NHS Circular:
PCA(M)(2006)7

SCOTTISH EXECUTIVE

Health Department
Directorate of Primary Care & Community Care

St Andrew's House
2 Regent Road
EDINBURGH
EH1 3DG

Dear Colleague

nGMS CONTRACT – MINOR REVISIONS TO DIRECTED ENHANCED SERVICES (DES) SPECIFICATIONS 2006/07

18 April 2006

Addresses

For action
Chief Executives of NHS Boards
Directors of Finance of NHS Boards
Medical Directors of NHS Boards

For information
Director of Practitioner Services Division,
NHS National Services Scotland

Enquiries to:

David.Notman
1ER
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131-244 5080
Fax: 0131-244 2621

david.notman@scotland.gsi.gov.uk

Summary

1. This Circular provides a brief summary of minor revisions to the wording of the 4 new Directed Enhanced Services (DES) and the 48 Hour Access DES specifications for the nGMS Contract 2006/07. The original specifications were circulated in NHS Circular PCA(M) (2006) 4. Fully revised copies are also attached in annexes to this circular, as follows:

Cardio-vascular Disease (CVD) Dataset (Annex A)
Cancer Referral (Annex B)
Adults with Learning Disabilities (Annex C)
Carers (Annex D)
Access to Contractor-based Primary Care Services (Annex E)

Background

2 These revisions were made after negotiation with the Scottish General Practitioners Committee (SGPC), and act as clarifications of the original specifications, but **do not** substantially change the requirements set out in the original DESs.

Revisions:

3 The revisions to the DES specifications for 2006/07 are as follows:

- CVD Dataset- In the outline section, *'non smoker'* has been replaced with *'never smoked'*, in the relevant table.
- CVD Dataset- In the outline section defining patients with missing data, *'neither of the above'* has been removed, and has been replaced with *'blood pressure and/ or smoking status'* .

- Cancer Referral- In the aim section, *'a suspicion of cancer'* has replaced *'the suspicion of cancer'*.
- Adults with Learning Disabilities- The title has been corrected from *'Learning Difficulties'* to *'Learning Disabilities'*.
- Adults with Learning Disabilities- In the outline section, *'cervical screening status'* has been removed from the relevant table.
- Carers- The aim now reads *'…the health and social needs of carers are identified and that steps are taken to maximise the quality of life and care…'*
- Access to Contractor-based Primary Care Services- Reference to the *'48 Hour Access Guarantee'*, has been replaced by *'48 Hour Access Target'*.

4 An electronic copy of this document can be found on the SHOW Website at

http://www.show.scot.nhs.uk/sehd/pca/PCA2006(M)07.pdf

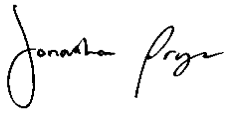
or the Pay Modernisation Website at

http://www.show.scot.nhs.uk/sehd/paymodernisation

Action

5. NHS Boards are requested to bring this Circular to the attention of GP practices in their area and their Area Medical Committee for the attention of the Secretary of the GP sub-committee.

Yours sincerely



DR JONATHAN PRYCE
Head of Primary Care Division

Annex A

Specification for a Directed Enhanced Service

Cardio-vascular Disease (CVD) Dataset

Aim

To compile a CVD risk dataset on all patients between 45 and 64 years of age on whom there is missing data (see definition under outline). This will then be used to complete a dataset of selected CVD risk factors for all patients aged 45 to 64.

Outline

For the purposes of this enhanced service the definition of patients with *missing data* is:

All patients aged between 45 and 64 years of age on whom there is no entry in the electronic record since 1st April 2001 of:

- *blood pressure and/ or*
- *smoking status*

The data will comprise the following, *to be collected for all the patients included in the above definition.*

Item	Remarks
Age	
Gender	
BMI	
Past Medical History	CHD, stroke, diabetes, hypertension
Family History	Heart disease, diabetes
Tobacco Use	Current smoker, ex-smoker, never smoked
Blood Pressure	

Payment will only be made once all the data in the above fields have been entered in the patient record of each patient with missing data.

Contractors will be required to run a search as at 1 April 2006 to identify the numbers of patients on their lists with missing data as described above. The result of this search will be submitted to Practitioner Services Division by 17 April.

Interventions

Emerging from this data collection exercise, appropriate clinical interventions will be delivered (as part of essential services) in the case of detection of raised blood pressure, obesity and other treatable conditions that arise incidentally.

These clinical interventions will be delivered on a case by case basis as and when they arise as a consequence of the data collection exercise.

Funding and Payment Arrangements

The total value of funding for this package will be £8m. This will correspond to approximately £7,600 per average-sized Contractor in Scotland if all Contractors participate.

The total funding package will be split to reflect an (a) engagement and (b) achievement payment.

a. Engagement Payment

The total funding available for the engagement payment will be £1m.

The £1m available for the engagement payment will be distributed to participating Contractors on the basis of the practice's share of people aged between 45 and 64 years of age on the practice list, *whether they have missing data or not*, as a proportion of the total number of registered patients in this age group in Scotland.

The engagement payment will be paid as an up-front lump sum payment at the end of April 2006.

b. Achievement Payment

The total funding available for the achievement payment will be £7m. This is subject to participating Contractors gathering data on a minimum of 260,000 patients in the target group.

The achievement payment will be based on a national fee scale that will be provided once the initial data returns from all participating Contractors have been made. The national fee scale will recognise both (i) existing high levels of coverage and (ii) increased levels of coverage as a result of work done under the terms of this DES.

The national fee scale will guarantee a minimum payment of between £10 and £14 per patient with missing data up to a maximum fee of around £30 (this will depend on the numbers of people at a national Scotland level with the missing data, and the overall numbers on whom data is collected).

The achievement payment will be paid as a balancing (lump-sum) item at the end of April 2007.

<u>Aspiration Payment</u>

A total of twenty per cent of funding under the achievement payment (£1.4m) will be paid to participating Contractors as an *aspiration* payment. This is in addition to the engagement payment. This means that a total of £2.4m will be paid to participating Contractors, with the remaining balance (£5.6m) paid to Contractors at the end of the financial year.

The aspiration payment will be paid out on a monthly basis and will be based on the share of people in the target population that are on the practice list.

The aspiration payment may also be subject to a claw-back arrangement in the event that a Contractor fails to achieve a level of achievement that is commensurate with payments that have already been received under the aspiration arrangements.

Outcomes

Participating Contractors will be required to demonstrate to NHS Boards the initiatives they have undertaken to reach those people with missing data. In the event that the participating Contractor cannot demonstrate any such initiatives, the Contractor will be required to pay back the engagement payment.

Any participating Contractor which successfully completes the data as required in the outline section of this specification, will receive a fee as described in the payments section of this specification.

Annex B

Specification for a Directed Enhanced Service

Cancer Referral

Aim

To build upon current good practice by ensuring that as many individuals as possible with a suspicion of cancer are referred with appropriate urgency.

Outline

Each participating Contractor will be required to:

a. Conduct a review of all new cancer cases diagnosed in the year preceding 1 April 2006[1], looking at the whole patient pathway from primary to acute sectors and specifically:

- Record whether new cases were referred
  - (i) Urgently
  - (ii) By local protocol (if available)
  - (iii) Routinely
- Review and discuss the appropriateness of the mode of referral for each case.

b. The Contractor will share the findings of the review with the Health Board and be available to discuss the review with the local cancer lead if requested. This may include a discussion about appropriate and relevant referral protocols. There may also be discussion on further initiatives the arrangements for which would be covered by a Local Enhanced Service.

Funding and Payment Arrangements

The total value of funding for this package will be £1.3m. This will correspond to approximately £1,250 per average-sized Contractor.

The funding package will be available to Contractors which achieve both items (a) and (b) under the outline of the DES.

The payment per participating Contractor will be based on the share of *all* patients on the practice list, as a proportion of the total number of registered patients in Scotland (as at 1st April 2006). The payment will be a lump-sum payment to be paid to a participating Contractor on the achievement of the stated outcomes.

[1] The types of cancer to be covered by this DES are those listed in the Cancer Register in the QOF Indicator Cancer 1.

Outcome

Contractors will be required to produce a summary of the review to the NHS Board, which will trigger payment of the fee for this service.

Annex C

Specification for a Directed Enhanced Service

Adults with Learning Disabilities

Aim

To ensure that patients aged 18 and over with learning disabilities have appropriate access to services provided by Contractors so that their health needs are effectively addressed.

To ensure that Contractors are well-placed to tackle the health needs of adults with learning disabilities by improving links with relevant acute and community learning disability health services, local authorities and voluntary organisations.

Outline

Contractors will be required to develop a policy for dealing with people with learning disabilities. This will require each participating Contractor to:

a. Hold and update a register of people with learning disabilities[2] containing, where available, information for the following fields:

	Possible sources of information	
	GP records	Relevant outside agencies[3]
Cause of learning disabilities	X	
Severity of disability (mild, moderate, severe, profound)	X	
Living & support arrangements		X
Any other major medical problems including - epilepsy - visual & auditory impairment - behavioural problems	X X	 X

The above information may be available from examination of the GP record including specialist correspondence or from information supplied through liaison with relevant outside agencies from their records. This information will be recorded in an appropriate electronic or paper record. Information which is not available should be recorded as unknown.

b. Effectively liaise with relevant outside agencies, as described in a) above. This will involve each participating Contractor:

- Identifying one person from within the practice team to act as an appropriate liaison officer for the practice with relevant outside agencies.
- Ensuring appropriate contact with relevant outside agencies. Through this the participating Contractor will also identify and address, if possible, any barriers to access

[2] Definition of people with learning disabilities as for the QoF Indicator on Learning Disabilities
[3] Relevant outside agencies are Acute & Community Learning Disability Health Services, Local Authority & Voluntary Organisations

for people with learning disabilities to treatment and appropriate screening. This might be done through an annual meeting with outside agencies.

Funding and Payment Arrangements

The total value of funding for this package will be £2.1m. This will correspond to approximately £2,000 per average-sized Contractor.

The funding package will be available to Contractors which achieve both items (a) and (b) under the outline of the DES.

The payment per participating Contractor will be based on the share of *all* patients on the practice list, as a proportion of the total number of registered patients in Scotland (as at 1st April 2006). The payment will be a lump-sum payment to be paid to a participating Contractor on the achievement of the stated outcomes.

Outcome

Contractors will be required to confirm to the NHS Board by the end of December 2006 that their learning disabilities register has been established under (a) and that relevant measures have been undertaken under item (b).

Annex D

Specification for a Directed Enhanced Service

Carers

Aim

To ensure that the health and social needs of carers are identified and that steps are taken to maximise the quality of life and care for both the carer and the cared for person, fully recognising carers as key partners and providers of care.

Outline

Contractors will be required to:

a. Produce and maintain a register of people who are carers[4]. In addition medical notes will include a flag that this person is a carer.

b. Effectively liaise with relevant outside local carer agencies (if they exist) and social work services. This will involve each participating Contractor:

- Identifying one person from within the practice team to act as an appropriate liaison officer for the practice with relevant outside local carer agencies (if they exist) and social work services.
- Agreeing a referral process for referring carers from the practice to relevant outside local carer agencies (if they exist) and social work services, to ensure carers can access appropriate information and support from these agencies/services at an early stage in their caring role. This will include co-operating with relevant outside local care agencies (if they exist) in any initiative (such as a mailshot) designed to alert carers to the support that they offer. The exercise(s) if requested will be at the expense of these same agencies.

Funding and Payment Arrangements

The total value of funding for this package will be £1.2m. This corresponds to approximately £1,150 per average-sized Contractor.

The funding package will be available to Contractors which achieve both items (a) and (b) under the outline of the DES.

The payment per participating Contractor will be based on the share of *all* patients on the practice list, as a proportion of the total number of registered patients in Scotland (as at 1st April 2006). The

[4] "A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult."
(Princess Royal Trust www.carers.org)

payment will be a lump-sum payment to be paid to a participating Contractor on the achievement of the stated outcomes.

Outcome

Contractors will be required to confirm to the NHS Board by the end of December 2006 that their carers register has been established and that the relevant measures have been undertaken under item (b).

Specification for a Directed Enhanced Service

Access to Contractor-based Primary Care Services

Aim

To ensure that:

- anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours in accordance with their clinical need.

Context

Our National Health – A Plan for Action, A Plan for Change set a target to ensure that patients in every part of Scotland can get access to an appropriate member of the primary care team within 48 Hours.

The Partnership Agreement (*A Partnership for a Better Scotland*) published in May 2003 reinforces the commitment that "…*anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.*…". This became fully operational from 1st April 2004 and was referred to in the background to the Quality and Outcomes Framework under the new GMS contract for the years 2004-05 and 2005-06.

The 48 Hour Access Target is a key mechanism to help ensure that everyone in Scotland has appropriate and improved access to GP primary care services, *on the basis of clinical need*. The target is among the centrally monitored Partnership Agreement commitments and remains a key priority.

Definition

1. ***Access to an appropriate member of the primary care team***

   Access to an appropriate member of the primary care team means direct contact (which may be face-to-face or by telephone or by another means such as email) between the patient and the professional in line with the practice's consultation arrangements and patient's preference where:

   (a) professional, clinical advice is sought and given within 2 working days in accordance *with the clinical needs of the patient*; and

   (b) a professional, clinical opinion and/or diagnosis is required in order to determine a further course of action e.g. to treat; to refer or to provide professional advice.

2. ***Professional***

   Professional means a doctor, nurse or health visitor or other health care professional in the practice with which the patient is registered, who is competent to deal with the patient's clinical needs.

3. ***48 hours***

48 hours means 2 working days, *where a patient requests a consultation in that time*, during the normal working hours of the practice, where consultations are available as published by the practice.

> For example, if a consultation was requested on a Friday, it should be arranged for no later than the following Tuesday. If the practice has identified a planned closure for staff training on the Monday, the consultation should be arranged for no later than the Wednesday.

4. ***Patients***

Patients mean those (including temporary residents) who are registered with the practice.

5. **Requirements**

In order to meet the 48 hour access requirement, practices must be able to demonstrate that they have in place one (or more) of the following:

5.1 Open access – i.e. patients are seen on the same day without an appointment.

5.2 The Contractor has adopted the 'Advanced Access' (or equivalent) approach and can provide same day appointments.

5.3 Practice Accreditation, Training Practice Accreditation, or QPA have been awarded and the access criteria have been achieved.

5.4 Telephone (or email) access to a member of the primary care team for professional advice or a consultation within 48 hours e.g. a booked appointment in a doctor or nurse led 'telephone surgery'

5.5 Formally established arrangements for triage by a doctor or a nurse for either by telephone or face to face.

5.6 Arrangements for patients to be seen by a doctor, nurse or other healthcare professional within 48 hours or sooner where there is a clinical need.

6. **Exclusions**

Patients can and should be able to request a consultation or medical advice at a time that does not clinically require them to have contact with a healthcare professional within 48 hours. In this context, ***the following are excluded from the definition and for the purposes of monitoring*** compliance with 48 hour access:

6.1 Situations where the patient does not wish to have contact or be seen within 48 hours.

6.2 Situations where the patient specifies a particular professional or individual, where an appropriate, alternative professional is available within 48 hours.

6.3 Situations where the patient is offered access within 48 hours but declines stating a preference for an alternative that is not within 48 hours.

7. The other exclusions are:

7.1 Requests for emergency and urgent treatment which should be dealt with immediately or within 24 hours in accordance with clinical need.

7.2 Pre-planned courses of elective treatment or care programmes where access arrangements are established in advance – e.g. chronic disease management, treatment or screening programmes.

7.3 Out-of-hours coverage – i.e. outside the normal working hours of practice.

7.4 Planned closures – e.g. public holidays or staff training.

8. **Funding and Payment Arrangements**

8.1 The total funding available for this DES will be equal to the value of 50 QOF points including superannuation, a tariff of £124.64 per QOF point.

8.2 Contractors will be offered the DES. All Contractors wishing to participate in the Access DES will have their remuneration calculated in line with arrangements for calculating QOF Access achievement during 2005/2006 (as calculated using the CPI figure in the 2005/2006 Statement of Financial Entitlements). Remuneration for Contractors with no historic QOF income for Access will be calculated using the same methodology as for Contractors with a historic QOF income.

8.3 Payment to participating Contractors by quarterly instalment will be triggered by the Contractor submitting a quarterly declaration stating that the practice has complied with the specification for the Access DES. The Contractor should ensure that supporting evidence is available should the NHS Board request this as part of the contract monitoring process.

9. **Outcome**

Contractors will be required to have booking and appointment arrangements in place that are systematic, understood by practice staff and patients, that allow:

access to an appropriate member of the practice team within 48 hours of contacting the Contractor, ***where a patient requests a consultation in that time***.

A consultation may be face to face, by telephone or by another means in line with the practice's consultation arrangements.