

# Review of Sheffield Locally Commissioned Services (LCSs) & Quality Contract

Sheffield  
LMC



## GUIDANCE FOR SHEFFIELD GPs

November 2024

We are aware that practices are under immense pressure from increased workload demands and squeezed funding. General Practitioners Committee (GPC) England launched their Collective Action in August this year, and one of the reviews was LCSs. These are different in each area of England, so the GPC cannot give more specific advice on what action to take. To this end, we have created this guidance, which indicates all the LCSs offered to Sheffield practices, a brief outline of the workload and commitments and possible actions practices may want to consider taking.

We are aware that services will be delivered differently in each practice. As such, we have also produced a [“ready reckoner”](#) that will allow practices to enter details in the appropriate fields, and the spreadsheet will calculate the costs incurred in delivering each service. This tool was developed with support from our colleagues in Wales (Gwent LMC) and Alex Reeks, Business Manager at Upperthorpe Medical Centre. Whilst the ready reckoner is editable, the LMC would advise that practices simply fill in the amber sections in the document to see the true cost of delivering this service versus the reimbursement. Acknowledging that finance is not the only underlying factor that determines whether a practice chooses to deliver a non-core service, the intention of this tool is to merely provide practices with the relevant financial information in their decision-making process, at what is undoubtedly a challenging time for the profession.

We hope you find this guidance useful in understanding your position in relation to each LCS, and whether each one remains financially viable for the practice to offer to its patients. The LMC office can be contacted via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) if you have any queries relating to LCSs.

## **Anticoagulation**

This is an LCS to fund warfarin monitoring and can include initiation as well.

### Funding:

- £13.91 per patient per month = £166.92
- 12 home visits per year maximum @ £6.30 = £75.60
- Warfarin initiation £52.49

### Workload:

- Training
- Managing a call-recall system
- Time to run clinics
- Hospital INR for abnormal results.
- Costs: INR star licence
- Testing strips £90 for 24 up from £72.38 in 2021
- Machine purchase
- National External Quality Assessment Service (NEQAS) registration and quality control testing

Acceptance for monitoring at the practice “is at the discretion of the provider.”

### Possible Actions:

- Do not accept any more new referrals.
- Hand contract back if not economically viable.

## **Asylum Seeker**

### Funding:

- £297111 pa.

### Workload:

- Currently provided by Mulberry Group.
- Expected activity 34 patients per week.

### Possible Action:

- Hand back contract.

## **Care Homes LIS**

### Funding:

- £130 per annum per bed

### Workload:

- Number of MDTs completed - Monthly
- Number of residents in the beds for which the GP is responsible - Monthly
- Number of residents with full care plan in place within 8 weeks - Monthly
- Number of residents with an initial care plan (within 2 weeks) - Monthly

### Possible Action:

- Hand back contract.

## **Childhood Immunisations**

### Funding:

- 3 year contract. Proposed funding set out for eligible practices in the LCS. Reducing funding over 3 years with expectation that vaccination levels will increase so target funding will increase.

#### Workload:

- Write an annual plan
- Target improved vaccination uptake by enacting plan.

#### Possible Action:

- Hand back contract.

## **Dermatology Provision**

Currently provided by Matthews Practice and Porterbrook Surgery.

#### Funding:

- £87.66 per appointment for “cutting”.

#### Workload:

- Managing referrals.
- Does not include inter-practice referrals under the Minor Surgery Directed Enhanced Service (DES).

## **Dermatoscopic Imaging**

#### Funding:

- £11.50 per referral

#### Workload:

- Only applies to 2WW referrals “*It is anticipated that, with images, the triage process will be able to appropriately identify those patients who do not require a consultant outpatient attendance and clinical guidance can be provided by dermatology services to support patient care.*”
- Advice and Guidance (A&G) could lead to greater workload for GPs.
- Training to take images
- Must use PhotoSAF App
- Dermatoscope provided
- £200 to fund camera + maintenance
- Exception reporting

#### Possible Action:

- Hand back contract.

## **DMARD Monitoring**

#### Funding:

- £26.25 per appointment.
- Maximum £105 per patient

#### Workload:

- As per Shared Care Protocols
- Quality Audit

#### Possible Actions:

- Do not accept any more new referrals.
- Hand contract back if not economically viable.

## **Hepatitis B in Slovak/Roma communities**

#### Funding:

- Adult
  - £9.45 per screen
  - £7.35 per vaccination (4 per patient)
  - £66.14 for advice if positive screening.

- Child
  - £0 for screening
  - £5.25 per vaccination

Workload:

- Screening required at first registration. If negative for Hep B then vaccinate.
- If positive for Hep B then further bloods and refer to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Public Health England (PHE).

Possible Action:

- Hand back contract.

## Homelessness

Funding:

*More information requested from Sheffield Place of NHS South Yorkshire Integrated Care Board (ICB).*

Workload:

- Audit of 3 patients
- Patients not seen in 3/12 prior to the quarter end should be removed from the register.

Possible Action:

- Hand back contract 6 months notice.

## Latent TB

Funding:

- £21 per patient tested in the cohort.

Workload:

- The criteria include: • new registration with a GP practice • aged 16-35 • not previously been tested or treated for TB • been in England less than 5 years and • come from the list of countries found in the attachment 'Countries for LTBI testing'.
- Includes testing for HIV which is unfunded.
- Share data with PHE

Possible Action:

- Hand back contract.

## 12 Lead ECG

Funding:

*More information requested from Sheffield Place of NHS South Yorkshire ICB.*

Workload:

- Machines purchased by NHS South Yorkshire ICB
- Upkeep (servicing etc) and consumables
- Training staff
- Audit required

## Management of Prostate Cancer

This is an LCS to fund the monitoring and call/recall system for patients with prostate cancer who have been initiated by secondary care on LHRH analogues.

#### Funding:

- The practice will purchase the LHRH analogue and claim re-imburement through Prescription Pricing Division
- £21.47 per injection except for Degarelix £21.47 per patient per quarter

#### Workload:

- Complete Shared Care Protocol.
- Ensuring supply of injection available when required.
- Claiming for the purchase of injections.
- Running a call/recall system.
- Clinician time to give injection , perform an annual review or when necessary if symptoms change. Refer back to secondary care if required.
- Perform annual audit.

#### Possible Actions:

- Give notice on the contract.
- Ensure that this contract is only used for therapy, not requests from secondary care to perform ongoing monitoring of patients with prostate cancer (Sheffield LMC has written separately to Urology about this).

## Over and Above

#### Funding:

- £5.25 per weighted head

#### Workload:

- Appendix 1: List of Services to be Included within Locally Commissioned Service Shared Care to Include:
  - Serial PSA monitoring in non-cancerous patients, ie in-patient receiving testosterone replacement therapy
  - PSA monitoring in malignancy
  - Co-operate in the pre-op management of patients, eg blood pressure monitoring and adjustment, continence checks etc, and appropriate communications concerning a patient's health status, ie BMI, diabetes, relevant infection control risks
  - Delivery of [current shared care protocols / prescribing guidelines](#)
  - Ongoing provision of pharmacotherapy for malignant conditions without direct consultant supervision
  - Medication supervision of dementia patients on cognitive enhancers Phlebotomy
  - Testing for ordinary investigation, particularly investigation of an acute or chronic illness Simple wound care management for ambulant patients
  - Anticipated post-operative care (to include dressings and suture removal) Other • Certification whilst patient is under hospital care – sick notes
  - Pre referral examination or investigation that does not influence the referral decision eg fertility clinics
  - Depot injections (mental health) • Sole medical supervision of patients on antipsychotics
  - Ear care - syringing and toilet
  - In house 24 BP monitoring
  - Spirometry (non Quality and Outcomes Framework)

#### Possible Action:

- Hand back contract.

## Quality Contract

#### Value:

- £4.20 per patient based on weighted list size.
- 60% payment based on fulfilling “All the **participation criteria** in every standard”
- 40% payment for **achievement**, based on 10% per indicator.

#### Availability:

- All practices.

#### Workload:

1. Transforming elective care: Mainly using local pathways, referral services such as Clinical Assessments, Services, Education and Support (CASES), educational events and awareness of alternative service providers for signposting.
2. Prescribing quality: Nominate a practice prescribing lead, collaborate at Primary Care Network (PCN) level, provide a PCN pharmacist to engage in bimonthly meetings and submit an audit.
3. Data Quality:
  - Part 1. Run the quarterly CKD search to stratify patient risk factors.
  - Part 2. Primary Care Capacity and Demand (PCCAD)/ Operational Pressures Escalation Levels (OPEL) reporting. Submit weekly.
  - Part 3. Military Veterans. Identify a lead and become Veteran Friendly Accredited
4. End of Life Care: Appoint a champion, aim for 0.3% minimum, 0.3-0.6% to increase by 0.1% and >0.6% maintain activity of practice population to be on Palliative Register, 0.3% as minimum or >0.3% + 0.1% to have a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) plan and hold Palliative care meetings 6-8 weekly.

#### Possible Actions:

- Do not sign agreement. Loss of income.
- Sign and complete participation criteria to receive £2.52 per weighted patient.
- Achieve KPIs which are weighted for activity £0.42 per Indicator (total £1.68).

Sheffield LMC is still working with Sheffield Place and the wider ICB to agree support for practices recording high PCCAD/OPEL scores.

## **Significant Additional Patient Pressures**

#### Funding:

*More information requested from Sheffield Place of NHS South Yorkshire ICB.*

#### Workload:

- The focus of the LCS is people who need an interpreter
- Template completion once support agreed.

#### Possible Action:

- Hand back contract.

## **Transgender**

#### Funding:

- £250 per patient for year 1
- £125 per patient for year 2 and 3
- £0 after 3 years

#### Workload:

- Training
- Managing Call/recall system
- Monitoring
- Prescribing under specialist advice (this includes risk and responsibility)
- Audit required.

#### Possible Action:

- Hand back contract.

## University Eating Disorder

This LCS is to fund monitoring and early intervention in young vulnerable people with eating disorders, and detect early deterioration. It is only available to University Practice despite all practices seeing these problems.

### Funding:

- £37,649.49

### Workload:

- Training in managing eating disorders
- Managing a waiting list (90% < 4 weeks)
- Managing onward referrals
- Use of appropriate scoring tools
- Evidence of improvement in the scoring tools
- Patient satisfaction survey
- Audit of safety of service

### Possible Actions:

- 6 months notice period is required to give notice on the contract.
- Other practices in Sheffield are not funded for this work and should not accept transfer from secondary care. (Sheffield LMC is engaging with Eating Disorder Services on this).