Service	Enhanced Services Delivery Scheme (ESDS)
Commissioner Lead	REDACTED
Provider Lead	GP Practices of Nottingham & Nottinghamshire ICB
Period	1 April 2026 – 31 March 2027
Date of Next Review	

1. Population Needs

1.1 National / Local Context

In 2019 a New GP Contract was agreed and introduced which included the offer of a Network Contract Directed Enhanced Service, 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.

NHS England 2023/24 priorities and operational planning guidance was published January 2023 PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk) setting out three key tasks with the immediate priority of recovering core services and productivity. To improve patient safety, outcomes and experience one of the objectives is to make it easier for people to access primary care services, particularly general practice.

The NHS England Delivery plan for recovering access to primary care, published May 2023 https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/ has two central ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment.

2. For patients to know on the day they contact their practice how their request will be managed.

The plan seeks to support recovery by focusing on four areas, one of which is the implementation of Modern General Practice Access.

A summary of the support offer for practices and PCNs and checklists of actions to be undertaken by practices, PCNs and ICBs has also been published: https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00475-ii-delivery-plan-for-recovering-access-primary-care-190523-v1.1.pdf

1.2 Local Context

Since July 2022, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has been the statutory organisation responsible for developing a plan for meeting the health needs of the population, managing NHS budgets, and buying the health services for our area.

An ICB brings together NHS organisations and partners to improve population health and establish shared priorities within the local NHS. ICBs replaced Clinical Commissioning Groups as the local statutory NHS body.

With a population of just over one million people across Nottingham and Nottinghamshire, the ICB want to ensure citizens have timely access to care to help maximise their health and wellbeing, using its resources to tackle some of the biggest health issues affecting local people.

The Enhanced Services Delivery Scheme (ESDS) was introduced in April 2020 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.

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 utilization.

3. Scope

3.2 Aim & 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 services provided at GP practices.
- Reduce unwarranted clinical variation.
- Improve the management of long-term conditions.
- Encourage practice engagement in Population Health Management.
- Increase resilience through increased funding received by GP practices.

3.3 Service Description / Care Pathway

Service Description

The Enhanced Services Delivery Scheme is offered to practices as a single scheme with three parts: Gateway Services (part one), Primary Care Network Participation (part two) and System Stewardship (part three).

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

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, Directed 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.

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:

- 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 (funded by their ESDS budget) to ensure that their patients have access to these services.

Part Two For 2026/27 all practices within a Primary Care Network (PCN) participate in the scheme and work together to ensure consistent delivery of all the ESDS service delivery requirements to their population.

Part Three For 2026/27 all practices signed up to the ESDS LES within a PCN engage with their peers and the Commissioner to help ensure effective use of NHS resources. For example, this **could** include the following activities to support system stewardship:

- Medicines Optimisation:
    - Attend, and engage with, the annual practice prescribing meeting with the Commissioner's Medicines Optimisation Team.
    - Have a named GP Prescribing Lead, and admin staff lead or medicines management facilitator (MMF) who undertake active promotion of good prescribing practice.
    - Commit to prescribing in line with the relevant APC Formulary and ICS formulary guidance and policies, demonstrated through prescribing in line with the formulary choices for:
        - Blood glucose testing strips (BGTS)
        - Oral nutritional supplements
        - Emollient formulary

      NOTE: It is recognised that, at times, it may be appropriate for clinicians to prescribe outside of the APC and ICS formulary guidance and policies.

      and in line with guidelines:
        - Tirzepatide – no prescribing for weight loss unless part of T3 service that is providing wrap around care.
        - Omega 3 fatty acids –prescribing in line with Management of Hypertriglyceridaemia pathway.
        - Cow's Milk Protein Allergy products – amount of prescribing for patients over 1 year of age.
    - Use of Optimise Rx is encouraged to support safe prescribing decisions. *NOTE: This does not mean that all recommendations have to be accepted*.
    - Review and consider recommendations made by the ICB Medicines Optimisation Team for red drug prescribing, controlled drug monitoring and high-cost item prescribing choices.

- Referral Pathways and Processes:
    - Work in accordance with, and support the management arrangements underpinning, the commissioner's Individual Funding Request Policy and Service Restriction Policy.
    - Support providers to deliver efficient, safe and effective care e.g. through the use of referral template pathways where the provider feels it is helpful.
    -
- Variation in resource utilisation and outcomes:
    - The commissioner will provide practices with information to support the identification of potential unwarranted variation in the delivery of services to the registered population.
    - The practice will engage with the commissioner to discuss the reasons for any variations of significant concern of where there may be risk of harm and opportunities to improve e.g. through a practice visit.

Review The content of the Enhanced Services Delivery Scheme will be reviewed to reflect any changes in the national contract.

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, for example working across PCNs, funded by the practice's ESDS budget.

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 (1 April 2024), using the ESDS Initiation Template to be completed online via TeamNet survey prior to contract start.

Should there be any proposed changes to the delivery model during the contract term e.g., a change in sub-contracted provider, the GP practice who is commissioned to deliver this patient offer is required to notify the Primary Medical Services Commissioning Team (the commissioner) in writing nnicb-nn.primarycarenotts@nhs.net and receive agreement from the commissioner as soon as possible, ideally prior to the change.

Where a GP practice chooses to sub-contract delivery of services 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. In addition, the registered GP practice is to promote within the practice and on their website those sub-contracted service(s) which are not delivered from the practice premises to ensure patients are aware of how, where and when to access them.

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

3.5 Any Acceptance and Exclusion Criteria and Thresholds
Appendix A details the standards and services that must be delivered by any practice wishing to participate in the Enhanced Services Delivery Scheme.

3.6 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.
- Other primary care providers.

- Ambulance services.
- 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 Regulations for Service Providers and Managers met (https://www.cqc.org.uk/guidance-providers/regulations). Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

The Provider must comply with requests from Nottingham & Nottinghamshire ICB to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service and participate in audits relating to this service as reasonably requested by Nottingham & Nottinghamshire ICB.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)
It is a condition of participation in this service that providers will report all incidents where a patient has experienced harm to the ICB, in line with the Patient Safety Incident Response Framework (PSIRF). 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 ICB 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
- Local or national clinical guidance.
- National and local formularies.

Where requested details of action taken must be reported back to the ICB 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 and vaccination.
- 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

Adults: https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069

Looked After children: https://www.rcn.org.uk/Professional-Development/publications/rcn-looked- after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486
Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing (rcn.org.uk)

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

Safeguarding Children Procedures City & County:
https://nottinghamshirescb.proceduresonline.com/

Safeguarding Adult Procedures Nottinghamshire:
https://nsab.nottinghamshire.gov.uk/procedures/
Safeguarding Adult Procedures Nottingham City: https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding

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 ICB. 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.

7. Contract

The contract will run from 1st April 2026 to 31st March 2027, subject to review at which time the ICBs' commissioning intentions for this service will be confirmed.

The notice period is three months for termination under General Condition 17.2 in writing to the Primary Medical Services Commissioning Team nnicb-nn.primarycarenotts@nhs.net

Expected Contract Value: ESDS Practice Budget
The ESDS practice budget is specific to each individual practice based on the weighted capitation as at the start of the financial year, 1st April.

Part One: Gateway Service Delivery

The ESDS practice budget for 2026/27 per weighted patient will be £7.32, this will rise by the agreed rate of inflation in 2026/27 subject to ICB approval.

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

The funding includes the cost of consumables, and any other associated costs incurred when delivering these standards including necessary training.

From 1st April 2024 - H Pylori breath test or stool antigen test for patients who are under Patient Specific Directive (PSD) under this contract.

Test kits are designated as Prescription Only Medicines (POMs), ordered via FP10. As it is prescribed as part of routine care it is removed as a requirement from the Enhanced Services Deliver Scheme (ESDS) from 1 April 2024.

The £0.50 per weighted head of population for the Quality Scheme has been moved into the Gateway Service Delivery payment (Part one).

Timing and Amounts of Payments

Part One: Gateway Service Delivery
Payment will be made on a monthly basis in arrears. The ICB will automatically commence payment to the practice upon receipt of the ESDS Initiation Template completed via TeamNet survey as evidence of a service delivery plan.

Payment is calculated using the practice weighted capitation as at start of the financial year, 1st April. To note, the weighted capitation figures are released by NHS Digital / NHS England & Improvement usually in May each year. Once confirmed, the Finance Team will be in a position to release the first payment (a Q1 payment) and subsequent monthly payments.

If a provider fails to meet the standards in Part One (Gateway Service Delivery) 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.

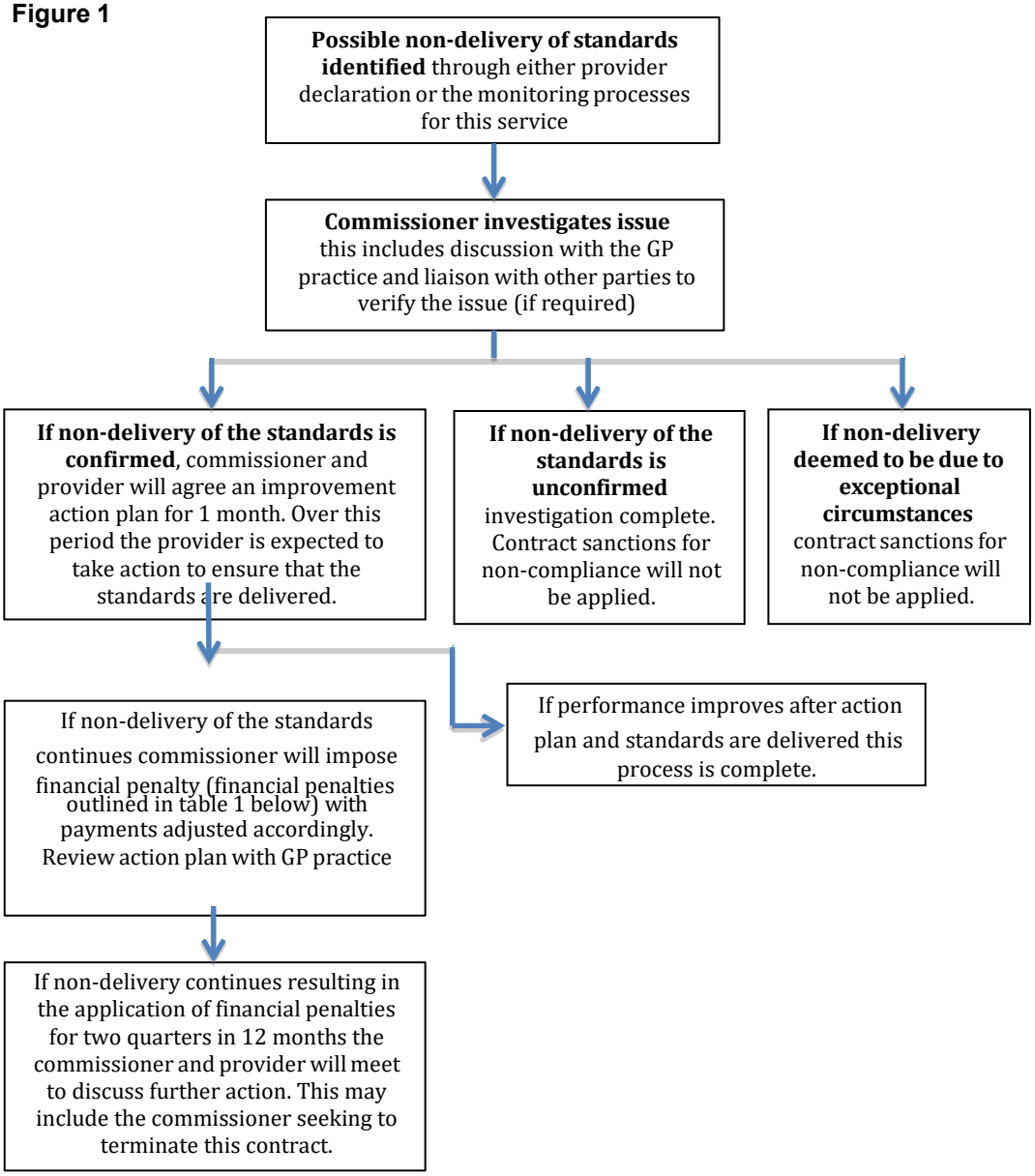
Management of Non-Compliance
Providers are required to deliver ***all*** of the standards and services within Part One of this contract in order to receive the contract values as referenced above.

Where it is identified that a provider is not delivering the standards and / or services 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



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 payments:

- Service Delivery - up to a maximum of 40% of the payment

Financial Penalties

Part Three: System Stewardship

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

Appendix A: Service Delivery Requirements

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

For all services outlined in the table 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.
- Practices should utilize the recommended templates for the recording of activity.
- If the patient is not registered with the provider providing a service, for example where a service is sub-contracted, 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, Spirometry 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.
- Should there be any proposed changes to the delivery model during the contract term e.g., a change in sub-contracted provider, the GP practice who is commissioned to deliver the ESDS patient offer (the provider) is required to notify the Primary Medical Services Commissioning Team (the commissioner) in writing nnicb-nn.primarycarenotts@nhs.net and receive agreement from the commissioner as soon as possible, ideally prior to the change.

Collaborative Working – Service Delivery

Practices are reminded that they can choose to deliver some elements of this specification in collaboration and / or with third parties as sub-contracted providers, for example working across PCNs, funded by the practice's ESDS budget.

Category	Ref.	Standard / Requirement	KPI Threshold & Method of Assessment
Service Delivery*		* Practices will deliver or facilitate access (via sub-contracting and 'onward referral' i.e. for aural microsuction or minor injury management if clinically indicated) 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	Payment will be based on service availability rather than service volume therefore submission of activity data is not required 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.
	S1	Ear Irrigation	
	S2	Treatment Room Services	
	S3	Management Of Minor Injury	
	S4	ECG Monitoring and Interpretation	
	S5	Phlebotomy Clinic Based Adults (12 years +)	
	S6	Phlebotomy Domiciliary	
	S7	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. Referral for aural microsuction may be offered as an alternative, if clinically indicated.

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 clinically 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).
- Management of wounds through Immediate and Necessary Care refers to the essential actions that must be provided at the first point of contact for a person presenting with a lower-limb wound or early signs of venous disease. This approach aims to prevent deterioration, reduce delays in treatment, and lower the risk of progression to venous leg ulceration. At first presentation, a red flag assessment must be undertaken. Patients presenting with any of the following require urgent escalation to the appropriate service and should not receive compression therapy:

  a. Acute infection or signs of sepsis,
  b. Suspected acute or chronic limb-threatening ischaemia,
  c. Suspected acute deep vein thrombosis (DVT),
  d. Suspected skin malignancy,
  e. Bleeding varicose veins.

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
- In line with NICE guidance (Clinical Knowledge Summary July 2023) primary care management includes initial assessment, wound hygiene (including basic debridement if required) NHS guidance supports starting with ≤20 mmHg compression in the absence of

red flags while awaiting full vascular assessment. A red flag assessment must always be completed before commencing compression.

- Where a lower-limb wound is present and no red flags are identified, the following actions constitute Immediate and Necessary Care and should be delivered at the first clinical encounter:

  a. Cleanse the wound and surrounding skin,
  b. Apply emollient to the surrounding skin,
  c. Apply a simple, non-adherent dressing with sufficient absorbency, in line with local formulary,
  d. Record a digital image of the wound to support monitoring and continuity of care.

- Immediate and Necessary Care also includes arranging onward assessment and follow-up. A comprehensive lower-limb assessment, including vascular assessment (e.g. ABPI), should be completed within 14 days. Appropriate referral to specialist services must be made where indicated.

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. Compression assessments must be completed by a minimum Band 5 Nurse.

Dressings or products required to deliver the service should be patient specific and ordered via an FP10 prescription or direct ordering if initial presentation, if the practice is providing the service.

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

- National Wound Care Strategy Programme outcomes
- 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 ED where appropriate.

S4 – ECG

All registered patients aged 18+ years will have access to a primary care based timely ECG recording service for routine investigation of patient, if appropriate.

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 manufacturer's 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.

S5 – Phlebotomy Clinic Based 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 SNOMED code 313334002 (blood sample taken)
- 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

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.

S6 – 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 SNOMED code 313334002 (blood sample taken)
- 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.

S7 – Spirometry

All registered patients will have access to a primary community based timely spirometry service for the accurate diagnosis of respiratory conditions. All identified patients should be referred to the appropriately trained 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 patient's 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 and asthma are classified and recorded (including scanning of hard copies where generated)
- Prescribed and administered medication, where and 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 with suspected COPD, 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 e.g. if asthma is suspected. In all cases spirometry results should be recorded and 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. 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.

The provider will provide all equipment and consumables required to carry out the service. All equipment used will be maintained and calibrated in accordance with the manufacturer's guidelines. It is the responsibility of the provider to cover the cost of this.