

GP PRACTICES' GUIDE TO CLAIMING FEES FOR GMS / PMS / APMS ENHANCED SERVICES PROVIDED TO PATIENTS (2012/13)

VERSION 1 DRAFT

The table below details or summarises enhanced services commissioned by Plymouth tPCT and provided by GP practices.

Contractual requirements and agreements regarding which services each practice provide are detailed in GMS contracts, PMS agreements and PCTMS statements, also in associated regulation, separate correspondence and enhanced service specifications.

In the absence of signed agreements, practices' claiming the fee for any enhanced service is taken as implied agreement.

All enhanced services are provided in addition to the 'Essential' and 'Additional' services provided by GMS practices and to the services specified in PMS and PCTMS practices' agreements.

In case of query: contact the Primary Care Team

Every effort is made to ensure that the information within this document is correct, but in case of error it does not alter the information set out in service specifications or correspondence sent to practices regarding these enhanced services and the fees payable.

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Alcohol (DES)	£2.38 for each new patient screened using FAST or AUDIT-C	<p>Rewarding practices for 'case finding' in newly registered patients (registering between 1/4/11 and 31/3/12) aged 16 and over. Practice screens newly registered patients aged 16 and over using one of two shortened versions of WHO AUDIT questionnaire (either FAST or AUDIT-C, 4 or 3 questions, taking about 1 minute to complete).</p> <p>If positive, practice is asked to ask patient remainder (6 or 7) of 10 questions in AUDIT questionnaire to determine hazardous, harmful or likely dependent drinking. For patients identified as drinking at hazardous or harmful levels, practice is asked to deliver brief intervention. Practice should refer dependent drinkers to specialist services</p> <p>Within 28 days of the end of the financial year, practices should complete and send to the PCT an audit as per the DES.</p>	Year-end report / "claiming spreadsheet" from practice triggers payment (showing numbers of patients who have undergone FAST or AUDIT-C, AUDIT, brief intervention and referral)	Keep clinical records for post payment verification.	Ends 31/3/2013	ZALCOH	<p>See Appendix 1 & 2</p> <p>9K17. (Alcohol screen Audit C completed)</p> <p>9K16. (Alcohol screen FAST completed)</p>
Anti-Coagulation Monitoring (INR) (NES and LES)	£94.24 per patient per year at level 2 service, or £112.37 per patient per year at level 4 service (in-practice testing)	<p>Level 2: as detailed in NES 'Anti-coagulation monitoring' specification</p> <p>Level 4: as detailed in LES specification (in-practice testing) Claim for patients monitored at any time in quarters Q1-Q3.</p>	Annual claiming (quarter 3) using "claiming spreadsheet".	Keep clinical records for post payment verification.		ZACOAG	66QZ Warfarin monitoring NOS

¹ (LES) = Local Enhanced Service; (NES) = National Enhanced Service; (DES) = Directed Enhanced Service

² Code used by PPSA or PCT on remuneration notices accompanying payment to practices

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Childhood Immunisations (DES) [Pneumococcal conjugate vaccine known as Prevenar (PCV) +Hib/Men C]	As set out in GMS Statement of Financial Entitlements. Also New Born new immunisations. see SFE and PCT correspondence for details £15.67 on completion of the 3 rd Prevenar (must ensure Hib and Men C administered)	As set out in Primary Medical Services (Directed Enhanced Services) (England) Directions 2006, section 8. Also see DH/CMO letters and correspondence from PCT.	nGMS: PPSA Open Exeter (for those signed up) or manual forms; plus quarterly claiming spreadsheet for new catchup programmes; corresponding quarterly payment. PMS: Payment in baseline budget plus quarterly claiming spreadsheet for new catchup programmes; corresponding quarterly payment.	Keep clinical records for post payment verification.	Please note - only claim if you have administered the Hib/Men C and the third dose of Prevenar. Routine childhood immunisation programme up to the age of 2 years.	(GMS) PNCHMG (PMS) PNCHCP	

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Chlamydia screening (LES)	<p>£8.00 payment per received test where Annual % of 15-24 year olds tested for Chlamydia achieved is 35% +</p> <p>£7.00 payment per received test where Annual % of 15-24 year olds tested for Chlamydia achieved is 25%+</p> <p>£6.00 payment per received test where Annual % of 15-24 year olds tested for Chlamydia achieved is 15%+</p> <p>Further £6 payment for each of the returned Chlamydia Screening tests from sexually active patients aged 15-24 registered at the practice.</p>	<p>Set out in 'chlamydia screening programme for sexually active 15-24 year olds' LES specification</p> <p>Note annual review requirements</p>	Practices will be paid following the PCT's receipt of quarterly activity data from the CSO	Keep clinical records for post payment verification.		ZSEXHE	<p>9Oq0 Chlamydia test offered</p> <p>43U8 Chlamydia test positive</p> <p>43U6 Chlamydia test negative</p>
Chlamydia Treatment (LES)	£15.06 per advice and treatment for each positive case	Set out in 'chlamydia screening programme for sexually active 15-24 year olds, Treatment of Positive cases' LES specification	Practices will be paid following the PCT's receipt of activity data from the CSO	Keep clinical records for post payment verification.		(to be confirmed) ZSEXHE	As above
Extended Hours (DES)	£1.90 per annum per registered patient, based on the number of patients registered at 1 st April 2012	Enabling patients to consult a General Practitioner, face to face at times other than during the core hours specified in primary medical services contract.	Paid in monthly instalments		Continues until 31/3/13		

Appendix M

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Glucose Tolerance Testing in Pregnancy (LES)	£71.51 per test	As detailed in Glucose Tolerance Testing During Pregnancy Local Enhanced Service Specification 2008/09, including training and sign-up requirements. This LES commenced on 1 st October 2007.	Quarterly claiming using "claiming spreadsheet" with corresponding quarterly payment.	Keep clinical records for post payment verification.		ZGLUCO	
HPV (LES)	A full course of HPV vaccine requires three separate injections administered at 0, 1-2 months and a third injection at 6 months, as per national schedules. Each injection will attract a £7.64 enhanced service payment.	From the autumn of 2008, HPV immunisation was introduced for girls aged 12-13 years . This is equivalent to school year 8 . Every year thereafter, girls aged 12 – 13 years will be immunised as a rolling programme. This LES is intended for eligible girls who miss their immunisation in the school setting, and therefore, wish to receive their immunisation programme at their registered GP surgery. Nb – the catchup programme for HPV ceased on 31/8/10.	Practices send schedules to the Child Health Information Team, who subsequently send a schedule for payment to the PCT. This is paid via PCSS.	Keep clinical records for post payment verification		ZHPV	65FS First Vac completed 65FT second vac completed 65FV third vac completed

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
HRT and Nexplanon (LES)	<p>£36.65 per implant</p> <p>Please note, per implant and not Estradiol patches</p> <p>Please also note that the fee covers all three aspects of patient care</p>	<p>The fee covers the insertion, management and removal of the implant – one claim</p> <p>All practices have been eligible to claim for the insertion, management and removal of Estradiol implants with effect from 1st April 2005. It was agreed that Implanon be added to this enhanced service with the LMC in Nov 05. Implanon was replaced by Nexplanon in Oct 10.</p>	Quarterly claiming using “claiming spreadsheet” (on two separate sheets, HRT and Nexplanon) with corresponding quarterly payment.	Keep clinical records for post payment verification.	PCT would prefer primary care provision of this rather than secondary care wherever appropriate	<p>ZHRT</p> <p>ZIMPLA</p>	<p>7G2AB – insertion of subcutaneous contraceptive</p> <p>7G2AG – insertion of nexplanon</p> <p>7G2H7 – removal of subcutaneous contraceptive</p> <p>7G2HA – removal of nexplanon</p> <p>61KB check of subcutaneous</p>

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Influenza (DES)	<p>£7.64* per patient vaccinated during October-March inclusive in line with CMO and DES requirements.</p> <p>* or £2.55 where jab given by PCT community staff at the request of the GP.</p>	<p>As set out in Primary Medical Services (Directed Enhanced Services) (England) Directions; current year CMO letter for updates and current specification.</p> <p>Helpful hint picked up at PPV visits – the at risk group for Chronic respiratory disease and asthma is where they require continuous or repeated use of inhaled or systemic ‘steroids’ i.e. not just ventolin or salbutamol. Also note requirement for ‘written instructions as a patient specific direction’ if prescribed outside specified risk factors.</p>	Claimed at the end of quarters 2, 3 and 4 using “claiming spreadsheet” with corresponding quarterly payment.	Keep clinical records for post payment verification.	Practices are asked to report uptake separately for Public Health monitoring. It is not practical to link the two systems.	ZFLU	<p>9021. letter to invite to screening</p> <p>90X6 - influenza vac. Invitation letter sent</p> <p>65E. influenza vaccine given</p> <p>90X5. – Influenza vac. Declined</p> <p>68NE. no consent to influenza consent</p> <p>68NI. Medical contraindication</p>
INR – see Anti-Coagulation Monitoring above							

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
IUCDs (NES)	£83.69 insertion fee per patient plus £22.32 annual review (audit etc) fee.	<p>As per National Enhanced Service 'Intra-uterine contraceptive device fittings'</p> <p>Helpful hint picked up at PPV visits - note requirements for the annual review. It could include an audit of the register of people, continuous usage rates, reasons for removal and complications and other self defined elements for example ensuring timely recalls for replacement. This audit must be retained as evidence. Patients do not need to attend an annual review for this part of the fee, unless clinically indicated to do so.</p> <p>Also, where claiming for non-contraceptive, notes should clearly show menorrhagia or heavy bleeding as primary reason for insertion.</p>	<p>Quarterly claiming using "claiming spreadsheet", but NB:</p> <p>nGMS: Claim for contraceptive and non-contraceptive use.</p> <p>PMS: Claim for non-contraceptive use only (payment for contraceptive use is already in PMS budget).</p>	Keep clinical records and records of annual review for post payment verification.	PCT looking at recent guidelines and will write to practices if any change to NES	ZIUCD	<p>9kA0 IUCD fitting – enhanced service completed</p> <p>6154 IUD checked no problems</p> <p>6155 – IUD checked problems</p> <p>6152 – IUD removed</p>

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Learning disability (DES)	£102.16 for each health check (of which £51.08 is paid upfront as register-based aspiration payment)	<p>Practice provides an annual health check to patients on the local authority (LA) learning disability (LD) register</p> <p>Pre-requisites:</p> <ul style="list-style-type: none"> - Practice has liaised with LA to validate LD register for patients with moderate to severe LD (NB Kath Ingram and QOF LD1) - Practice has attended multi-professional education session (GP, practice nurse and practice manager/senior receptionist) <p>Send a copy of each completed health check to PCT LD service.</p>	Quarterly claiming spreadsheet	Keep clinical records for post payment verification.	Continuing until 31/3/13	ZLEDIS	9HB5. (learning disabilities annual Health Assessment) 9HB3. (learning dis. Health Assessment) 69DB. (Learning dis. health examination)
Medicines Management Scheme (LES)	See specification (c/o Medicines Management Team) – currently under development	To be confirmed			Replaced Prescribing Incentive Scheme, and Quality and Cost Effective Prescribing LES		

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Minor Surgery (DES)	<p>GMS practices and PMS practices who have transferred to the GMS method of claiming for minor surgery:</p> <ul style="list-style-type: none"> - £44.63 per joint, muscle or tendon injection (unlimited number where clinically appropriate). - £89.25 per other invasive procedure (including excisions/incisions), with a maximum annual claim calculated as 2 per month per GP (partner or salaried, full or part-time). - aspirations should be claimed at the same rate (and in the same 'box' on the claiming spreadsheet) as injections. If an aspiration and injection are carried out as part of the same procedure then they will be counted as one claim. <p>Non-invasive minor surgery (curettage, cautery, cryocautery, non-invasive hyfrecater procedures) is included in GMS monthly payments (an Additional Service) and included in PMS core budgets.</p> <p>The PCT would prefer primary care provision of</p>	<p>Also see Nicola Jones's letter 12th December 2005</p> <p>Helpful hint picked up at PPV visits - Informed Consent should always be obtained for all Minor Surgery Procedures. For injections this can be verbal and should be noted in the medical records. For all other invasive procedures including incisions and excisions, it should be written consent and this should be retained in the Patient's lifelong medical record.</p>	<p>GMS: Quarterly claiming using "claiming spreadsheet" with corresponding quarterly payment. Non-invasive minor surgery already paid in GMS monthly payments (Additional service).</p> <p>PMS: In baseline budget unless practice has transferred to GMS method of claiming.</p>	<p>Keep clinical records for post payment verification.</p> <p>Practices must ensure all incisions/excisions are carried out in accordance with the Plymouth PCT Benign Skin Lesions Policy.</p>	<p>PMS practices have an on-going option to transfer to the nGMS method of claiming minor surgery. Contact Nicola Jones for information.</p> <p>Nb Practices are responsible for checking the number of GPs showing on the claim sheet is correct at point of submission</p>	<p>(GMS)</p> <p>MINOR</p> <p>(PMS)</p> <p>ZMINOR</p>	<p>9877 Minor surgery done – injection</p> <p>9879 Minor surgery done – incision</p> <p>987A Minor surgery done – excision</p> <p>9878 Minor surgery done - aspiration</p>

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
MMR Catch-up Programme (LES)	<p>The PCT shall pay the GP practice providing the MMR vaccine to each patient under this LES £7.64 per immunisation for patients aged 5 years and over (at date of immunisation) where the immunisation is in line with this LES.</p> <p>Note that routine MMR immunisation is still to be scheduled and carried out as usual, this being already funded in GMS, PMS and PCTMS budgets hence the minimum age for payment under this LES.</p> <p>Also note additional patient groups included</p>	<p>Provision of MMR vaccine to registered patients in line with the Department of Health (DH) dated 6th August 2008.</p> <p>Patients aged 5 to 18 years who have not received any MMR vaccine or who have been partially immunised.</p> <p>Patients aged 19-30 are temporarily added to this LES from 1st June to 31st October 2011 only (can back-claim from June – add note to claims sheet in Q2)</p> <p>Women identified by secondary care post-partum are now included in this LES.</p> <p>A man working in an antenatal setting is now added to this LES</p> <p>Note also that patients presenting with incomplete or unknown MMR vaccine history can be included if the GP considers it is clinically necessary and they do not qualify under the above groups</p>	<p>Practices will report vaccinations given to the Child Health Information System Team who will then who will then (quarterly) alert the PCT of appropriate numbers on which to make payment to the practice. These numbers will be inserted by the PCT into the 'enhanced services claiming spreadsheet' for the practice's information and verification.</p>	<p>Keep clinical records for post payment verification</p>	<p>Practices will need to complete the quarterly claiming sheet for those patients aged 18 and over in the target groups.</p>	ZMUMPS	<p>65M1 MMR vaccination</p> <p>65MA MMR booster vac</p> <p>65MB pre school booster vac</p> <p>65MC vaccination 2nd dose</p> <p>ZV064 MMR vaccination</p>

Appendix M

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Near Patient Testing (NES)	£94.24 per patient per year, or part thereof (as at 1 st October), for the provision of a shared care drug monitoring service for: - penicillamine - auranofin - sulphasalazine - methotrexate - sodium aurothiomalate.	As per National Enhanced Service 'Provision of near patient testing' Helpful hints picked up at PPV visits - drugs may be oral or injectables. Payment is per drug, per patient.	Annual claiming (quarter 3) using "claiming spreadsheet" and corresponding payment.	Keep clinical records for post payment verification including monitoring		ZNEAR	TBC 66P8. – high risk drug monitoring shared care
Nurse Phlebotomy (LES)	Calculated on capitation, carried forward from 04/05.	As per the practice's individual Practice Agreement.	None – automatic payment in twelfths at the end of each month.	As per the practice's individual Practice Agreement.		ZPHLEB	

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Patient Participation (DES)	£1.10 per registered patient based on achievement of the various steps as per the DES	<ul style="list-style-type: none"> Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population. E.g., a patient reference group (PRG). This group should be representative of the practice population Agree areas of priority with the PRG Collate patient views through the use of a survey Provide the PRG with an opportunity to discuss the survey findings and reach agreement with the PRG on changes to services Agree an action plan with the PRG and seek PRG agreement to implementing changes <p>Publicise actions taken and subsequent achievement</p>	Payment as per the DES no later than May 2013	Keep records for payment verification	Continues until 31/3/13		
Pneumovax (DES) (Pneumococcal Polysaccharide Vaccine PPV)	£7.64 per immunisation per patient who will be aged 65+ at end of March 2007 and per patients aged 2 years+ in specified clinical at-risk groups (see CMO/DH letter 31 st March 2005 for details). Note: patients usually require only one pneumovax vaccination in their lifetime but note at risk exceptions defined in DES	As set out in Primary Medical Services (Directed Enhanced Services) (England) Directions. Clinicians to follow the guidance in the Green Book. Helpful hint picked up at PPV visits – the at risk group for Chronic respiratory disease and asthma is where they require continuous or repeated use of ‘inhaled or systemic steroids’.... i.e. not just ventolin or salbutamol. Also note requirement for ‘written instructions as a patient specific direction’ if prescribed outside specified risk factors	Quarterly claiming using “claiming spreadsheet” with corresponding quarterly payment.	Keep clinical records for post payment verification.		ZPNEU	6572 Pneumococcal vac 65720 Pneumococcal vac given

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Shared Care (Prescribing) (LES)	<p>Fees per patient per year, or part thereof (as at 1st October of the relevant financial year), ranging from £31.42 to £94.24</p> <p>In summary for 2010/11 (and to be reviewed with the LMC):</p> <ul style="list-style-type: none"> - Atomoxetine £47.12 - Azathioprine £94.24 - GnRH analogues £47.12 - Lithium £94.24 - Mercaptopurine £94.24 - Methylphenidate £94.24 - Riluzole £47.12 - Tobramycin £47.12 with spirometry, £31.42 without. - Erythropoietin £94.24 - Leflunamide £94.24 <p>Can be claimed per drug</p>	<p>With effect from 1st April 2007, as detailed in letter to practices dated 20th March 2007 (Appendix 1).</p> <p>See helpful hints for NPT</p>	<p>Annual claiming (quarter 3) using "claiming spreadsheet" and corresponding payment. This claim will be reconciled with monthly payments made in advance (Apr-Nov incl.) based on last year's LES.</p>	<p>Keep clinical records for post payment verification.</p>	<p>The 2007/08 LES replaces the original Shared Care LES in which practices were paid on a 'block contract' basis.</p>	ZSHARE	8BM5 Shared Care prescribing
Smoking cessation (LES)	<p>Payment is:</p> <p>1st consultation £10.21</p> <p>2nd consultation £7.66</p> <p>3rd consultation £7.66</p> <p>Bonus for 4-week quitter £5.11</p>	<p>With effect from 1st July 2007 as detailed in letter to practices to be sent in early December 2007.</p>	<p>Generated when practice submits smoking cessation monitoring forms to the PCT Smoking Advice Service</p>	<p>As per Smoking Cessation Guidelines</p>		ZSMOKE	

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Substance Misuse (LES)	As per arrangements with DAAT.	As per arrangements with DAAT. Helpful hint picked up at PPV visits: One claim per quarter per patient if in receipt of prescription. Where prescriptions span 2 quarters, can be claimed once in each quarter	Quarterly claiming using "claiming spreadsheet" with corresponding quarterly payment.	Keep clinical records for post payment verification.		ZDRGMU	
Tissue viability: leg ulcer (LES)	With effect 1 st April 2010, £204.31 per limb for a 12 week treatment plan. If the patient's leg ulcer has not satisfactorily healed within 12 weeks the practice may make a second claim. If a patient has leg ulcers on both legs, the practice may claim for two payments. Practices need to contact the PCT if likely to exceed allowance if this is set as this would need prior approval.	Practices' management of chronic venous, arterial and mixed leg ulcers and ensure easy access to high quality wound management for patients. A chronic leg ulcer is defined as an open lesion between the knee and the ankle joint that remains unhealed for at least six weeks. Training required. Helpful hints picked up at PPV visits : Once a wound is being claimed as a leg ulcer, it remains a leg ulcer claim until healed. Week '1' should be noted on patients record to facilitate clear claiming periods. If part of treatment happens elsewhere on odd occasion for a particular reason e.g. doppler, then you can still claim. However, if this is occurring frequently then you should contact the PCT for advice.	Quarterly claiming using "claiming spreadsheet" with corresponding quarterly payment.	Keep clinical records for post payment verification. Audit as per specification.		ZTISSU	M2713 Arterial leg ulcer M2714 Mixed venous and arterial leg ulcers 8CV2 compression therapy started 8CT1 compression therapy finished 8HTh referral to leg ulcer clinic

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Tissue viability: dressings (LES)	<p>With effect 1st April 2010 £8.17 per patient per procedure, up to allowance (e.g. 1 patient with three dressings at one visit = one activity/claim). Practices need to contact the PCT if likely to exceed allowance as this needs prior approval.</p> <p>Payment for backfill of nursing time when attending required training is calculated on a Mid Band 5 Nurse at a cost of £13.57 per hour (at 100% funding, of which the PCT will cover 50%). 4 hours for a half day, 8 hours for a full day.</p>	<p>Includes:</p> <ul style="list-style-type: none"> Removal of sutures and clips Closure of simple wounds using steristrips Management of all types of surgical/post trauma wounds including treatments for infected wounds and dehiscence Burns and scalds Skin grafts Pressure sores Simple uncomplicated wounds. <p>Exclusions to this LES include:</p> <ul style="list-style-type: none"> Suturing of wounds or dressings arising from procedures by the practice such as minor operations VAC therapy Larvae therapy complex wounds and leg ulcers (venous, mixed and arterial). <p>Training required.</p>	Quarterly claiming using "claiming spreadsheet" with corresponding quarterly payment.	Keep clinical records for post payment verification. Audit as per specification.		ZTISSU	<p>8C1M post surgical/post operative wound care</p> <p>ZV583 removal of sutures</p>

Appendix M

Service Provided ¹	2011/12 Payment	Summarised Service Specification	Claiming / Payment Process	Summarised Audit Requirements	Notes	Payment Code ²	READ CODE
Violent Patients (DES)	£2,232.48 retainer per WTE retained GP; £73.30 per face-to-face clinical consultation; £33.51 per clinical telephone consultation (pending review 08/09). Only two practices currently commissioned to provide this DES.	As per the current written agreement between PCT and the two commissioned practices. Commissioned in line with Primary Medical Services (Directed Enhanced Services) (England) Directions 2006, section 10.	Quarterly claiming of consultation fees using "claiming spreadsheet" and by invoice for the retainer.	Practice will be required to maintain full audit trail (i.e. usual record of consultation), details to be made available to the PCT if requested.	Non-commissioned practices can claim consultation fee <u>if</u> violent patient 'logged' with police and service provision agreed with PCT in advance (this is very exceptional).	ZVPDES	

Enhanced services now ceased

Service Provided ³	2007/08 Payment 2008/09 Payment	Service Specification	Claiming / Payment Process	Audit Requirements	Notes	Payment Code ⁴
Choose and Book (LES) CEASED 31st March 2008	Payments per registered patient: 42p for 70%+ referrals using C&B, or 47p for 80%+ referrals using C&B, or 52p for 90%+ referrals using C&B. 24p for 80% achievement as reported by patients in GP Patient Survey £250 for practice update / awareness session.	LES covers September 2007 to February 2008 inclusive. Practices to complete and return acceptance form to Neil Parsons. The PCT will measure performance on a monthly basis, starting with September 07 data. Data on 'actual GP referrals' is available 6 weeks after the end of the month in which referrals were made and the PCT will inform practices on their performance on a monthly basis (in the 3rd week of the month). The PCT therefore expect to have the final result in the 3rd week of Apr 08 so we should be able to get practices paid in May 08.	Neil Parsons will action on behalf of practices who have signed up to the LES (see service specification).	C&B system records and written agreement with PCT.		ZCANDB
Clinical Commissioning (previously PBC incentive scheme) 2009/10 - Practice Development and Transitional Funding Scheme – offered to practices for activity in 2011 CEASED						

³ (LES) = Local Enhanced Service; (NES) = National Enhanced Service; (DES) = Directed Enhanced Service

⁴ Code used by SBS/PCSS or PCT on remuneration notices accompanying payment to practices

Appendix M

Discharge documents – audit (LES) CEASED 31st March 2009	£1.50 per completed audit form.	Audit period 1st April 2008 – 31st March 2009 split into 6 x 4-week periods. Practices to use electronic discharge facility when available though PHT. Ceases 31st March 2009.	Oksana Riley will instigate payments.	No specific requirements.		ZAUDIT
Ethnicity (DES) CEASED 31st March 2011	Payment is 6 pence per registered patient per year as long as the practice has recorded ethnicity and first language for at least: <ul style="list-style-type: none"> 90% of its patients by 31st March 2011. Payment based on list size as at 1 st April 2010.	Enabling practices and PCTs to assess the needs of their population and to address inequalities in access and health outcomes for BME patients Practices record ethnicity and first language of all patients on their list (for children, babies and adults lacking the capacity these are defined by parent or guardian) (NB QOF Records 21) Use NHS Data Dictionary codes ('Count Me In' codes)	Practice sends report to PCT after each year end to trigger payment.	PCT offering the DES for 10/11 rather than the LES (will liaise with LMC)	ZETHIC	See Appendix 1 & 2 9i...(preferred codes for ethnicity as per DES guidance documents) Although 9s... codes are allowed for QOF 13l.. (language codes)
'Follow ups' (GP review of patients awaiting follow up in secondary care) Pilot LES now CEASED	£250 per GP session.	One off pilot in spring/summer 2007.	Instigated on receipt of review paperwork.	No specific requirements.	One off pilot in spring/summer 2007. May be developed and re-commissioned in 2008/09.	

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Heart Failure (DES) CEASED 31st March 2009	<p>£35 for each patient with a current diagnosis of HF due to LVSD who is treated with a beta-blocker. No payment for HF patients who are intolerant or have a contra-indication to beta-blockers</p>	<p>Encouraging appropriate prescribing of beta-blockers in patients with heart failure (HF) which is due to left ventricular systolic dysfunction (LVSD)</p> <p>Pre-requisite = practice has a 'high quality' register of patients with heart failure (= QOF HF1, PCT assessment as per QOF arrangements)</p> <p>Diagnosis of HF due to LVSD also needed (NB QOF HF3)</p>	<p>Year-end annual report to trigger payment.</p>	<p>Year-end annual report to trigger payment. Keep clinical records for post payment verification</p>	<p>2008/09 only (i.e. 1st April 2008 to 31st March 2009)</p>	<p>ZHFAIL</p>
H1N1 (Swine Flu) DES CEASED Mar 2011	<p>£5.25 per dose</p>	<p>See CMO letter for 2010/11: more complicated vaccination criteria from 1st September 2010 (table 1 on page 6)</p> <p>Continue with the current vaccination programme for the following groups who have not been previously vaccinated:</p> <ul style="list-style-type: none"> - the clinical at risk groups from 6 months and over - pregnant women. <p>Travellers to the Southern Hemisphere – practice may charge an administration fee but no enhanced service fee is due.</p>	<p>During 10/11 quarter claims initially to spring/summer 2010</p>	<p>Keep records for post payment verification.</p> <p>Complete Imm Form.</p>		

Appendix M

IM&T (DES) TO 2007/08 BUT IMPLEMENTATION CONTINUES IN 2008/09 CEASED 31st MARCH 2009	Per registered patient: 40p for agreement of plan 44p for data accreditation 27p for remaining practice requirements 22p for migration to CfH accredited system	As set out in Primary Medical Services (Directed Enhanced Services) (England) Directions 2006, section 6.	PCT will action as appropriate to each component	As DES specification and Statement of Financial Entitlements.	This is a two year DES (06/07 and 07/08); practices needed to sign up by 1st February 2007.	ZIMT
Maintaining Practice Investment (LES) CEASED 31st March 2011	Carried forward from 04/05. Remove for 11/12	As per the practice's individual Practice Agreement.	None – automatic payment in twelfths at the end of each month.	As per the practice's individual Practice Agreement.		
MMR Catch-up Programme (Alternative Reduced Requirement) (LES) CEASED 30th June 2011	The fee payable to practices will be paid £6.10 instead of £7.64 with the other payment details include age-range as specified in the MMR Catch-up Programme details above.	An alternative MMR Catch-up Programme LES with reduced requirements for practices who wish to offer the MMR catch-up immunisation to patients but who would prefer the PCT to be responsible for the sending of invitations to patients.	As MMR Catch-up Programme details above.	Keep clinical records for post payment verification		As above

<p>Osteoporosis (DES)</p> <p>CEASED 31/3/11</p>	<p>Criterion 1: 2011/12: £200.30 =>60% £120.18 if 40%. 40-60% on sliding linear scale</p> <p>Criterion 2: £200.30 =>90%. £120.18 if 70%. 70-90% on sliding linear scale</p> <p>Criterion 3: £200.30 if =>90%. £120.18 if 70%. 70-90% on sliding linear scale.</p> <p>The payment to each practice will be adjusted by the relative number of women aged 65 and over on the practice list, compared to the national average.</p>	<p>Encouraging practices to confirm diagnosis of osteoporosis in fragility fractures and prescribe appropriate pharmacological secondary prevention in patients with osteoporosis</p> <p>Pre-requisite = practice has a high quality register of women aged 65 years and over with fragility fractures sustained after 1st April 2008</p> <p>Criterion 1: the proportion of women aged 65-74 with history of fragility fracture in the previous 12 months who have had a diagnosis of osteoporosis confirmed by a DEXA scan</p> <p>Criterion 2: of those in criterion 1, the proportion who are receiving treatment with a bone-sparing agent</p> <p>Criterion 3: the proportion of women aged 75 and over with a history of fragility fracture in the previous 12 months who are receiving treatment with a bone-sparing agent.</p> <p>A list of bone sparing agents can be found in the Clinical DES for GMS Contract document – Guidance and audit requirements for 2011/12</p>	<p>Year-end audit (by end of first quarter subject to DEXA waits)</p> <p>All to be updated</p>	<p>Keep clinical records for post payment verification.</p> <p>Practices will be expected to provide an audit report to the PCT, completed at end of first quarter i.e. 30 Jun12 in order to ensure inclusion of patients referred for DEXA scan on or before 31 March 2012. To be submitted by 31 July 2012</p>	<p>Continuing until 31/3/11</p>	<p>ZOSTEO</p>
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Appendix M

Practice Based Commissioning (DES and LES) CEASED 31st March 2008	Full detail to be confirmed to practices; part funding to Sentinel CIC. Letter to practices to include accessing 2006/07 monies still available.					ZPBCOM
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Additional Payment Codes for Information:

QUACHG	QOF achievement payment on account	ZPSURV	GPPatientSurvey 48 hrs/ advanced booking/ surveys/ telephone access
QUASPP	YY/YY QOF Aspiration	ZSTATL	LMC Statutory Levy
ZCOUNS	Counselling	VOLL	LMC Voluntary Levy
ZLOCUM	PEC Locum Cover	ZRITA	RITA Payments/ Support Discharge
ZIMPLA	Nexplanon	SICKC	Maternity/ paternity payments
ZADV	Advance payment or recovery	SICKS	Sickness Locum Cover