact counts' to identify patients who might benefit from lifestyle intervention.

Health promotion is already an intrinsic part of primary care, but what this scheme aims to promote is the systematic review of patients and implementation of impactful interventions. These are already monitored via a number of routes and the ESDS scheme does not seek to duplicate these. Example indicators are shown below. Practices may wish to review these to monitor how they are performing.

The practice will need to confirm that it is following the PHM approach with regard to identifying patients, delivering impactful interventions and working with community partners, and provide evidence, if requested, to demonstrate this. This might include evidence of signposting systems, lifestyle advice given and/or numbers of patients referred to community partners.

Indicator	Description
QOF SMOK004	The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months.
	<i>Rationale: Smoking cessation significantly reduces risk of long-term illness.</i>
ESDS ALC1	% patients identified with an AUDIT score >19 offered 'brief intervention' or referred to specialist alcohol services.
	<i>Rationale: Identification of harmful drinking and use of brief intervention improves outcomes (NICE Guideline CG115).</i>
QOF OB002	The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥ 30 in the preceding 12 months
	<i>Rationale: Obesity is a significant risk factor for hypertension, diabetes and cancer.</i>
QOF BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years.
	<i>Rationale: Identification and treatment of hypertension reduces risk of long-term illness, particularly cardiovascular disease.</i>

Appendix D: Part Two: Quality Scheme Domains 2021/22

Practice Name	
Practice Code	
<p>ESDS Quality Scheme: Population Health Management Practices are required to select two out of the four domains that are most relevant to their practice population</p> <p style="text-align: right;">Select Two</p>	
<p>Domain 1: Diabetes The practice will adopt a PHM approach to managing diabetes. This will involve identifying patients at high risk (obesity, pre-diabetes, certain BAME groups) and prioritising screening of these groups.</p>	
<p>Domain 2: Frailty The practice will adopt a PMH approach to managing frail patients: those at high risk of hospital admission or at the end of life. This will involve a process of prioritisation.</p>	
<p>Domain 3: Mental Health The practice will adopt a PMH approach to managing their patients: identifying those at high risk of mental illness, or those with on-going mental illness that require regular review and support.</p>	
<p>Domain 4: Health Promotion The practice will adopt a PMH approach to managing their patients. With regard to health promotion this means promoting well-being and preventing ill health. It applies to all sectors and ages within the population.</p>	
<p>Population Health Management Domains</p> <p>For each 'domain' selected, please set out below evidence to support why the practice chose the domain and how you intend to work as a practice, and collectively, to identify the target population and deliver impactful interventions.</p>	
<p>Chosen Domain One</p>	

Chosen Domain Two**Signed:****Name (*Please print*):****Date:**

Please note, your chosen domains and work plan will be shared with the Locality Team
Complete and return to nnccg.primarycarenotts@nhs.net by close of play Friday 19 March 2021

Office Use ONLY Primary Care Commissioning Team

CCG Approval (Y/N)	If No, date practice advised	Date additional information received	CCG Approval (Y/N)