SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11J/0231
Service	GP Contract Plus (previously known as Basket of Services)
Commissioner Lead	Dorset CCG
Provider Lead	Primary Care Team
Period	1st April 2019 – 31st March 2020
Date of Review	31/03/2020

1. Population Needs

1.1 National/local context and evidence base

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

The agreed principles linked to GP Contract Plus include:

- Practices shall need to accept this specification in its entirety, acknowledging that practices have the flexibility to work with other practices / locality in delivering the services;
- Where practices choose not to deliver this specification, it will be offered to other practices / locality;
- The items in this specification may be reviewed from time to time by the Primary Care Reference Group in consultation with the Wessex LMC, to ensure consistency with the Primary Care Commissioning Strategy. This enables a continuous dialogue between commissioners and contractors about what is the best way to meet the needs of Dorset patients whilst acknowledging the pressures on primary care.
- There will be an emphasis in 2019/20 for practices to use correct read codes to allow the CCG to be able to understand the activity around the GP Contract Plus. This is to collect a year of baseline data which will inform future planning. A list of read codes is included in **Appendix A**.
- The proposed 2019/20 growth for the GP contract plus and other list size increases shall be based on the weighted population as at 1st October 2018.
- Funding for practices that are impacted by a neighbouring practice closure will be readjusted at the next quarter date after the practice closure, based on the new list size. List size dates are 1st January, 1st April, 1st July and 1st October.

  e.g. If a practice closes on March 31st 2019, the neighbouring practices list sizes would be adjusted on 1st April 2019

or

If a practice closed on August 15th 2019, the neighbouring practices list sizes would be adjusted on 1st October 2019.

- In the case of practice mergers, list sizes will not be adjusted outside the annual process. Payment will continue based on the combined October 2018 weighted list size of the newly merged practice.

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**	X
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

Each service may address one or more of the above outcomes, domains and indicators.

2.2 Local defined outcomes

The outcomes of these services shall:

- Improve the access to primary care services and support care closer to home;
- Support the early diagnosis and treatment of patients;
- Support delivery of high quality of services (e.g. infection control / care record / CQC etc.)

In an effort to reduce bureaucracy and allow practices to focus on the needs of patients the CCG is intending to extract non-personally identifiable data by the use of read codes for each of the services in the basket.

The data will inform the CCG commissioners on the development of more appropriate future services to be commissioned via this method and is not intended for any performance management purposes.

3. Scope

3.1 Aims and objectives of service

To maintain local service delivery within Primary Care.

3.2 Service description/care pathway

The following services are included in the GP Contract Plus specification:

1. **Enhanced diagnostics for hypertension**
2. **Hepatitis B vaccinations for renal patients**
3. **Spirometry for diagnostic purposes**
4. **Pre-operative MRSA screening**
5. **Post-operative wound care**
6. **Management of ring pessary**
7. **Diagnostic Doppler**
8. **Prostate Follow Up**
9. **Drug monitoring for the treatment of Alzheimer's Disease**
10. **Addressing variation in Atrial Fibrillation**

Enhanced diagnostics for hypertension
The aim of this service is to ensure the effective diagnosis of essential hypertension following NICE guidance. This may include home monitoring and ambulatory recording as appropriate.

Hepatitis B vaccinations for renal patients
The aim of this service is to ensure those patients who have renal impairment have the appropriate hepatitis B vaccination at the appropriate time within their care pathway.

To check immunity according to national guidelines.

Spirometry for diagnostic purposes
The aim of this service is to ensure the provision of quality assured Spirometry to diagnose conditions. This will support the diagnosis of COPD conducted in primary care.

Please note there is a new national register which comes in on 1st April 2017 – 'The national register of certified professionals and operators'.

Appendix B - National Register

The service being commissioned is diagnostic Spirometry.

Pre-operative MRSA screening
This service will be delivered in accordance with the local procedure for pre-operative MRSA screening.

GP practices will maintain accurate registers of all patients known to be MRSA positive.

Post-Operative wound care
This service includes suture removal defined as staples, clips and steri-strips.

The post-operative wound care and suture removal service is for the removal of sutures and general post-operative wound care for adults and children following a hospital procedure.

It is expected that all wounds will be assessed prior to the removal of sutures to ensure the strength of the wound is adequate to support itself once the sutures have been removed and appropriate action taken in accordance with best practice and national and local standards.

Management of ring pessary
The aim of this service is to provide a service for the insertion, monitoring and removal of ring pessaries according to current best practice.

Diagnostic Doppler
The service described in this specification focusses on the use of Dopplers only for diagnostic purposes for the diagnosis of peripheral vascular disease.

Prostate Follow-Up
Practices shall;

- Offer PSA monitoring follow-up outside of a secondary care setting for patients considered to be suitable by a specialist for discharge to Primary Care monitoring (selection of patients discharged to Primary Care follow up will conform with NICE guidance);

Appendix C – Prostate Cancer Surveillance

- Follow shared care protocol which is being developed for patients to be discharged to Primary Care and will conform to NICE guidance;

- Align with RightCare work stream and adhere to the Dorset Formulary using most cost effective GnRH analogue or other medication identified if applicable to the care of the patient under the shared care arrangements;

- Establish systems to allow robust monitoring in the conformance with this protocol;

- Refer patients back to specialist care urgently if their PSA levels or signs and symptoms suggest disease progression.

Secondary care:

- Should normally indicate acceptable PSA range for individual patients.

Drug monitoring for the treatment of Alzheimer's Disease

Practices shall follow the up to date shared care guidelines stipulated by the CCG Dorset Medicines Advisory Group for the treatment of Alzheimer Disease. The guidelines shall be followed in conjunction with the local memory assessment gateway referral form and algorithm which are embedded in the attached. ***Please note: A recall system is imperative to ensure the patient is followed up safely.***

Appendix D - Alzheimer's Shared Care

To summarise the GP shall:

- Complete yearly on-going medication reviews of patients who have been discharged from the Memory Service but remain on medication. The initial annual medication review required by the GP after discharge will be at least 27 months of receiving the medication. The review should be based on the following questions:
    - How is your memory? Any improvement or decline?
    - Is there any evidence of behavioural problems, BPSD (behavioural and psychological symptoms related to dementia)?
    - Is there any carer stress?
    - Any side effects from the medication, dizziness, diarrhoea?

A steady decline in cognitive function year on year is to be expected so this on its own, would not necessarily need a re-referral and review by the MAS. However, if there are GP, patient or carers concerns they can be referred for review. Patients suffering deterioration, whose general wellbeing is deteriorating, showing signs of another MH problem e.g. Depression, hallucinations or developing behavioural problems should be referred back to the MAS routinely or CMHT urgently depending on the presentation and severity of symptoms.

Addressing variation in Atrial Fibrillation (AF)

To address unwarranted variation in AF the practice shall;

- Run the GRASP-AF report and submit this to CHART online and also e-mail to the CCG Business Intelligence (BI) team in Q2 and Q4, in order for the BI team to use the data to create benchmarking reports and tools to show improvements and monitor progress. Although many practices have full membership of PRIMIS, those who do not can access the GRASP tools free of charge.

- Review current prevalence data for AF, the use of PRIMIS GRASP tools will support identification of all patients on these registers.

- Using the patient identifiable GRASP-AF report to identify the number of patients on the AF register that are currently **not** being anti-coagulated. This is to support the aspiration to meet the 75% target of AF patients being actively managed using anti-coagulation.

- In addition to the above practices shall consider how to improve
    - AF – Time in therapeutic range (Warfarin /DOAC report).

3.3 Population Covered

The GP Contract Plus will be made available to all the registered population (adults and children) of the GP practice.

3.4 Any acceptance and exclusion criteria.

Enhanced diagnostics for hypertension

- With access to appropriate diagnostic equipment in accordance with NICE guidance (where appropriate Ambulatory Blood Pressure Monitoring)

Hepatitis B vaccinations for renal patients

- Live vaccines may need to be deferred if severe immune compromise is present; persons with altered immune-competence might be at increased risk for an adverse reaction after administration of live, attenuated vaccines because of uninhibited replication. However, the majority of persons with CKD (regardless of CKD stage) have sufficient immune function to safely receive all live vaccines for which an inactivated vaccine is not an alternative.

Spirometry for diagnostic purposes

- With access to appropriate diagnostic equipment in accordance with NICE guidance.

Pre-Operative MRSA screening

- This service applies only to written requests from secondary care with the appropriate supplied form for pre-operative MRSA screening.

Post-Operative wound care

- The service will be made available to all ambulant patients (adults and children) registered with the participating GP practice. All housebound patients should be referred to the community healthcare provider.

- Where practices cannot provide the service due to the specialist nature of the treatment the patient should be referred back to the originating healthcare provider.

Prostate Follow Up

Any patient considered inappropriate for discharge within the pathway, either by a consultant or the patient's GP, shall be excluded from the shared care service.

Exclusions shall include men with:

- Localised low/intermediate risk disease with a life expectancy of ten years or more, on active surveillance for deferred curative treatment;
- Localised disease that if it were to progress would require active therapy, shall remain in secondary care/or will be monitored in the community under the management of the consultant-led MDT.

3.5 Interdependence with other services/providers

Interdependencies include but not limited to:

- Secondary Care
- Federations and other Primary Care Medical Practices
- Community Services Trusts

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

It is expected that all applicable national and local standards and best practice are adhered to in delivering the services listed. This includes NICE guidelines where appropriate as well as locally agreed guidelines.

It is expected that GP practices will have relevant policies in place.

The provider shall be responsible to update the relevant staff on the up to date standards, policies and guidelines.

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

As above

4.3 Applicable local standards

As above. This includes any requirements by the Commissioner.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

Staff delivering these services will be appropriately trained and clinically competent with relevant annual reviews, supervision and continued professional development as deemed clinically relevant for the level of competency required.

Specific quality standards are required for Hepatitis B vaccinations:

- Cold chain storage assurance and incident reporting where there has been a failure, e.g. Fridge temperatures out of range, failure to store vaccines as directed by the manufacturer.

For all services:
GP Practices are responsible for ensuring they have the appropriate equipment to deliver the services including maintaining safe levels of stocks.

The costs of consumables have been included in the tariff for this service therefore any supplier's invoices must be settled by GP practices.

5.2 Applicable CQUIN goals

Not applicable

6. Location of Provider Premises

6.1 The Provider's Premises are located at:

The services will be delivered in primary care GP practices.

The GP practice must ensure that the premises that they provide the services from is easily accessible for their patients and complies with DDA access standards. GP practices are also expected to adhere to all NHS standards for GP practice premises (including health and safety) and ensure that they are compliant.

The GP practice must maintain a safe and suitable environment for patients and comply with all relevant statutory governance requirements, legislation, Department of Health Guidance, Professional Codes of Practice, Standards for Better Health and all Health and Safety regulations.

7. Individual Service User Placement

Not applicable