

2013/14 Enhanced services

Frequently asked questions (FAQs)

Enhanced services are described as essential or additional primary medical services to a higher standard or wider services provided through primary medical service contracts. NHS England commissions some enhanced services nationally which includes those it is legally directed by the Secretary of State for Health to establish or offer and those NHS England has prescribed. Some enhanced services delivered by GMS practices have payments directed in the Statement of Financial Entitlements (SFE).

Enhanced services were also previously specified and commissioned locally by primary care trusts (PCTs) and responsibility for these contracts has transferred to NHS England. NHS England has devolved the funding for these local enhanced services to clinical commissioning groups (CCGs) and subject to transitional arrangements for existing schemes has charged CCGs with responsibility for commissioning services locally over and above the core GP contracts commissioned by NHS England. CCGs will commission these additional community services using NHS standard contracts, including services practices may want to provide. CCGs will not have the power to pay for improvements in the services practices deliver under the primary care contracts with NHS England but may seek delegated authority from NHS England through its area teams to fund and design local improvement schemes.

Below is a list of nationally defined enhanced services:

- Alcohol related risk reduction scheme
- Childhood immunisation (target payments)
- Childhood influenza vaccination programme
- Extended hours access scheme
- Facilitating timely diagnosis and support for people with dementia
- Influenza and pneumococcal scheme*
- Improving patient online access scheme
- Learning disabilities health check scheme
- Minor surgery scheme*
- Patient participation scheme
- Pertussis (whooping cough) immunisation scheme (time-limited)
- Remote care monitoring (preparation) scheme
- Risk profiling and care management scheme

- Shingles catch-up vaccination programme
- Shingles vaccination programme
- Violent patient scheme*

The requirements for the service are either defined nationally in line with published services specifications or local plans which building on the minimum requirements reflected in national directions, however payment may be determined nationally or locally as directed (including through the SFE).

*The requirements for these service are defined nationally (by the SFE), however the payment is determined locally.

These FAQs have been developed based on queries that have been raised regularly that NHS Employers and GPC felt would be helpful in supporting practices and area teams in delivering these services. This set of FAQs relate to the following enhanced services:

- Alcohol related risk reduction scheme
- Facilitating timely diagnosis and support for people with dementia
- Extended hours access Scheme
- Patient participation scheme
- Remote care monitoring (preparation) scheme
- Risk profiling and care management scheme

Separate FAQs, relating to the MMR, shingles and childhood vaccination programmes have been published on the NHS Employers and GPC websites and are available via the links below:

http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/MMRcatchup/Pages/Frequentlyaskedquestions.aspx

[http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/pandemic-flu/Childhood_\(two_and_three_year_old\)_influenza_vaccination_programme/Pages/ChildhoodseasonalinfluenzavaccinationprogrammeFAQs.aspx](http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/pandemic-flu/Childhood_(two_and_three_year_old)_influenza_vaccination_programme/Pages/ChildhoodseasonalinfluenzavaccinationprogrammeFAQs.aspx)

http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/shinglesvaccinationprogramme/Pages/ShinglesvaccinationprogrammesFAQs.aspx

<http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/vaccination>

General questions

- 1. Where can I find details of the arrangements for the following enhanced services as they are not included in the 2013/14 guidance and audit requirements:**

Violent Patients

Minor Surgery

Childhood Immunisations to Under Twos and Under Fives

Influenza vaccinations of those aged 65 and over or at-risk

Should the existing arrangements be rolled forward for a further year or should these be decommissioned?

The schemes for childhood immunisations and influenza vaccinations for over 65s and at-risk patients (i.e. the last two mentioned in their list) are both included in the 2013 Directions and are to continue.

Whilst the violent patients and minor surgery enhanced service schemes were initially directed enhanced service, they have not been nationally agreed for sometime. Although there are DES directions for these services, the Directions only put in place a legal duty on NHS England to offer / establish such services. These services are therefore subject to local agreement and variation to address the needs of the patients.

As these services are commissioned locally, practices should direct any queries to their area team or CCG in the first instance.

- 2. Can practices with a 'closed list' still participate in enhanced service?**

Yes, there is nothing to prevent practices participating in enhanced services if they have a closed list.

- 3. Where a practice has been using Read codes not included in the service specification, guidance and audit requirements or Business Rules for enhanced services and vaccination programmes, are practices expected to re-code patients?**

Yes, all services being supported by CQRS, require that practices who intend to participate in these services record their achievement in the clinical systems using the appropriate Read codes. This should be recorded using the relevant Read codes in the service specification, guidance and audit requirements or Business Rules from the date those services commence. As such, practices would need to re-code using the relevant codes.

Alcohol related risk reduction scheme

- 4. Some of the Read codes identified under the “Alcohol-related risk reduction scheme” do not relate to the terminology of the Read code when you enter them [i.e. XaORP in the document states is “Audit -C alcohol screening test”, yet the terminology is “Alcohol use disorder identification test consumption questionnaire”. Is the difference intentional?**

Yes, the Read code descriptions don't exactly match the guidance text. This is because the descriptions in the guidance have been paraphrased.

- 5. The “Alcohol-related risk reduction scheme” doesn't include codes for AUDIT-C complete, is there an intention to include the appropriate code in the future?**

The eligible Read codes for the alcohol enhanced service doesn't not include codes for 'AUDIT-C complete' (V2: 9k17, CTV3: XaMwb, Snomed: 366371000000105) because this is a 'procedure status' code and as such does not allow a value to be added, therefore the inclusion of this code would not be appropriate. From a system perspective the software developer can provide the option to add a value or a text field to any Read v2/CTV3/SNOMED code whether it would be an appropriate code to use or not. As such, these codes will not be included under this enhanced service.

Facilitating timely diagnosis and support for people with dementia

- 6. What Read Codes should practices use for payment for the facilitating timely diagnosis and support for people with dementia enhanced service?**

Practices will be required to use the Read code defined in the service specification¹ 'Assessment for dementia' (V2: 38C10, CTV3: XaaBD, Snowmed: 869561000000101) in order to generate payment for this enhanced service.

Extended hours access scheme

- 7. If extended hours are provided on a bank holiday do they need to be re-provided on a day later in the week?**

Area teams are expected to maintain agreements for extended hours inherited from PCTs for this financial year (i.e. 2013/14). In the event the inherited agreement includes re-provision of extended hours that fall on bank holidays, then this should continue. Where this is not stipulated in the inherited agreement, the expectation is that area teams will ensure they are seeking good value from the service and are pragmatic.

¹ NHS England. Facilitating timely diagnosis and support for people with dementia enhanced service. Service specification. <http://www.england.nhs.uk/resources/resource-primary/>

Where no agreements are in place (i.e. not inherited from PCTs) then areas teams should seek to ensure that they are obtaining good value from their extended hours proposals.

Patient participation scheme

8. Can practices with a 'closed list' still take part in the patient participation enhanced service?

Yes, there is nothing to prevent practices participating in this enhanced service if they have a closed list.

NHS England will be reviewing the requirements for 2014/15, as part of a wider review of the extended hours access scheme.

Remote care monitoring (preparation) scheme

9. The remote care monitoring service specification states that the payment available will be £0.21 per registered patient. Should the registered patient list as at 1 January as with QOF, or 1 April as this is the date the enhanced service became available?

Although the list size used for QOF is taken on the 1 January each year, as this is a new enhanced service that didn't commence until 1 April 2013 it is more appropriate to use list size as of 1 April 2013 so that this fits in with the timeframe for the programme. The figure used is effectively the contractor's Contractor Registered Population (CRP) which is taken at the start of the financial year or in the event that the contract takes effect after the start of the financial year, on the date on which the contract takes effect.

10. The remote care monitoring (preparation) scheme service specification² requires practices to submit a return to NHS England at the end of the financial year, is there a template available for this return?

Yes, the template is available as a word document or as an excel document. This template is available for practices and area teams to download from the NHS Employers website:

<http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/DirectedEnhancedServices/Pages/EnhancedServices201314.aspx>

<http://bma.org.uk/practical-support-at-work/contracts/gp-contract-survival-guide/survival-guide-remote-monitoring>

² Remote care monitoring (preparation) scheme service specification. NHS England.
<http://www.england.nhs.uk/resources/resource-primary/>

Risk profiling and care management scheme

11. Where there is a local agreement in place for a service i.e. risk profiling, if NHS England offers an enhanced service to practices would practices be expected to deliver both the local and national arrangements or would they be required to give notice according to the local contract in order to switch to a national contract?

Where existing local arrangements are in place, practices can continue to offer the service under the terms of that agreement. Where an enhanced service is nationally commissioned practices are not required to switch providing that the local arrangements meets the minimum requirements of the new enhanced service.

We would advise against running similar local and national services in parallel as you could effectively be paying for the same thing twice. If there is a significant difference in the two services then this would need to be discussed and agreed locally. With regards to enhanced services local schemes practices are expected to undertake additional requirements to qualify for local payment.