Staffordshire and Stoke-on-Trent
Integrated Care Board

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

Telephone: 0300 123 1461

Our Ref: PW/TLR/FOI/0625/1327

25th June 2025

Sent by email

Dear

FOI/0625/1327
Your request for information under the Freedom of Information Act 2000

Thank you for your request for information under the Freedom of Information Act 2000, received on the 19th June 2025. We can now confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website. Responses are highlighted in blue.

1. Additional Roles Reimbursement Scheme (ARRS) Expenditure

Please provide details of your most recent Additional Roles Reimbursement Scheme expenditure per PCN (by ODS Code), including:
- Total ARRS funding allocated for each PCN
- Current utilisation rates against allocated funding
- (if available) Breakdown by role type (e.g., clinical pharmacists, physician associates, social prescribers)

PCN	ODS	April Claims Total	Allocation 25-26	%usage month 1
ABC	U93998	£ 114,601.14	£ 1,407,402.33	8%
Burntwood	U46695	£ 86,136.60	£ 1,001,455.66	9%
Cannock North	U12200	£ 101,988.35	£ 1,208,975.59	8%
Cannock Villages	U88414	£ 142,263.16	£ 1,695,842.50	8%
East	U57641	£ 343,442.51	£ 4,187,975.21	8%
Hanley, Bucknall & Bentilee	U05734	£ 71,213.71	£ 938,378.89	8%
HIPC	U06256	£ 75,806.38	£ 1,010,231.52	8%
Leek & Biddulph	U12951	£ 88,945.33	£ 1,482,499.95	6%
Lichfield	U64148	£ 99,235.77	£ 1,194,636.17	8%
Meir	U35724	£ 77,375.54	£ 1,049,744.19	7%
Mercian	U79533	£ 215,532.41	£ 2,422,505.38	9%
Moorlands & Rural	U91937	£ 77,329.34	£ 1,113,448.08	7%
Newcastle Central	U36134	£ 82,384.39	£ 1,137,740.66	7%
Newcastle North	U81818	£ 84,352.51	£ 1,045,670.70	8%
Newcastle South	U39113	£ 87,991.76	£ 1,174,583.16	7%

Rugeley & Great Haywood	U16318	£ 101,484.31	£ 1,246,029.16	8%
PCN	**ODS**	**April Claims Total**	**Allocation 25-26**	**%usage month 1**
Seisdon	U56729	£ 87,367.84	£ 1,299,033.14	7%
Shelton & Hanley	U87255	£ 81,003.70	£ 1,065,150.34	8%
South Stoke Central	U85685	£ 104,803.08	£ 1,451,330.62	7%
South Stoke West	U69072	£ 76,582.75	£ 962,225.17	8%
Stafford Central	U08925	£ 75,531.57	£ 1,040,387.85	7%
Stafford South	U83494	£ 76,132.06	£ 862,630.23	9%
Stafford Town	U84263	£ 69,954.31	£ 1,126,313.99	6%
Stone & Eccleshall	U04901	£ 58,327.83	£ 986,042.77	6%
Whitfield	U36512	£ 79,520.37	£ 1,137,700.74	7%

2. Local Enhanced Services and Incentive Schemes 2025/26

Please provide information about any local enhanced services or locally commissioned incentive schemes in place for general practice for the 2025/26 financial year, specifically:
- Details of schemes focused on long-term condition management
- Payment structures and rates for these services
- Eligibility criteria for practices
- Performance metrics or outcomes required

1. List of ICB Commissioned services	**Quality Improvement Framework**	**Quality Improvement Framework (Plus)**	**Spirometry service**	**Anticoag DOAC only**	**Joint DOAC Warfarin**
2. Delivery Level	Individual practice level	Individual practice level	Mixed provider delivery model (eg. Practice, Primary Care Networks and GP Federations)	Individual practice level	Individual practice level
3. Commissioning method	Individually with practices.	Individually with practices.	Mixed model eg. Individually with practices, primary care networks and GP Federations.	Individually with practices.	Individually with practices.
3.1 Contracting details	*Practice is paid 80% of total value of scheme during the year with a year-end balance calculated on delivery of each indicator.*	*Practice is paid 80% of total value of scheme during the year with a year-end balance calculated on delivery of each indicator.*	Based on activity delivered	Based on activity delivered	Based on activity delivered
3.2 Measurement criteria	Outcomes. (See individual indicator thresholds and payments based on level of achievement)	Outcomes. (See individual indicator thresholds and payments based on level of achievement)	Activity	Activity (per patient)	Activity (per patient)
4. Review schedule	Jan-March 2026	Jan-March 2026	30th September 2025	Jan 2027	Jan 2027
5. Support interest	Not required	Not required	Not required	Not required	Not required

We have also attached the following:

- Practice Quality Improvement Framework (QIF Plus) 202/26
- Practice Quality Improvement Framework (QIF) 2025/26
- Spirometry Service Specification
- Universal Offer (UO 01) Direct Oral Anticoagulation (DOAC) Management Service DOAC only
- Universal Offer (UO 02) Direct Oral Anticoagulation (DOAC) Joint DOAC & Warfarin

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review
You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; staffsstokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter within 40 working days of the initial response.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance

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NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Practice Quality Improvement Framework (QIF) 2025-26

For GP Practices in the following ICB sub locations:

- **Cannock Chase**
- **East Staffordshire**
- **North Staffordshire**
- **South East Staffordshire & Seisdon Peninsula**
- **Stafford and Surrounds**

Version: 17/4/25

1. Introduction

Our population priorities

The ICP strategy and Joint Forward Plan (2023-2028) outlines how the Staffordshire and Stoke-on-Trent (SSOT) Integrated Care Partnership (ICP) will work over the next five years to improve services for our people and communities and intends to address the key physical and mental health requirements of the population, describing our collective priorities. These are aligned to the core national, regional and local strategic drivers of the NHS including the NHS Long Term Plan (LTP), the Health and Care Act and the Core20PLUS5 approach.

QIF has been developed with a number of clinical leads to support the ICP Strategy and Core20PLUS5 (a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement).

Also, as outlined in the ICBs General Practice Five Year Forward Strategy and one of the Fuller Stocktake building blocks (Prevention), QIF will also contribute to preventing ill health and tackling health inequalities by supporting improvements in the 2 biggest drivers identified with difference in avoidable mortality between most and least deprived areas of Staffordshire and Stoke-on-Trent, these are cardiovascular disease and respiratory disease. QIF will also support improvements in outcomes and quality of life for people with diabetes

QIF for 25/26 will focus on the following national and local key priorities:

- Long term conditions: screening/identification, management (Diabetes, potential Arterial Fibrillation (AF)
- Palliative care (including supporting ICB End of Life programme with increased use of ReSPECT/advanced care plans, ReSPECT Champion in place)
- Diabetes (Type 1 and Type 2 patients) - continued recovery and delivery of 8 Care Processes
- Clinical Value Quality Improvement – to support delivery of the system collaborative priorities e.g. Oral nutritional supplements (ONS) prescribing
- Planned Care Quality Improvement – peer review to embed specific pathways eg. Breathlessness Upper GI, Lower GI, Gynae, Liver.
- Patient "Winter ready" event and promoting key winter messages eg, staying well, vaccinations, Pharmacy First, NHS App with focus on cohorts at high risk of deterioration

Stoke-on-Trent ICB sub location has been delivering a Quality Improvement Framework (QIF) for several years, and a full independent evaluation[1] has been carried out to demonstrate the benefits of such a scheme in primary care.

2. Finance

The scheme is offered to all practices in the 5 Staffordshire ICB sub locations (North Staffordshire, East Staffordshire, Cannock Chase, Stafford and Surrounds, South East Staffordshire and Seisdon Peninsula). An extended scheme (QIF Plus) is offered to Stoke-on-Trent ICB sub location practices due to historical deprivation funding. *(50.5% of Stoke-on-Trent's population live in the most deprived 20% of communities in England compared to 10.7% of Staffordshire's population, Jan-25). As per 24/25, QIF Plus scheme will be available to 13 additional practices in other most deprived areas of the ICB to recognise those practices with high proportion of their population living in the 20% most deprived communities.*

[1] https://doi.org/10.1093/fampra/cmy128

ICB Sub Location:	Cannock Chase	East Staffordshire	North Staffordshire	South East Staffordshire and Seisdon Peninsula	Stafford And Surrounds	Stoke On Trent
NORMALISED WEIGHTED LIST SIZE (1/1/25)	146,420	157,259	249,349	222,208	160,223	313,007
Value of scheme per head of weighted population (phwp)	£2.10	£2.10	£2.10	£2.10	£2.10	£4.00
QIF Budget 25/26*	£307,483	£330,245	£523,632	£466,638	£336,468	£1,252,030
Number of points	64	64	64	64	64	121

**Overall budget will be uplifted for 13 additional practices from other most deprived areas onto £4.00 phwp QIF Plus scheme (£240K based on 100% achievement)*

A breakdown of points and each indicator's funding is provided in the Section 6 below:

3. Payments 2025/26

3.1 Practices will be paid **80%** of the total award for full achievement of total points (as above) in equal monthly instalments. This year's framework contains a large proportion of funding per indicator, therefore practices are advised to engage with the full framework to not be at risk of clawback at year end.

3.2 Once all evidence is reviewed final achievement will be calculated for the practice. Practices will then receive any outstanding money owed to them, however where a practice has received a greater payment during the year than the amount of their final achievement they will be contacted by Finance and required to pay back monies owed to the ICB in monthly instalments and, except in exceptional circumstances, over no more than a 6 month period from the date of notification.

4. Reporting requirements/ year end reconciliation - all practices

4.1 Practice consents to MLCSU Data Quality Specialist (DQS) extracting and sharing aggregated data with the ICB to enable monthly reporting requirements, reconciling practice achievement of the indicators of the framework at the due dates listed below, support and inform future iterations of Quality Improvement Framework, sharing weekly ImmForm data of flu uptake rates and other ICB priorities eg. LD AHCs, SMI PHCs and support ICB Portfolios/programmes.

5. Verification

5.1 All claims may be subject to post payment verification.

6. Indicators

Covid-19 shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in ethnic minority communities. A cross-government strategy for reducing health inequalities, and the wider socio-economic and structural inequalities that drive them, should be an urgent priority. "The health of people from ethnic minority groups in England":

Practices are therefore asked to strengthen action in ethnic minority communities and Core20Plus5 approach when delivering QIF to reduce health inequalities. Core20PLUS5

https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

Note: Deadline for all indicators: 31st March 2026.

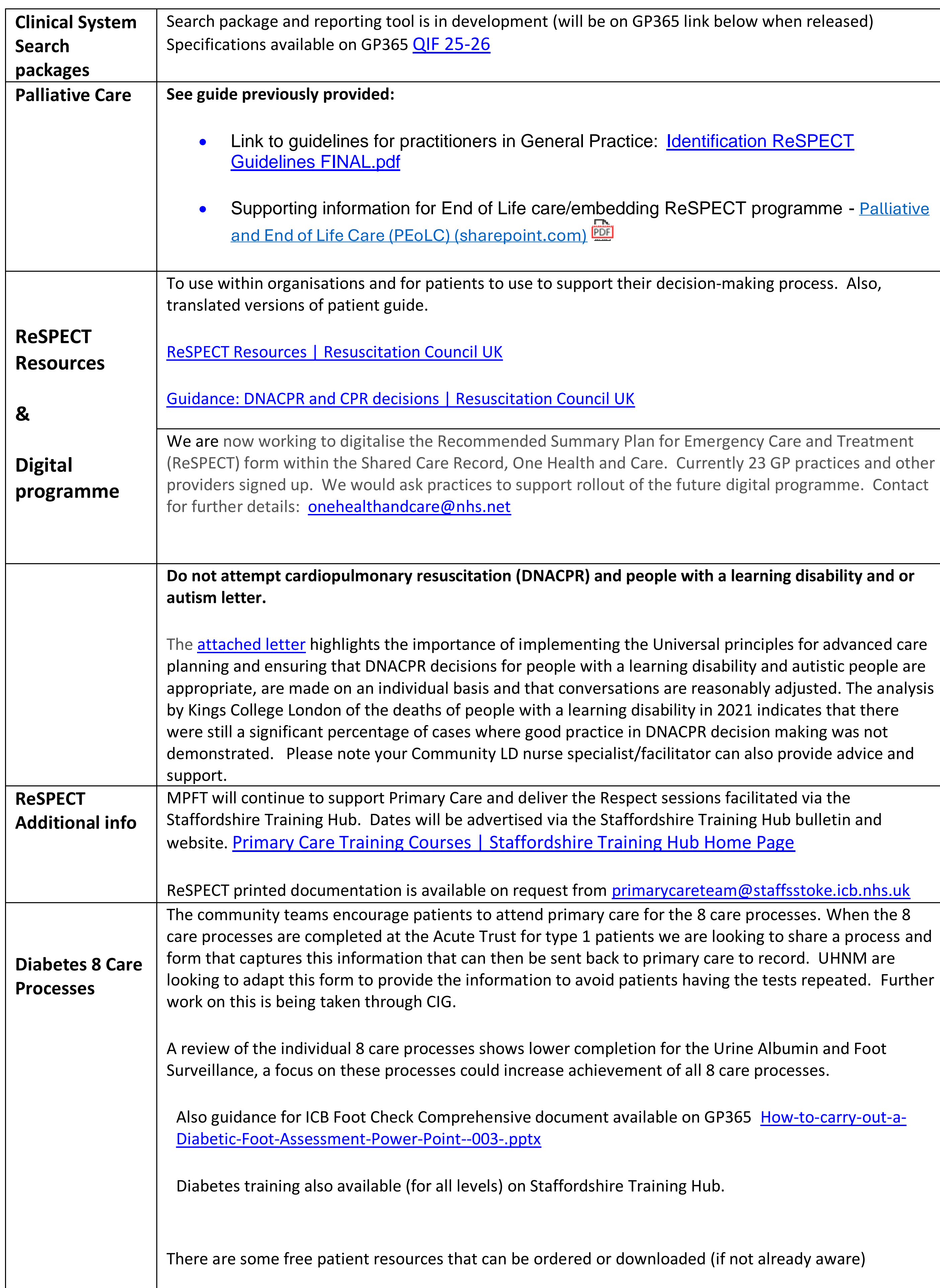
No.	Indicator heading	Detail	Thresholds / evaluation	Max Funding	Points
1.	**End of Life - ReSPECT Champion in place, increase use and quality of ReSPECT documentation and appropriately trained staff.**	**1a. ReSPECT Champion:** Practice to identify an appropriately trained clinical ReSPECT Champion to support and co-ordinate delivery of these requirements and to drive up quality of ReSPECT plans. It is not expected this person will be responsible for undertaking this work. This role will work with relevant staff in the practice to ensure Respect plans are in place for relevant patients, plans are reviewed/updated supported by MDT where necessary and that practice clinical staff have been trained appropriately (training available via Staffordshire Training Hub or other appropriate sources). This role will support use of correct templates and coding is recorded on clinical system ie. Enhanced health in care home LES, preferred and actual place of death. This also needs to apply to care home residents and patients with digital ReSPECT.	Having a champion is a mandatory requirement for QIF and **1b will not be paid** if no ReSPECT Champion is identified. (Practices will be asked to complete a short online survey by end of August 2025 that champion is in place).	**£0.30**	9
		1b. % of people who have died during 25/26 with ReSPECT documentation in place at time of death.	% of people that have died during 25/26 had Respect documentation in place. **a. Where Palliative Care prevalence rate >=0.70% (as at 31/3/26):** >33% of patients with Respect Documentation 17p, >41% of patients with Respect Documentation 23p, >48% of patients with Respect Documentation 30p or **b. Where Palliative Care prevalence rate between 0.5% and <0.70% (as at 31/3/26):** >33% of patients with Respect Documentation 12p,		

			>41 of patients with Respect Documentation 18p, >48% of patients with Respect Documentation 24p 24/25 (Jan-25) % of deaths with ReSPECT in place: Baseline 43.18% (lower quartile 29.87%, highest quartile 50.0%)		
		1c. Practices are asked to improve depth of coding ie. preferred place of death and actual place of death.	Coding resources will be provided to practice to support improvements in clinical coding.		
		1d. Practice to ensure new clinical staff undertake ReSPECT training available via Staffordshire Training Hub or other appropriate sources.	Supported by ReSPECT champion.		
2a	**Delivery of Diabetes 8 Care Processes (Type 1)**	**Achievement of 8 Care processes (People with Type 1 Diabetes)** (Practices are asked to aim to prioritise those not seen in 24/25)	Stepped thresholds: >35% achievement of 8 care processes 11p, >40% achievement of 8 care processes 13p, >45% achievement of 8 care processes 15p >50% achievement of 8 care processes 17p 23/24 ICB Baseline 49.53% (lower quartile 40%, Highest quartile 61.11%. 31.5% (Jan-25)	**£0.17**	5
2b	**Delivery of Diabetes 8 Care Processes (Type 2 & unknown type)**	**Achievement of 8 Care processes (People with Type 2 & unknown type Diabetes)** (Practices are asked to aim to prioritise those not seen in 24/25)	Stepped thresholds: >40% achievement of 8 care processes 17p, >45% achievement of 8 care processes 23p, >50% achievement of 8 care processes 28p, >55% achievement of 8 care processes 33p 23/24 ICB Baseline 58.61% (lower quartile 48.98%, Highest quartile 66.12%) 41.66% (Jan-25)	**£0.33**	10

3	**Pulse Rhythm check to support AF screening (Aged 65+)**	**Pulse Rhythm check for those aged 65+ without AF.** (Any deviation from normal pulse rate for the patient should be reported and investigated)	Stepped thresholds: >45% recorded 21p, >55% recorded 24p, >65% recorded 28p, >75% recorded 35p 23/24 ICB Baseline 56.62% (lower quartile 44.69%, Highest quartile 73.0%) 58.73% (Jan-25)	**£0.35**	11
4	**Clinical Value Quality Improvement (QI)**	Clinical Value Quality Improvement to support promotion of clinical value use of resource. Practice to review their prescribing in line with local policy to ensure effective and appropriate prescribing and improve patient outcomes. Data and audit template will be provided by ICB to support QI project.	Projects details and timeframes will be confirmed by the ICB Clinical Values team (eg. ONS, Vitamin D). Thresholds will be set per project. Evidence of all patients on Oral nutritional supplements (ONS) being reviewed or achievement thresholds will be set for alternative project. Those practices that **have not** done ONS QI in 24/25 will be required to undertake ONS as the QI focus area for 25/26. Those practices that have done ONS in 24/25 will be given option for alternative QI project.	**£0.50**	15
		Core ONS Training pack (GP365)	Year end data for the relevant QI project will be benchmarked and compared to baseline to demonstrate improvement.		
5	**Planned Care Quality Improvement**	To embed planned care pathways, practice is required to undertake one peer review from the 5 approved pathways eg. Breathlessness, Upper GI, Lower GI, Gynae, Liver (to be confirmed by Planned Care). Practice is required to audit a sample of referrals (proportionate to level of funding), submit audit findings and attend an event at either PLT or PCN level to discuss findings and share learning. Following the audit and event, the practice will be expected to make any necessary improvements and will be	Practice will be asked to complete an online survey to confirm reviews completed, attendance at PLT or PCN event, confirmation pathways embedded in practice. Practices are required to follow these pathways and the ICB to use their discretion to consider reducing or clawback funding if practice is identified as non-compliant with pathway. Discussions will be held with practices to make	**£0.30**	9

		expected to embed and follow the pathways. Practices will be asked to review and embed LGI pathway where data indicates pathway not being followed as practices have previously been funded as part of QIF to embed the pathway. Data (where available) and audit template(s) will be provided by ICB to support peer review.	improvements before any clawback actioned.		
6	**Patient "Winter ready" event**	Patient event to focus on staying well, promoting autumn/winter vaccination programme/RSV, self care, NHS App, ARRS roles, Pharmacy First etc (Toolbox of resources) – with focus on cohorts at high risk of deterioration. Event(s) to be held before end of September 2025. Preferably working at scale eg. Community of Practice/PCN(s) level. This is in addition to any other health inequalities/community events delivered as part of the Network Contract DES 25/26 or ICB's Locality Improvement Framework (LIF) 25/26. PCNs to confirm with ICB in advance of event, that number or size of event(s) are proportionate to level of funding (approx. 1 event per 50K registered population) Practices are asked to promote national and local autumn/winter campaigns via NHS App/social media etc. Comms toolkits will be shared with practices by the ICB.	Evaluation via online survey in October 2025 eg. Event date, place, no. of attendees, qualitative feedback, if supported by other stakeholders/VCSE.	**£0.15**	5
				£2.10	64

APPENDIX 1 Resources / Additional information



Clinical System Search packages	Search package and reporting tool is in development (will be on GP365 link below when released) Specifications available on GP365 QIF 25-26
Palliative Care	**See guide previously provided:** • Link to guidelines for practitioners in General Practice: Identification ReSPECT Guidelines FINAL.pdf • Supporting information for End of Life care/embedding ReSPECT programme - Palliative and End of Life Care (PEoLC) (sharepoint.com)
ReSPECT Resources **&** **Digital programme**	To use within organisations and for patients to use to support their decision-making process. Also, translated versions of patient guide. ReSPECT Resources | Resuscitation Council UK Guidance: DNACPR and CPR decisions | Resuscitation Council UK
	We are now working to digitalise the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form within the Shared Care Record, One Health and Care. Currently 23 GP practices and other providers signed up. We would ask practices to support rollout of the future digital programme. Contact for further details: onehealthandcare@nhs.net
	Do not attempt cardiopulmonary resuscitation (DNACPR) and people with a learning disability and or autism letter. The attached letter highlights the importance of implementing the Universal principles for advanced care planning and ensuring that DNACPR decisions for people with a learning disability and autistic people are appropriate, are made on an individual basis and that conversations are reasonably adjusted. The analysis by Kings College London of the deaths of people with a learning disability in 2021 indicates that there were still a significant percentage of cases where good practice in DNACPR decision making was not demonstrated. Please note your Community LD nurse specialist/facilitator can also provide advice and support.
ReSPECT Additional info	MPFT will continue to support Primary Care and deliver the Respect sessions facilitated via the Staffordshire Training Hub. Dates will be advertised via the Staffordshire Training Hub bulletin and website. Primary Care Training Courses | Staffordshire Training Hub Home Page ReSPECT printed documentation is available on request from primarycareteam@staffsstoke.icb.nhs.uk
Diabetes 8 Care Processes	The community teams encourage patients to attend primary care for the 8 care processes. When the 8 care processes are completed at the Acute Trust for type 1 patients we are looking to share a process and form that captures this information that can then be sent back to primary care to record. UHNM are looking to adapt this form to provide the information to avoid patients having the tests repeated. Further work on this is being taken through CIG. A review of the individual 8 care processes shows lower completion for the Urine Albumin and Foot Surveillance, a focus on these processes could increase achievement of all 8 care processes. Also guidance for ICB Foot Check Comprehensive document available on GP365 How-to-carry-out-a-Diabetic-Foot-Assessment-Power-Point--003-.pptx Diabetes training also available (for all levels) on Staffordshire Training Hub. There are some free patient resources that can be ordered or downloaded (if not already aware)

	What diabetes care to expect if you have type 2 diabetes | Free diabetes information - Diabetes UK Shop
Pulse Rhythm Check	DQ team has activated an alert protocol that will be available for all practices to support with capturing this information. Embedding pulse checks has been shown to have a positive impact on identifying undetected AF and local AF prevalence. (ICB nurses have recommended Free information on Pulse Check, AF, Stroke, CVD etc on the Primary Care Cardiovascular Society website: https://pccsuk.org/ (registration required). Practices could consider undertaking these in vaccination clinics, health checks/QOF reviews especially for those at increased risk of AF.
ONS	GP365 - ONS and Food First policy documents - All Documents

ICB Contact: Sarah Turner, Senior Primary Care Delivery Manager

Staffordshire and Stoke-on-Trent Integrated Care Board

Practice Quality Improvement Framework (QIF PLUS) 2025-26

For GP Practices in the following ICB sub location:

- **Stoke on Trent**
- **13 practices from other ICB locations**

Version: 17/4/25

1. Introduction

Our population priorities

The ICP strategy and Joint Forward Plan (2023-2028) outlines how the Staffordshire and Stoke-on-Trent (SSOT) Integrated Care Partnership (ICP) will work over the next five years to improve services for our people and communities and intends to address the key physical and mental health requirements of the population, describing our collective priorities. These priorities are aligned to the core national, regional and local strategic drivers of the NHS including the NHS Long Term Plan (LTP), the Health and Care Act and the Core20PLUS5 approach.

QIF has been developed with a number of clinical leads to support the ICP Strategy and Core20PLUS5 (a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement).

Also, as outlined in the ICBs General Practice Five Year Forward Strategy and one of the Fuller Stocktake building blocks (Prevention), QIF will also contribute to preventing ill health and tackling health inequalities by supporting improvements in the 2 biggest drivers identified with difference in avoidable mortality between most and least deprived areas of Staffordshire and Stoke-on-Trent, these are cardiovascular disease and respiratory disease. QIF will also support improvements in outcomes and quality of life for people with diabetes

QIF for 25/26 will focus on the following national and local key priorities:

- Long term conditions: screening, management (Diabetes, potential Arterial Fibrillation (AF), Heart Failure, Asthma, COPD)
- Palliative care (including supporting ICB End of Life programme with increased use of ReSPECT/advanced care plans, ReSPECT Champion in place)
- Diabetes (Type 1 and Type 2 patients) - continued recovery and delivery of 8 Care Processes
- Clinical Value Quality Improvement – to support delivery of the system collaborative priorities e.g. Oral nutritional supplements (ONS) prescribing
- Planned Care Quality Improvement – peer review to embed specific pathways e.g. Breathlessness Upper GI, Lower GI, Gynae, Liver.
- Patient "Winter ready" event and promoting key winter messages e.g., staying well, vaccinations, Pharmacy First, NHS App with focus on cohorts at high risk of deterioration
- Prevention: Increasing uptake in flu vaccination (clinical at-risk groups), Cervical Screening Rates
- Increase identification and prevalence rate of chronic kidney disease (CKD)

Stoke-on-Trent ICB sub location has been delivering a Quality Improvement Framework (QIF) for several years, and a full independent evaluation[1] has been carried out to demonstrate the benefits of such a scheme in primary care.

2. Finance

The QIF PLUS scheme is offered to all practices in Stoke-on-Trent ICB sub location due to historical deprivation funding. (50.5% of Stoke-on-Trent's population live in the most deprived 20% of communities in England compared to 10.7% of Staffordshire's population, Jan-24). *As per 24/25, QIF Plus scheme will be available to 13 additional practices in other parts of the ICB to recognise those practices with high proportion of their population living in the 20% most deprived communities.*

[1] https://doi.org/10.1093/fampra/cmy128

ICB Sub Location:	Cannock Chase	East Staffordshire	North Staffordshire	South East Staffordshire and Seisdon Peninsula	Stafford And Surrounds	Stoke On Trent
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QIF Budget 25/26*	£307,483	£330,245	£523,632	£466,638	£336,468	£1,252,030
Number of points	64	64	64	64	64	121

**Overall budget will be uplifted for 13 additional practices from other most deprived areas onto £4.00 phwp QIF Plus scheme (£240K based on 100% achievement)*

A breakdown of points and each indicator's funding is provided in the Section 6 below:

3. Payments 2025/26

3.1 Practices will be paid **80%** of the total award for full achievement of total points (as above) in equal monthly instalments. This year's framework contains a large proportion of funding per indicator, therefore practices are advised to engage with the full framework to not be at risk of clawback at year end.

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4.1 Practice consents to MLCSU Data Quality Specialist (DQS) extracting and sharing aggregated data with the ICB to enable monthly reporting requirements, reconciling practice achievement of the indicators of the framework at the due dates listed below, support and inform future iterations of Quality Improvement Framework, sharing weekly ImmForm data of flu uptake rates and other ICB priorities eg. LD AHCs, SMI PHCs and support ICB Portfolios/programmes.

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https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

Note: Deadline for all indicators: 31st March 2026.

No.	Indicator heading	Detail	Thresholds / evaluation	Max Funding	Points
1.	**End of Life - ReSPECT Champion in place, increase use and quality of ReSPECT documentation and appropriately trained staff.**	**1a. ReSPECT Champion:** Practice to identify an appropriately trained clinical ReSPECT Champion to support and co-ordinate delivery of these requirements and to drive up quality of ReSPECT plans. It is not expected this person will be responsible for undertaking this work. This role will work with relevant staff in the practice to ensure Respect plans are in place for relevant patients, plans are reviewed/updated supported by MDT where necessary and that practice clinical staff have been trained appropriately (training available via Staffordshire Training Hub or other appropriate sources). This role will support use of correct templates and coding is recorded on clinical system i.e. Enhanced health in care home LES, preferred and actual place of death. This also needs to apply to care home residents and patients with digital ReSPECT.	Having a champion is a mandatory requirement for QIF and **1b will not be paid** if no ReSPECT Champion is identified. (Practices will be asked to complete a short online survey by end of August 2025 that champion is in place).	**£0.30**	9
		1b. % of people who have died during 25/26 with ReSPECT documentation in place at time of death.	% of people that have died during 25/26 had Respect documentation in place. **a. Where Palliative Care prevalence rate >=0.70% (as at 31/3/26):** >33% of patients with Respect Documentation 17p, >41% of patients with Respect Documentation 23p, >48% of patients with Respect Documentation 30p or **b. Where Palliative Care prevalence rate between 0.5% and <0.70% (as at 31/3/26):**		

			>33% of patients with Respect Documentation 12p, >41 of patients with Respect Documentation 18p, >48% of patients with Respect Documentation 24p 24/25 (Jan-25) % of deaths with ReSPECT in place: Baseline 43.18% (lower quartile 29.87%, highest quartile 50.0%)		
		1c. Practices are asked to improve depth of coding i.e. preferred place of death and actual place of death.	Coding resources will be provided to practice to support improvements in clinical coding.		
		1d. Practice to ensure new clinical staff undertake ReSPECT training available via Staffordshire Training Hub or other appropriate sources.	Supported by ReSPECT champion.		
2a	**Delivery of Diabetes 8 Care Processes (Type 1)**	**Achievement of 8 Care processes (People with Type 1 Diabetes)** (Practices are asked to aim to prioritise those not seen in 24/25)	Stepped thresholds: >35% achievement of 8 care processes 11p, >40% achievement of 8 care processes 13p, >45% achievement of 8 care processes 15p >50% achievement of 8 care processes 17p 23/24 ICB Baseline 49.53% (lower quartile 40%, Highest quartile 61.11%. 31.5% (Jan-25)	**£0.17**	5
2b	**Delivery of Diabetes 8 Care Processes (Type 2 & unknown type)**	**Achievement of 8 Care processes (People with Type 2 & unknown type Diabetes)** (Practices are asked to aim to prioritise those not seen in 24/25)	Stepped thresholds: >40% achievement of 8 care processes 17p, >45% achievement of 8 care processes 23p, >50% achievement of 8 care processes 28p, >55% achievement of 8 care processes 33p 23/24 ICB Baseline 58.61% (lower quartile 48.98%, Highest quartile 66.12%) 41.66% (Jan-25)	**£0.33**	10

3	**Pulse Rhythm check to support AF screening (Aged 65+)**	**Pulse Rhythm check for those aged 65+ without AF.** (Any deviation from normal pulse rate for the patient should be reported and investigated)	Stepped thresholds: >45% recorded 21p, >55% recorded 24p, >65% recorded 28p, >75% recorded 35p 23/24 ICB Baseline 56.62% (lower quartile 44.69%, Highest quartile 73.0%) 58.73% (Jan-25)	**£0.35**	11
4	**Clinical Value Quality Improvement (QI)**	**Clinical Value Quality Improvement to support promotion of clinical value use of resource.** Practice to review their prescribing in line with local policy to ensure effective and appropriate prescribing and improve patient outcomes. Data and audit template will be provided by ICB to support QI project.	Projects details and timeframes will be confirmed by the ICB Clinical Values team (e.g. ONS, Vitamin D). Thresholds will be set per project. Evidence of all patients on Oral nutritional supplements (ONS) being reviewed or achievement thresholds will be set for alternative project. Those practices that **have not** done ONS QI in 24/25 will be required to undertake ONS as the QI focus area for 25/26. Those practices that have done ONS in 24/25 will be given option for alternative QI project.	**£0.50**	15
		Core ONS Training pack (GP365)	Year-end data for the relevant QI project will be benchmarked and compared to baseline to demonstrate improvement.		
5	**Planned Care Quality Improvement**	**To embed planned care pathways, practice is required to undertake one peer review from the 5 approved pathways e.g. Breathlessness, Upper GI, Lower GI, Gynae, Liver (to be confirmed by Planned Care).** Practice is required to audit a sample of referrals (proportionate to level of funding), submit audit findings and attend an event at either PLT or PCN level to discuss findings and share learning. Following the audit and event, the practice will be expected to make any necessary improvements and will be	Practice will be asked to complete an online survey to confirm reviews completed, attendance at PLT or PCN event, confirmation pathways embedded in practice. Practices are required to follow these pathways and the ICB to use their discretion to consider reducing or clawback funding if practice is identified as non-compliant with pathway. Discussions will be held with practices to make improvements before any clawback actioned.	**£0.30**	9

		expected to embed and follow the pathways. Practices will be asked to review and embed LGI pathway where data indicates pathway not being followed as practices have previously been funded as part of QIF to embed the pathway. Data (where available) and audit template(s) will be provided by ICB to support peer review.			
6	**Patient "Winter ready" event**	**Patient event to focus on staying well, promoting autumn/winter vaccination programme/RSV, self-care, NHS App, ARRS roles, Pharmacy First etc (Toolbox of resources) – with focus on cohorts at high risk of deterioration.** **Event(s) to be held before end of September 2025.** Preferably working at scale e.g. Community of Practice/PCN(s) level. This is in addition to any other health inequalities/community events delivered as part of the Network Contract DES 25/26 or ICB's Locality Improvement Framework (LIF) 25/26. PCNs to confirm with ICB in advance of event, that number or size of event(s) are proportionate to level of funding (approx. 1 event per 50K registered population) Practices are asked to promote national and local autumn/winter campaigns via NHS App/social media etc. Comms toolkits will be shared with practices by the ICB.	Evaluation via online survey in October 2025 e.g. Event date, place, no. of attendees, qualitative feedback, if supported by other stakeholders/VCSE.	**£0.15**	5
				£2.10	64

QIF PLUS FRAMEWORK

ID	Indicator heading	Detail	Thresholds	Max Funding	Points
7	**Increase Flu uptake rate for patients in Clinical At-Risk**	Practices to aim to **increase % uptake rate for those in clinical risk groups aged 6 months to under 65 years (as at end of Feb 2026 - ImmForm.**)	>33% uptake rate 32p, >38% uptake rate 35p, >43% uptake rate 38p, >48% uptake rate 42p	**£0.42**	13

	groups aged 6 months - under 65 years	https://www.gov.uk/government/publications/national-fluimmunisation-programme-plan-2025-to-2026			
		Practices to focus on youngest children (6m - under 16) and BAME population where uptake has been significantly lower than other cohorts. (See heat map below). Practices may be asked to provide additional information in support of their achievement on how they have focused on cohorts with lowest uptake.	Baseline: Clinical at-risk groups 6m to under 65 years): SoT 38.8% (as at 26.1.25, week 1) LQ 34.3%, HQ 51.5% (ImmForm) Pakistani 13.74% uptake, Black or Black British 27.09% uptake, Bangladeshi 25.14% (under 65 years cohort) SoT ICB Sub level (Federated data platform). Yearend achievement will be based on ImmForm monthly data, as at end of Feb 2026 and practice consents to weekly ImmForm reports being shared with practices to show progress.		
8a	**Cervical Screening Uptake**	**Proportion of women eligible for screening with adequate test has been performed in the previous 3 years and 6 months (aged 25-49)** Practices to also focus on those with PCA over 12 months and not had screening.	>60% screened 16p, >70% screened 22p, >80% screened 28p Baseline 76.27% (QIF+ Practices Jan-25) (QOF 25/26 threshold 45-80%, 7 points)	**£0.28**	8
8b	**Cervical Screening Uptake**	**Proportion of women eligible for screening with adequate test has been performed in the previous 5 years and 6 months (aged 50-64 years).** Practice to focus on those with PCA over 12 months and not had screening**.**	>70% screened 10p >75% screened 12p >80% screened 14p Baseline 81.93% (QIF+ Practices Jan-25) (QOF 25/26 threshold 45-80%, 4 points)	**£0.14**	4
9	**Heart Failure**	**HF007. The percentage of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximal tolerated doses**	>=80% reviewed 14p, >85% reviewed 18p, >90% reviewed 24p Baseline 70.62% (QIF+ Practices Jan-25) (QOF 25/26 threshold 50-90%, 7 points)	**£0.24**	7

10	**Asthma (Children) ongoing management**	**Those on Asthma Register aged 6-u18's.** **AST007 - patients with review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised action plan**	>65%, >70%, >75% (15p, 18p, 22p) Recommendation to assess CYPs face to face, particularly when reviewing inhaler technique. Baseline 58.86% (QIF+ Practices Jan-25) (QOF 25/26 threshold 45% - 70% 20 points)	**£0.22**	7
11	**COPD Ongoing Management (COPD010)**	**COPD10: The percentage of patients with COPD, on the register, who have had a review in the preceding 12 months which included:** **A record of the number of exacerbations AND an assessment of breathlessness using the Medical Research Council dyspnoea scale.** (Recommendations for COPD patients to have PPV, smoking advice, pulmonary rehabilitation, self-management plans, treatment for co-morbidities)	>=85% reviewed 25p, >88% reviewed 30p, >90% reviewed 40p **(Minimum prevalence rate requirement of 2.0%).** Practices to identify undiagnosed and therefore untreated COPD. **Practices to increase prevalence rate to >2.0% (or maintain where rate is already higher).** **PCA/Exception rates not to increase or be significantly different from England average**. Baseline 84.33% (QIF+ Practices Jan-25) PCA rate: ICB 11.5%, SoT 7.27%, England 15.5% (QOF 22/23) (QOF 25/26 thresholds: 50-90% 9 points)	**£0.40**	12
12	**Increase identification of Chronic Kidney Disease (CKD)**	**CKD005**. Increase identification of patients aged 18 or over with CKD classification of categories G3a to G5 with coded diagnosis to increase prevalence rate.	Stepped threshold: >4.0% prevalence rate 16p, >4.4% prevalence rate 17p, >4.7% prevalence rate 18p, >5.0% prevalence rate 20p Baseline Prevalence rate 4.7% (QIF+ Practices Jan-25) (Lower Quartile 3.75%, Highest Quartile 5.9%)	**£0.20**	6
				£1.90	58
			QIF Plus total funding	**£4.00**	121

Key Findings | Intro | 65+'all patients' | <65 'at risk' | Pregnant Women | Childhood | Healthcare Workers | Ethnicity | Recommendations

65 years & under 'at risk' – Heat Map by Risk Group and Age

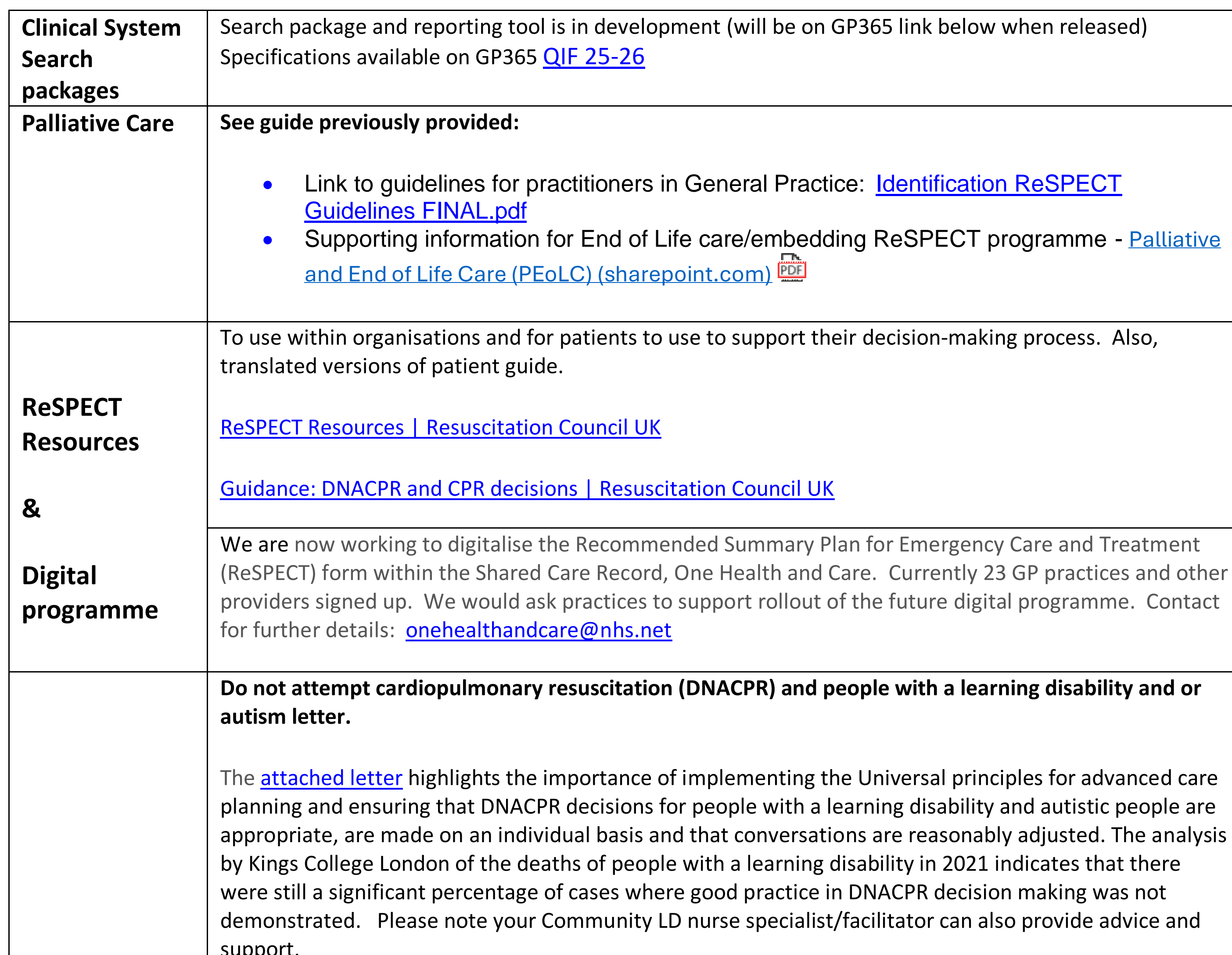
NHS Staffordshire and Stoke on Trent ICB, 2023/24

The colour gradient of the Heatmap informs that local uptake is highest in those aged 65 years and over. The youngest cohort, aged between 6 months and under 2 years of age, reports the lowest uptake. An increase in uptake is reported for those aged between 2 and 16 years of age. This increase may be attributable to the childhood programme (2 & 3 years) and the school age programme (Reception to year 11), where each child is offered a vaccine rather than only being eligible due to an at-risk condition. The second lowest cohort in vaccine uptake is those aged between 16 and 50 years of age.

Risk group	% Uptake by Age Group - Staffordshire & Stoke on Trent					
	65+	50 - <65	16 - <50	5 - <16	2 - <5	6mths - <2
Chronic heart disease	83.0%	52.8%	27.1%	50.1%	38.8%	13.5%
Chronic respiratory disease	84.2%	62.6%	37.7%	53.1%	52.5%	6.0%
Chronic kidney disease	84.4%	57.7%	35.8%	36.1%	33.3%	n.a
Chronic liver disease	80.9%	51.4%	26.8%	44.2%	46.2%	25.0%
Diabetes	82.5%	62.9%	37.2%	50.5%	48.9%	7.7%
Immunosuppression	83.4%	61.0%	37.5%	48.2%	31.8%	5.6%
Chronic neurological disease	82.1%	54.3%	31.8%	44.4%	36.7%	6.8%
Learning disability	88.9%	79.7%	59.4%	41.9%	100.0%	n.a
Asplenia	85.3%	64.7%	37.7%	51.8%	45.2%	0.0%
BMI 40+ ONLY	73.1%	43.3%	23.6%	n.a	n.a	n.a

11

APPENDIX 1 Resources / Additional information



Clinical System Search packages	Search package and reporting tool is in development (will be on GP365 link below when released) Specifications available on GP365 QIF 25-26
Palliative Care	**See guide previously provided:** • Link to guidelines for practitioners in General Practice: Identification ReSPECT Guidelines FINAL.pdf • Supporting information for End of Life care/embedding ReSPECT programme - Palliative and End of Life Care (PEoLC) (sharepoint.com)
ReSPECT Resources & Digital programme	To use within organisations and for patients to use to support their decision-making process. Also, translated versions of patient guide. ReSPECT Resources | Resuscitation Council UK Guidance: DNACPR and CPR decisions | Resuscitation Council UK
	We are now working to digitalise the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form within the Shared Care Record, One Health and Care. Currently 23 GP practices and other providers signed up. We would ask practices to support rollout of the future digital programme. Contact for further details: onehealthandcare@nhs.net
	Do not attempt cardiopulmonary resuscitation (DNACPR) and people with a learning disability and or autism letter. The attached letter highlights the importance of implementing the Universal principles for advanced care planning and ensuring that DNACPR decisions for people with a learning disability and autistic people are appropriate, are made on an individual basis and that conversations are reasonably adjusted. The analysis by Kings College London of the deaths of people with a learning disability in 2021 indicates that there were still a significant percentage of cases where good practice in DNACPR decision making was not demonstrated. Please note your Community LD nurse specialist/facilitator can also provide advice and support.

ReSPECT Additional info	MPFT will continue to support Primary Care and deliver the Respect sessions facilitated via the Staffordshire Training Hub. Dates will be advertised via the Staffordshire Training Hub bulletin and website. Primary Care Training Courses | Staffordshire Training Hub Home Page ReSPECT printed documentation is available on request from primarycareteam@staffsstoke.icb.nhs.uk
Diabetes 8 Care Processes	The community teams encourage patients to attend primary care for the 8 care processes. When the 8 care processes are completed at the Acute Trust for type 1 patients, we are looking to share a process and form that captures this information that can then be sent back to primary care to record. UHNM are looking to adapt this form to provide the information to avoid patients having the tests repeated. Further work on this is being taken through CIG. A review of the individual 8 care processes shows lower completion for the Urine Albumin and Foot Surveillance, a focus on these processes could increase achievement of all 8 care processes. Also guidance for ICB Foot Check Comprehensive document available on GP365 How-to-carry-out-a-Diabetic-Foot-Assessment-Power-Point--003-.pptx Diabetes training also available (for all levels) on Staffordshire Training Hub. Free patient resources that can be ordered or downloaded (if not already aware) What diabetes care to expect if you have type 2 diabetes | Free diabetes information - Diabetes UK Shop
Pulse Rhythm Check	DQ team has activated an alert protocol that will be available for all practices to support with capturing this information. Embedding pulse checks has been shown to have a positive impact on identifying undetected AF and local AF prevalence. (ICB nurses have recommended Free information on Pulse Check, AF, Stroke, CVD etc on the Primary Care Cardiovascular Society website: https://pccsuk.org/ (registration required). Practices could consider undertaking these in vaccination clinics, health checks/QOF reviews especially for those at increased risk of AF.
ONS	GP365 - ONS and Food First policy documents - All Documents
Flu	See resources on GP365 COVID-19 - Spring 2025 Programme, Flu and RSV Vaccinations
Cervical Screening	See resources on GP365 Immunisations and Screening (Resource section) Cervical screening: professional guidance - GOV.UK Cervical cancer incidence rates in England are 65% higher in the most deprived quintile compared with the least. Common challenges related to accessibility and discomfort during cervical screening need to be addressed. NHS England » Cervical cancer elimination by 2040 – plan for England
CKD	About kidney disease | Kidney Care UK Chronic kidney disease (CKD) | Kidney Care UK

13 ADDITIONAL PRACTICES INCLUDED IN QIF PLUS FROM OTHER ICB SUB LOCATIONS

M83718, PEEL CROFT

M83723, LOOMER MEDICAL PARTNERSHIP

M83005, HEATHCOTE STREET SURGERY

M83139, MOSS STREET SURGERY

M83073, STAPENHILL MEDICAL CENTRE

M83697, MILEHOUSE MEDICAL PRACTICE

M83113, DR KHARE'S SURGERY

M83026, CARLTON STREET SURGERY

Y00078, WINSHILL

M83637, CHADSMOOR MEDICAL PRACTICE

M83051, WETMORE ROAD SURGERY

M83010, GORDON STREET SURGERY

M83681, All SAINTS SURGERY

ICB Contact: Sarah Turner, Senior Primary Care Delivery Manager

Service Name	**Spirometry Delivery Specification and Multi Provider Delivery Model in Primary Care for Staffordshire and Stoke-on-Trent ICB**
Service Specification Number	*Use this to give this particular specification a unique reference number* 01-01102023
Population and/or geography to be served	**National context** Chronic obstructive pulmonary disease (COPD) remains a constant challenge, with 2 million people diagnosed and up to three times as many people remaining undiagnosed, it has therefore been identified as a clinical priority in the NHS Long Term Plan. In addition, the pressures on the service post the coronavirus pandemic continue with many suffering from long-term symptoms of lung damage, including breathlessness, fatigue and limited ability to exercise. This is placing significant pressures on respiratory services at a time of significant workforce challenges with efforts underway to boost NHS activity and tackle the rising backlog of care (NHS HEE, Respiratory Disease: Understanding the future service and workforce needs). COPD causes around 30,000 deaths in England each year, with one person dying from the condition every 20 minutes. Co-morbidities such as cardiovascular diseases, lung cancer, anxiety, depression, diabetes and osteoporosis are common at all stages of COPD and are often diagnosed late. Patients with COPD and Asthma are also at a much higher risk of premature death from cardiovascular diseases and related morbidities. Around 160,000 people a year in the UK receive an asthma diagnosis, and there are marked differences in asthma incidence across different social and ethnic groups in the UK. Asthma is the most common long-term medical condition in children in the UK, with around 1 in 11 children and young people living with asthma. The UK has one of the highest prevalence, emergency admission for childhood asthma in Europe. Outcomes are worse for children and young people living in the most deprived areas. It is estimated that 30% of patients with a diagnosis have no clear signs of asthma. The UK has among the highest mortality rates in Europe for children and young people with the underlying cause of asthma. Emergency admissions, and deaths, related to asthma are largely preventable with improved management and early intervention. The National Review of Asthma Deaths found that 46% of the children who died from asthma had received an inadequate standard of asthma care. The provision for diagnostic spirometry in primary care was severely disrupted by the COVID-19 pandemic. Whilst there may have been brief intervals when spirometry has been performed, in a limited way, generally there has been little activity in primary care since March 2020. Since the pandemic many medical tests, including spirometry, were put on hold. During this time patients have continued to present with new respiratory symptoms or are yet to present, having stayed away from medical care and tolerated ongoing symptoms.

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

Final

Whilst the exact number of patients caught in the national backlog for diagnostic spirometry is unknown, it is estimated to be in the region of 200–250 patients per 500,000 population. However, the actual number of patients may be considerably higher, especially in areas with higher underlying levels of respiratory disease due to local, social, industrial and ethnic group factors. We estimate this number to be 2000-2500 across Staffordshire & Stoke on Trent.

We are at a stage when we need to restart diagnostic spirometry in primary care but in a way that is safe for patients and for those undertaking the testing.

NHS England led an initiative to improve the quality of diagnosis in respiratory care by working with the respiratory community to produce two documents, with Association for Respiratory Technology & Physiology (ARTP) and Primary Care Respiratory Society (PCRS). The purpose of these documents is to aid restoration of spirometry services by mitigating risk to both staff and patients and to raise the standard of performing and interpreting spirometry.

Guidance produced by PCRS, ARTP and British Thoracic Society (BTS) offers practical advice on reinstating spirometry, who should carry it out, when and where it should be performed. It looks at the latest evidence on infection control and provides pointers on how to deal with the backlog of patients. See link to update, on spirometry guidance (pcrs-uk.org).

Restoration of spirometry is a key step in managing respiratory disease, ensuring the correct diagnosis and therapeutic / referral interventions.

The new certification scheme covers:

- All clinical staff to achieve ARTP Certification in Spirometry (ARTP or equivalent standards by recognised training bodies in the performance and interpretation of spirometry)
- All clinical staff must be registered on the National Register of Certified Healthcare Professionals in order to perform diagnostic spirometry
- Diagnostics used for diagnosis must be quality assured and carried out by trained and assessed staff
- ARTP infection control measures must be undertaken to ensure the quality & safety when restarting spirometry procedures due to its aerosol generating nature.

Local population

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) serves a population of 1.2 million people.

Local context

Whilst limited spirometry services are currently available across the region there remains variation in the level of service provided; with some provided via primary care or acute provision.

The RightCare programme identified Respiratory as one of the largest areas of opportunity for our local health economy as a consequence of this, there is increased focus on the management and identification of patients.

The effects highlighted in the national picture, have as expected, had an impacted on our local population. It is likely that some patients, as a result of the pandemic having increased acuity of undiagnosed conditions, which could have been treated more easily and with better efficacy at early onset. Inherently this will have also led to increased Urgent Emergency Care attendances/admissions and a further pressure placed upon the system.

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

The pandemic and the new ARTP guidance calling for additional staff accredited training and spirometry diagnostics and infection control requirements, has resulted in a reduced workforce and capacity to deliver to the required ARTP guidance across the health system.

The number of patients on the COPD and Asthma register has steadily increased over previous years. There is a significant number of areas across Staffordshire and Stoke-on-Trent which have above average prevalence rates, when compared to the England average as detailed below.

Validated Quality and Outcomes Framework (QOF) 2022/23 Data

	Asthma		Chronic obstructive pulmonary disease	
	Disease Register Size	Prevalence %	Disease Register Size	Prevalence %
England	**3,826,470**	**6.52**	**1,151,474**	**1.85**
SSoT ICB	**77,299**	**6.95**	**26,564**	**2.24**
Cannock Chase	8,742	6.80	3,526	2.57
East Staffordshire	9,385	6.64	2,514	1.67
North Staffordshire	15,075	7.27	5,453	2.49
South East Staffordshire & Seisdon Peninsula	14,645	7.05	4,120	1.87
Stafford & Surrounds	10,013	6.89	2,762	1.80
Stoke-on-Trent	19,439	6.88	8,189	2.71

Key
Above England average
Below England average

According to the Department of Health deprived populations have the highest prevalence and the highest under-diagnosis of COPD and asthma.

Stoke on Trent is Local Authority Districts with the 12th highest proportion of their neighbourhoods in the most deprived 10% of neighbourhoods nationally on the Index of Multiple Deprivation 2019.

Whilst Staffordshire is a relatively affluent area there are notable pockets of high deprivation in some of its urban areas with nine per cent of its population living in the most deprived fifth of areas nationally.

Local data from the COPD 21-22 QOF register indicates that 2.32% (26,682) of the population with COPD may require ongoing spirometry.

Current backlog figures of unmet patient need for spirometry testing is estimated at 12,000 tests. This figure is taken from modelling previous levels of delivery and extrapolating trends of increasing need from previous financial years (not impacted by the pandemic). The estimated need for spirometry testing in Primary care is assessed as 3,000 tests per year.

Prior to March 2020 most spirometry tests were completed by Primary Care or via a community provision. The backlog has impacted upon secondary care spirometry waiting lists, and therefore there will need to be an element of case-finding at primary care level to ensure the correct patients are followed up according to clinical need. For this reason, the activity mentioned within this specification is indicative only.

In addition, Staffordshire and Stoke-on-Trent ICB is committed to adopting a consistent approach across the ICS. Addressing this inequity in service provision/delivery is a matter of priority for the ICB.

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

	The above aligns to the NHS Long Term Plan which commits to improving quality & reducing variation of spirometry testing and calls for local systems to have plans in place "to support local identification of respiratory disease".
Service aims and desired outcomes	**NHS Outcomes Framework** The Spirometry service will align to the NHS Outcomes Framework

Domain		Description	
Domain 1		Preventing people from dying prematurely	√
Domain 2		Enhancing quality of life for people with long-term conditions	√
Domain 3		Helping people to recover from episodes of ill-health or following injury	
Domain 4		Ensuring people have a positive experience of care	√
Domain 5		Treating and caring for people in safe environment and protecting them from avoidable harm	√

Local defined outcomes

The service aims to achieve the following outcomes:

- Increases the number of people accurately diagnosed at an early stage
- Improved quality of life – patient feels supported to self-manage and stabilise their condition & can get back to living their lives
- Improved prescribing and optimised pharmacotherapy
- Drive up standards – follow/complying with ARPT guidance
- Ensure accuracy of diagnosis and severity assessment.
- Increase in the percentage of people who feel supported to manage their condition
- To ensure effective communication between relevant health professionals
- Admission and re-admission rates are reduced
- Fewer unnecessary and inappropriate appointments taking place in the hospital and in general practice meaning fewer journeys for patients.

Service description and location(s) from which it will be delivered	**Service description** The Staffordshire and Stoke-on-Trent ICB are commissioning spirometry service delivery across primary care and the ICS footprint, for patients in locations closer to home. The overall aim is to achieve a place-based Spirometry service which drives up clinical outcomes and quality of life for patients and their carers. The service shall meet the needs of patients who are deemed to be at risk and display the symptoms suggestive of COPD or Asthma, but who have not already received a diagnosis confirmed by quality-assured diagnostic spirometry. (Spirometry should not be used in isolation when making diagnoses and clinical decisions and should always be used alongside other investigations and clinical judgement.) The premises utilised by the provider to deliver spirometry testing must adhere to all relevant Infection Prevention Control (IPC) and Aerosol Generating Procedure (AGP) guidelines.

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

The provider shall:

- Deliver the service in line with new guidance produced post covid and ensure all infection control standards are met including ventilation, social distancing, PPE etc., conforming with updated spirometry guidance (pcrs-uk.org) Resuming Spirometry - ARTP Aerosols and Lung Function Testing Update Version 1.1 December 2022.
- Manage all referrals into the Service including assessment against eligibility criteria.
- Ensure that all patient data is transferred securely and in-line with GDPR and information governance requirements.
- Contact patients to arrange appointments for their test within five working days of receipt of referral.
- Provide the patient who are eligible, with confirmation of their appointment and for their appointment to take place within three weeks of making initial contact with the patient.
- Patients currently receiving antibiotic and or oral steroids, a minimum 6 week wait post infective exacerbation will apply before testing, but it may take up to 3 months for the infection to fully resolve and lung function to return to as good as it can be.
- Provide the patient with a patient information leaflet in advance of their appointment date detailing clear instructions on inhaler and clinical advice, what the tests involve and length of time the tests are likely to take.
- Check that any pre-visit requirements have been adhered to by the patient before performing the test.
- Providers should ensure that all diagnostic procedures are performed using a single patient use mouthpiece, bacterial/viral filter and clean nose clip. For reversibility providers should also ensure there is access to bronchodilator medication.
- Perform spirometry, reversibility testing and interpretation in accordance with the ARTP Standard Operating Procedure
- Performance of Spirometry 2023 SOP - Spirometry (artp.org.uk)
- Electronically forward all test results and interpretation back to the referring GP to enable follow up and ongoing management within two working days.
- Where the need arises, ensure mechanisms are in place for test results and interpretation of these to be forwarded to primary care, community services, pulmonary rehab, and secondary care.
- Ensure all healthcare professionals either performing and/or interpreting diagnostic spirometry are on the National Register of certified healthcare professionals.

Standard Operating Procedures (SOP):

It is expected that all providers will adhere at all times to the ARTP SOP when delivering spirometry, calibration of equipment etc. Spirometry (artp.org.uk)

Storing and communicating results

The Data Protection Act 2018 is the UK's implementation of the General Data Protection Regulation (GDPR). Everyone responsible for using personal data must follow strict rules called 'data protection principles.' They must make sure the information is: used fairly, lawfully and transparently.

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

Final

Providers procedures for data storage should ensure:

- Secure digital backup of the tests; results and traces should be stored electronically in such a way that the data cannot be easily lost/corrupted or altered
- Good quality clearly presented reports with the minimum amount of patient data, to comply with GDPR
- Ease of access to facilitate the sharing of results between primary care, community services, pulmonary rehab and secondary care.

Training / Workforce / Staffing

The Provider shall ensure that all staff either performing and/or interpreting spirometry tests are competent and hold a certificate with the Association for Respiratory Technology and Physiology (ARTP).

It is expected that providers will have adequately and suitably accredited workforce in place to enable provision for both adults and paediatrics.

Key to quality assured diagnostic spirometry is the establishment of a national register of certified healthcare professionals and operators. Staff must be listed on the national register according to the category of certification they have achieved. and will be expected to keep their skills up to date.

Certification

All individuals who hold an ARTP Spirometry certificate, must ensure they keep their certificate up to date by renewing it annually. For those who certified prior to 2021 and were previously required to renew their certificate every 3 years, if their certificate expired prior to 2021 and it has not been renewed, this is no longer possible.

Acceptance criteria

- Patients must be registered with Staffordshire or Stoke GP
- Patients who are assumed to be asthmatic need to have completed regular peak flow readings over a period of 2 to 4 weeks before performing a spirometry
- Aged 6yrs+ for diagnosis where airflow obstruction is suspected
- Children - It is expected that a peak-flow (positive test) is required before COPD FeNo can be done. Spirometry is performed to confirm and challenge purposes only
- Patients must have 1 or more of the following symptoms:
  - Breathlessness usually exertional in nature
  - Cough which may be intermittent particularly nocturnal. It may be productive or dry
  - Recurrent wheezing episodes (particularly in children with a history of atopy)
  - Recurrent respiratory infections
  - Environmental exposure to e.g., smokes or dusts
  - Diurnal variation of symptoms
  - Suspected COPD on imaging.

Post-Covid19 backlog

- Patients who have been identified as being part of the post-Covid backlog and who have already had a long wait and their condition may have deteriorated. In these cases, an assessment of current condition and clinical need must be factored in when prioritising the delivery of this service.

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

Exclusion criteria

- Not seen by an appropriate member of the primary care team.
- Aortic aneurysm, pregnancy
- Existing or suspected respiratory infection
- Haemoptysis of unknown origin
- Pneumothorax
- Long covid
- Unstable cardiovascular status; recent (within 1 month) myocardial infarction, uncontrolled hypertension, pulmonary embolism, or chest pai.
- Uncontrolled hypertension or history of haemorrhagic cerebrovascular event
- Annual reviews as this is a diagnostic service only
- On behalf of non-primary care providers.

Interdependence with other services/providers

- General Practitioners
- Midlands Partnership Foundation Trust Respiratory Team
- University Hospital of North Midlands
- University Hospitals of Derby and Burton NHS Foundation Trust
- Royal Wolverhampton Trust
- Heart of England Foundation Trust
- Home Oxygen Services
- Walsall NHS Trust
- Spirt Health
- Concept Health.

Prioritisation for backlog patients

Where the capacity to deliver spirometry requires prioritisation for delivery of the service, it is expected that patients identified as being part of the backlog should take priority over new patients presenting with a need to spirometry.

Patient (Pt) data	COPD (EMIS) 01.03.23	Asthma (EMIS) 01.03.23	COPD (EMIS + pro-rata TTP practices) 01.03.23	Asthma (EMIS + pro-rata TTP practices) 01.03.23
Patients (Pts) unresolved	24,445	66,351	26,645	72,322
Pts Diagnosed After	4,858		5,295	
Pts on the register without a spirometry	4,371	66,351	4,764	72,322
Pts without a PCA	3,353		3,654	
Pts with a PCA	1,018		1010	
Minimum Pts Backlog need testing	3,353	00	3,654	00
Potential Pts Backlog	4,371	00	4,764	00

(PCA, Personal Care Adjustment)

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

Multi provider delivery model

On-going demand

On average there are 1,600 new patients diagnosed with COPD a year and 2,300 new patients diagnosed with asthma a year. Therefore, there will be a minimum demand of 3,900 spirometry tests needed to be commission ever year in primary/community care.

Whilst we are aware of the number of patients diagnosed with COPD and/or Asthma a year, there is no record for patients that have had a spirometry test in the community for negative results.

The serviced specification for delivery of spirometry across SSOT ICB has been created to enable a multi-provider delivery approach across Primary Care. The delivery model will also support equity of access across the ICB giving all practices the opportunity to deliver spirometry.

The providers in this service model are deemed as: GP practices, Primary Care Networks (PCNs) with the PCNs lead practice responsible for delivery for the PCN as the provider, or by a Federation (Fed) single organisation entity as the provider.

The service delivery for spirometry can be delivered in two parts with a fixed tariff for each element based which of the element(s) the service the provider has provided.

Contract

The contract for this service will be for a two-year period (plus 1 year). The tariff payment for delivering this service is effective from 1st October 2023 and will cease on the 30th of September 2025.

The delivery of spirometry will be reviewed in two years (2025) to align services with the national community framework for Community Diagnostic Centres (CSCs), before the end date of this contract.

The delivery model and tariff rates

The multi-provider delivery model provides the opportunity for all providers in this model to deliver spirometry and analytics across the ICB.

All providers regardless of the model of delivery, will be on the same proposed tariff rate of £70.00, which is 81% of National tariff rate (£86.00).

The proposed tariff covers a service delivery model that has two payment delivery elements.

A provider can deliver one of the elements on its own, or both and receive payment dependent upon what has been delivered and contractually agreed.

This model gives the provider the opportunity to outsource either part of the pathway through provider subcontracting arrangements.

Practices will be expected to utilise a provider from the multi-provider model for subcontracting arrangements and for keeping the ICB informed of delivery arrangements.

Provider fixed tariffs

- 1 – £50.00 tariff for diagnostic (delivery of spirometry test, incl. reversibility)
- 2 – £20.00 tariff for reporting on the results (interpretation of results)

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

This place-based delivery model has the expectation that all parts of the multi-provider service offer will work collaboratively, establish connections with each other to ensure a seamless and effective service for their patients.

What is included in the tariff cost:

- Band 6 – 45 minutes plus oncosts
- Band 3 – admin – 15 minutes
- GP – Reporting time – 10 minutes
- Consumables for routine test and pro-rata reversable FeNO test
- ARTP accreditation and license
- On-going training (£5 per spirometry test)
- Spirometry test, including reversibility and analytics.

Delivery reporting for tariff payment allocation and KPIs

The provider will report to the ICB on:

- Number of patients receiving receive spirometry that are from their backlog (already identified)
- Backlog – of the patients that are on the register:
- Number of patients tested, any that had a Personal Care Adjustments
- Number of patients that have had:
    - their diagnosis changed
    - or stopped
    - or changed medication
- Number of patients delivered spirometry that were not identified in the backlog and currently not on the register:
- Spirometry Positivity rate:
    - COPD
    - Asthma
- Which element(s) of spirometry have been delivered to each patient
- Patients that have had a spirometry test and had a negative result.
- Any impact on Admission rates
- Collection of Health Inequality information

Tariff payments and reporting arrangements

Tariff payments will be dependent on consistent reporting KPI to the ICB.
All providers must ensure that this service specification along with the SOP, SOP - Spirometry (artp.org.uk), are adhered to when delivering spirometry that complies with the British Thoracic Society (BTS) guidance.

Applicable national standards (e.g., NICE)

- NICE [CG101] Chronic Obstructive Pulmonary Disease Diagnosis & Management, 2010
- NICE [NG115] Chronic obstructive pulmonary disease in over 16s: diagnosis and management, 2018
- NICE [NG80] Asthma: diagnosis, monitoring and chronic asthma management, 2017
- NICE [QS25] Asthma, 2013
- NICE [QS10] Chronic obstructive pulmonary disease in adults, 2011

Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

- An Outcomes Strategy for COPD and Asthma: NHS Companion Document, 2012 (gov.uk)
- Spirometry Assessment – ARTP Spirometry Standards, 2023 (artp.org.uk)
- A Guide to Performing Quality Assured Diagnostic Spirometry (https://www.brit-thoracic.org.uk/media/70454/spirometry_e-

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

	guide_2013.pdf) • NICE guidance for Asthma: diagnosis, monitoring and management https://www.nice.org.uk/guidance/ng80/chapter/Recommendations#initial-clinical-assessment **Applicable local standards** The service will adhere to all relevant local policies, procedures, and guidelines, including use of Staffordshire and Stoke-on-Trent pathways. **National and local guidance will be continuously reviewed and updated.** **Applicable Quality Requirements (See Schedule 4 Parts [A-D])** The service will adhere to the NICE Patient experience in adult NHS services standards, outlined here **Applicable CQUIN goals (See Schedule 4 Part [E])** **The Provider's Premises are located at:** The Provider shall ensure that the Services are provided taking into account patient need and choice mapped to the CCG Localities. Providers are to ensure that venues are easily accessible to patients, including availability of public transport and car parking.

Final

4 https://www.asthma.org.uk/about/media/facts-and-statistics/,
5 https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits
6 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

Service Specification 2024/25

Service Name & Number	Universal Offer – Direct Oral Anticoagulation (DOAC) Management Service UO1DOACONLY
Population and / or geography to be served	The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to. Children under the age of 16 and young people can be referred directly to the service only with agreement from the Paediatric team and the Clinical lead for the Anticoagulation service.

Service aims and desired outcomes	The Provider shall record all activity using the Universal Offer clinical template.
	
	The Provider shall:
	• Deliver an end to end anticoagulation service which includes:
	  o Initiation of the most appropriate anticoagulant which complies with both NICE guidelines and licensed indications
	  o Ongoing monitoring appropriate for all anticoagulants
	  o Prescribe relevant anticoagulation medication
	• Maintain a robust communication network between all medical and allied health professionals involved in individual patient's care.
	• Comply with appropriate and most recent national and local guidelines including those from:
	  o British Society of Haematology (BSH) guidelines (previously known as BCSH Guidelines)
	  o NICE guidance
	  o National patient safety agency (NPSA)
	• Ensure a consistent approach across provider sites within the primary care service and between primary and secondary services.
	• Anticoagulant services should be offered in a one stop clinic offering patient education, discussions, blood tests and drug/dose changes in the same consultation. This may be virtual.
	• Patients should be offered access to all anticoagulant options in line with licensed indications.
	• Anticoagulation services must be accessible in terms of location and opening times.
	• To reduce delays in treatment initiation. The target for initiating anticoagulation treatment is two weeks from referral.
	• The service overall and each provider site must have a clinical lead who has overall responsibility for the anticoagulation service.
	• To provide a safe effective service with full Service Operating Protocols (SOPs) and Quality Control systems. (QC)
	• All patients receiving a NOAC must be given the relevant drug information pack – including an alert card.
	• To support patients in understanding and managing their anticoagulant treatments providing comprehensive and on-going education so that they better understand their therapy
	• To obtain feedback from patients and then use this to improve anticoagulant services.
	• All patients must receive at least an annual review of their anticoagulation treatment where all options are discussed.
	• The service must be provided by trained and competent staff working within the limits of their competency, role and professional boundaries.
	• To ensure appropriate communication about anticoagulation across all relevant boundaries and in particular with the patient's GP (if the

	service provider is different) and the appropriate secondary care anticoagulation service if needed.
	• To ensure complete and accurate documentation of clinical protocols and individual patient records.
	• Use the Universal Offer clinical template to record clinical care or read codes that align to the clinical template as provided by the CCG via the Data Quality Specialists
	• To provide data on
	  o Service delivery, including patient numbers, domiciliary visits, referral to treatment times, clinic waiting times etc.
	  o Quality and safety
	  o Patient satisfaction and patient experience survey

Service description and location(s) from which it will be delivered	The service is to be delivered from the GP practice or from another practice or appropriate healthcare setting within the Primary Care Network (PCN) where the practice is providing on behalf of the PCN. The provider shall accept referrals via the GP, Consultant, DVT Service, Registrar or Non-Medical Prescriber. The Provider shall ensure arrangements are in place for patients who meet the urgent criteria including CHA2DS2VASc Score >5. Urgent patients shall commence anticoagulation within 2 working days and have access to an advice line. The Provider shall ensure all patients are seen within 2 weeks of receipt of a completed referral form. Until the service has accepted and seen the patient treatment remains the responsibility of the referrer. Where the patient has been started on anticoagulation in another setting the referrer remains responsible until the service has accepted and received the appropriate information to prescribe safely. Until then the referrer must retain responsibility for prescribing. The frequency and the number of monitoring appointments shall be patient specific, determined in line with BCSH guidance, The Provider shall develop a suitable management plan that takes account of patients with specific needs i.e. poor compliance, housebound patients, or frequent non-attenders. All patients shall receive education and information about their treatment at their initial appointment and the Provider should ensure that patients and carers are involved in the planning of their care. For those patients started on anticoagulation outside of this service specification, e.g. within an acute trust, the provider shall ensure all necessary information and counselling has been done and that relevant information is recorded within the relevant system. This initial consultation will be regarded as a follow up for the purposes of payment.
Service Model	<u>Registration</u> Following assessment, the Provider shall ensure the registration of patients commencing on anticoagulation, including entry onto a recognised database. <u>Assessment</u> During assessment the Provider shall ensure the confirmation of indications for anticoagulation and the length of treatment, counselling for initiation including

	choice of medication if on license and compliant with NICE guidance, and patient education; During the first appointment (new patients), the Provider shall: • Discuss the need for anticoagulation with the patient • The risks and benefits of anticoagulation • The duration, intensity and options for anticoagulant therapy • Assess any complicating issues, e.g. social, mobility problems, hearing impairment, dementia, alcohol issues etc. • Check baseline blood tests (unless already performed in last 4 weeks) • Complete initial education and assessment of patient/carer understanding of their condition and stabilisation and monitoring process for anti-coagulant therapy; • Ensure the patient has all information available to them to facilitate their understanding of the management plan in a suitable format (e.g. National Patient Safety Alert (NPSA) Oral Anti-Coagulation therapy Pack) • Record current dosage information and any reasons for changes in the service-held patient specific record and dosage information in line with NPSA i.e. Anticoagulation/NOAC cards/yellow book or suitable alternative computer printouts; • Determine and document whether the patient currently receives their medication in a monitored dosage system, NPSA guidance for communication of dosage adjustments for these patients must be followed; • Advise the patient/carer regarding the need to advise their surgeon/dentist that they are taking anticoagulants prior to any surgery/dental procedures in line with NPSA recommendations; • Agree a monitoring plan with the patient including the mode of service to be accessed, the site and frequency of visits including the next appointment at a date and time convenient to the patient. Considerations should be made regarding the mobility of the patient, travelling distance to the nearest clinic and an assessment of the level of supervision the patient requires. • To provide written documentation of the consultation and treatment plan to patient and copy to GP if not the prescriber For each follow-up monitoring appointment the Provider shall provide a service as described for first appointments above, in addition to the following : • Review the therapeutic reason and duration for the patient to be on anticoagulation e.g. following ablation for AF and the timescale highlighted at point of referral; • Discuss any abnormal/unusual results with the patient to establish and document the cause and prevent future problems, including establishing the actual dose taken and the timing of dose; • Provide details of the next appointment which shall be at a date and time convenient with the patient but clinically appropriate. The Provider shall regularly monitor patients in line with the latest British Committee for Standards in Haematology guidelines to ensure they achieve: • Will highlight any adverse events, medication interactions or other concerns to the GP for appropriate intervention • Where a patient is found to have developed a relative contraindication/risk (eg renal / hepatic impairment) for ongoing anticoagulation but is not at immediate risk, the provider will inform the

	GP to take appropriate action. This may be informed by the Thrombosis MDT. • Where patient is found to have active, significant bleeding provider will directly refer patients to A&E or acute medical unit for appropriate intervention. <u>Prescribing</u> The Provider shall be responsible for all prescribing within the service model. This includes the initial prescription and all subsequent prescriptions based on the dosing decisions made in the initial appointment and all follow up appointments. The provider shall ensure the process for prescribing subsequent prescriptions is accessible and convenient for patients. For the avoidance of doubt this includes; • Direct Oral Anti-Coagulants (DOACS) where appropriate and where the patient meets the NICE requirements for prescribing. The Provider shall have a robust process in place to communicate all prescribing information to the patients GP to ensure their clinical record is up to date on all prescribing decisions made by the service. This a minimum shall include: • Current Dose • Date of the next required assessment • CHA2DSVASc score (if required) • Bleed score (if required) in line with NICE Guidance • Creatinine clearance rate via Cockcroft Gault method If the patient is PEG fed the request should be referred to secondary care. DOACs should only be considered for housebound patients where monitoring might otherwise prove difficult and where clinically appropriate. All patient who requires anticoagulation, unless they are receiving end of life care, shall be referred into the primary care anticoagulation Service. <u>Dosing</u> The Provider shall ensure the appropriate dosing of anticoagulant based on applying clinical experience to the findings of any decision support software. <u>Additional Provision</u> Domiciliary- The Provider shall be responsible for the management of these patients. The Provider shall deliver this service in conjunction with the District Nursing Service who shall visit housebound patients within their home setting to carry out the core service elements. Definition of Housebound individual: -A person who has proven morbidity and who is genuinely unable to leave their home, either on a short term or long-term basis. Where it is apparent that the patient could be assisted to or is able to attend clinic or surgery then this should be discussed with the individual, facilitated and promoted. <u>Annual Review</u>

<table>
<tr><td></td><td>Providers shall undertake a minimum of an annual review of individual patients including the review of the indication and appropriateness of continued anticoagulation with DOACs.

<u>Call and Recall</u>
The Provider shall have a robust system of call and recall in place and be able to identify and act quickly when a patient has failed to attend an appointment.

The Provider shall implement its policies and strategies for the management and targeting of non-attenders.

<u>Discharge Process</u>
At the end of the required treatment course, anticoagulants shall be discontinued as recommended in the British Haematological Society guidelines on Oral Anti-Coagulation 1998 (updated 2005) and the patient's GP shall be informed in writing within two working days.

The Provider shall maintain a record when treatment is discontinued and the reason for discontinuation / discharge from the service.

<u>Patient Self-testing</u>
Patient self-testing is not included in this specification.</td></tr>
<tr><td>Tariff</td><td><table><tr><td>DOAC New Patient</td><td>£90 per patient, first year only
Includes initiation, counselling, monitoring and prescribing in first 12 months starting with the date of initiation.</td></tr><tr><td>DOAC Year 2 onwards</td><td>£60 per patient per year
includes monitoring and prescribing</td></tr></table></td></tr>
<tr><td>Reporting and Payment</td><td>You are required by the ICB to use UO resources provided by the ML Data Quality Team to support the recording of patient data and reporting for the UO services.

A clinical template written by ML Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.

Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.

For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and</td></tr>
</table>

	when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates. For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist. Various guidance documents to support using the resources provided by the ML DQT for the UO services are available from the GP365 website Universal Offer (sharepoint.com) or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches & reports. If the activity is not coded correctly, it will not be paid for.
Review Date	January 2027
Termination Notice Period	3 years with a six-month notice period for termination. The service specification will be subject to regular review.
Applicable quality requirements and Accreditation Requirements	**Applicable national standards (e.g. NICE)** Evidence base: NICE Clinical guidelines 144. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing https://www.nice.org.uk/guidance/cg144 NICE clinical guidelines NG196 Atrial Fibrillation Diagnosis and Management Overview | Atrial fibrillation: diagnosis and management | Guidance | NICE Anticoagulation NICE Clinical Knowledge Summaries https://cks.nice.org.uk/anticoagulation-oral **Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)** The following standards and training competencies shall be met to deliver the service: • BMJ learning modules https://learning.bmj.com/learning/module-intro/maintaining-patients-on-anticoagulants--how-to-do-it.html?moduleId=5004429 & https://learning.bmj.com/learning/module-intro/anticoagulants-primary.html?locale=en_GB&moduleId=10052760 • British Committee for Standards in Haematology • National Patient Safety Agency British Journal of Haematology 2011

Service Specification 2024/25

<table>
<tr><td>Service Name & Number</td><td>Universal Offer – Direct Oral Anticoagulation (DOAC) Management Service
UO2JOINTDOAC&WARFARIN</td></tr>
<tr><td>Population and / or geography to be served</td><td>The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to.

Children under the age of 16 and young people can be referred directly to the service only with agreement from the Paediatric team and the Clinical lead for the Anticoagulation service.</td></tr>
<tr><td>Service aims and desired outcomes</td><td>The Provider shall record all activity using the Universal Offer clinical template.

The Provider shall:

The Provider shall deliver an anticoagulation service which includes:

Initiation of the most appropriate anticoagulant which complies with both NICE guidelines and licensed indications
Ongoing monitoring appropriate for all anticoagulants, including renal function tests.
Ensure the INR dosing service to those patients who are housebound is delivered in conjunction with the local district nursing services
Prescribe relevant anticoagulation medication and arrange administration if required.

Maintain a robust communication network between all medical and allied health professionals involved in individual patient’s care.
Comply with appropriate and most recent national and local guidelines including those from:

British Society of Haematology (BSH) guidelines (previously known as BCSH Guidelines)
NICE guidance
National patient safety agency(NPSA)

Ensure a consistent approach to testing, sampling and dosing across provider sites within the primary care service and between primary and secondary services.
Anticoagulant services should be offered in a one stop clinic offering patient education, discussions, blood tests and drug/dose changes in the same consultation, some which may be delivered virtually.
Patients should be offered access to all anticoagulant options in line with licensed indications.
Anticoagulation services must be accessible in terms of location and opening times.
To reduce delays in treatment initiation. The target for initiating anticoagulation treatment is two weeks from referral.
The service overall and each provider site must have a clinical lead who has overall responsibility for the anticoagulation service.
To provide a safe effective service with full Service Operating Protocols (SOPs) and Quality Control systems. (QC)
All patients receiving a Vitamin K antagonist must be given a yellow oral anticoagulant information pack including a dosing book and alert card. All patients receiving a NOAC must be given the relevant drug information pack – including an alert card.
</td></tr>
</table>

	• To support patients in understanding and managing their anticoagulant treatments providing comprehensive and on-going education so that they better understand their therapy
	• To obtain feedback from patients and then use this to improve anticoagulant services.
	• All patients must receive at least an annual review of their anticoagulation treatment where all options are discussed.
	• The service must be provided by trained and competent staff working within the limits of their competency, role and professional boundaries.
	• To ensure appropriate communication about anticoagulation across all relevant boundaries and in particular with the patient's GP (if the service provider is different) and the appropriate secondary care anticoagulation service if needed.
	• To ensure complete and accurate documentation of clinical protocols and individual patient records. This involves working with the Computerised Decision Support System (CDSS) which currently is INR Star and any GP clinical record systems such as EMIS.
	• To provide data on
	    o Service delivery, including patient numbers, domiciliary visits, referral to treatment times, clinic waiting times etc.
	    o Quality and safety
	    o Patient satisfaction and patient experience survey

Service description and location(s) from which it will be delivered	The service is to be delivered from the GP practice or from another practice or appropriate healthcare setting within the Primary Care Network (PCN) where the practice is providing on behalf of the PCN The provider shall accept referrals via the GP, Consultant, DVT Service, Registrar or Non-Medical Prescriber. The Provider shall ensure arrangements are in place for patients who meet the urgent criteria including CHA2DS2VASc Score >5. Urgent patients shall commence anticoagulation within 2 working days and have access to an advice line. The Provider shall ensure all patients are seen within 2 weeks of receipt of a completed referral form. Until the service has accepted and seen the patient treatment remains the responsibility of the referrer. The frequency and the number of monitoring appointments shall be patient specific, determined in line with BCSH guidance, with the aim of becoming less frequent as the patient achieves and maintains therapeutic range. The Provider shall develop a suitable management plan that takes account of patients with specific needs i.e. poor compliance, housebound patients, unstable International Normalised Ratio INR control, or frequent non-attenders. All patients shall receive education and information about their treatment at their initial appointment and the Provider should ensure that patients and carers are involved in the planning of their care. For those patients started on anticoagulation outside of this service specification, e.g. within an acute trust, the provider shall ensure all

	necessary information and counselling has been done and that relevant information is recorded within the relevant system. This initial consultation will be regarded as a follow up for the purposes of payment.

Service Model	<u>Registration</u>
	Following assessment the Provider shall ensure the registration of patients commencing on anticoagulation, including entry onto a recognised database e.g. DAWN, INR Star or equivalent.
	
	<u>Assessment</u>
	During assessment the Provider shall ensure the confirmation of indications for anticoagulation and the length of treatment, counselling for initiation including choice of medication if on license and compliant with NICE guidance, and patient education;
	
	During the first appointment (new patients), the Provider shall:
	• Discuss the need for anticoagulation with the patient
	• The risks and benefits of anticoagulation
	• The duration, intensity and options for anticoagulant therapy
	• Assess any complicating issues, e.g. social, mobility problems, hearing impairment, dementia, alcohol issues etc.
	• Check baseline blood tests (unless already performed in last 4 weeks)
	• Complete initial education and assessment of patient/carer understanding of their condition and stabilisation and monitoring process for anti-coagulant therapy;
	• Ensure the patient has all information available to them to facilitate their understanding of the management plan in a suitable format (National Patient Safety Alert (NPSA) Oral Anti-Coagulation therapy Pack including Oral Anticoagulation therapy record book;
	• Perform capillary testing and dosing for warfarin;
	  ◦ Initiate:
	  ◦ Induction of oral anticoagulation
	• If required for bridging purposes, prescribe and ensure administration of Low Molecular Weight Heparin (LMWH) for patients starting oral anticoagulation and those who have sub-therapeutic INR in the first 6 weeks of a venous thromboembolism and for patients with metal valves. For Housebound patients this will be in liaison with the District Nursing Service.
	• Record current dosage information and any reasons for changes in the service-held patient- specific record and dosage information in line with NPSA i.e. Anticoagulation/NOAC cards/yellow book or suitable alternative computer printouts;
	• Determine and document whether the patient currently receives their medication in a monitored dosage system, NPSA guidance for communication of dosage adjustments for these patients must be followed;
	• Advise the patient/carer regarding the need to advise their surgeon/dentist that they are taking anticoagulants prior to any surgery/dental procedures in line with NPSA recommendations;
	• Agree a monitoring plan with the patient including the mode of service to be accessed, the site and frequency of visits including the next appointment at a date and time convenient to the patient. Considerations should be made regarding the mobility of the patient, travelling distance to the nearest clinic and an assessment of the level of supervision the patient requires.

	• To provide written documentation of the consultation and treatment plan to patient and copy to GP For each follow-up monitoring appointment the Provider shall provide a service as described for first appointments above, in addition to the following: • Review the therapeutic reason and duration for the patient to be on anticoagulation e.g. following ablation for AF and the timescale highlighted at point of referral; • Discuss any abnormal/unusual results with the patient to establish and document the cause and prevent future problems, including establishing the actual dose taken and the timing of dose; • Provide details of the next appointment which shall be at a date and time convenient with the patient but clinically appropriate. • For patients on warfarin check the Time in Therapeutic Range The Provider shall ensure that all follow up monitoring appointments include the provision of point of care testing so that current INR status can be ascertained during clinic visit with the provision of accredited equipment including test strips. The Provider shall regularly monitor patients in line with the latest British Committee for Standards in Haematology guidelines to ensure they achieve: • Stabilise the INR within the guidance • Patient awareness of other factors that can affect their response to warfarin. • Will manage any over or under anticoagulation as per appropriate national guideline or approved treatment protocol • Will highlight any adverse events, medication interactions or other concerns to the GP for appropriate intervention • Where a patient is found to have developed a relative contraindication/risk (e.g. renal / hepatic impairment) for ongoing anticoagulation but is not at immediate risk, the provider will inform the GP to take appropriate action. This may be informed by the Thrombosis MDT. • Where patient is found to have active, significant bleeding provider will directly refer patients to A&E or acute medical unit for appropriate intervention Prescribing The Provider shall be responsible for all prescribing within the service model. This includes the initial prescription and all subsequent prescriptions based on the dosing decisions made in the initial appointment and all follow up appointments. The provider shall ensure the process for prescribing subsequent prescriptions is accessible and convenient for patients. For the avoidance of doubt this includes; • Warfarin • Low Molecular Weight Heparin (LMWH) for bridging • Direct Oral Anti-Coagulants (DOACS) where appropriate and where the patient meets the NICE requirements for prescribing. • Other Vitamin K Anticoagulants The Provider shall have a robust process in place to communicate all prescribing information to the patients GP to ensure their clinical record is up

	to date on all prescribing decisions made by the service. This a minimum shall include: • Time in Therapeutic Range (TTR) • Current Dose • Date of the next required assessment • CHA2DSVASc score • Bleed Score (if required) in line with NICE Guidance • Creatinine clearance rate • Cockcroft gault calculating If the patient is PEG fed the request should be referred to secondary care. DOACs should only be considered for housebound patients where monitoring might otherwise prove difficult and where clinically appropriate. All patient who requires anticoagulation, unless they are receiving end of life care, shall be referred into the primary care anticoagulation Service. <u>Dosing</u> The Provider shall ensure the appropriate dosing of anticoagulant based on applying clinical experience to the findings of any decision support software. <u>Additional Provision</u> Domiciliary- The Provider shall be responsible for the management of these patients. The Provider shall deliver this service in conjunction with the District Nursing Service who shall visit housebound patients within their home setting to carry out the core service elements; Definition of Housebound individual: -A person who has proven morbidity and who is genuinely unable to leave their home, either on a short term or long-term basis. Where it is apparent that the patient could be assisted to or is able to attend clinic or surgery then this should be discussed with the individual, facilitated and promoted. <u>Annual Review</u> Providers shall undertake a minimum of an annual review of individual patients including their view of the indication and appropriateness of continued anticoagulation with warfarin or DOACs. <u>Call and Recall</u> The Provider shall have a robust system of call and recall in place and be able to identify and act quickly when a patient has failed to attend an appointment to have their INR measured. The Provider shall implement its policies and strategies for the management and targeting of non-attenders. The Provider shall alert the patient's own GP if a patient fails to attend on two or more consecutive occasions or a period of more than 42 days when they have not attended. For those patients on Warfarin, should a patient fail to attend a routine appointment the Provider shall make contact with the patient and reschedule the appointment appropriate to the clinical need and urgency for INR follow up.

<table>
<tr><td></td><td><u>Discharge Process</u>
At the end of the required treatment course, anticoagulants shall be discontinued as recommended in the British Haematological Society guidelines on Oral Anti-Coagulation 1998 (updated 2005) and the patient's GP shall be informed in writing within two working days.

The Provider shall maintain a record when treatment is discontinued and the reason for discontinuation / discharge from the service.

<u>Patient Self-testing</u>
Patient self-testing is not included in this specification.</td></tr>
<tr><td>Tariff</td><td><table>
<tr><td>Warfarin -</td><td>£193 per patient per year
Includes testing, reviewing, dosing and prescribing</td></tr>
<tr><td>DOAC New Patient</td><td>£90 per patient, first year only
Includes initiation, counselling, monitoring and prescribing in first 12 months starting with the date of initiation.</td></tr>
<tr><td>DOAC Year 2 onwards</td><td>£60 per patient per year
includes monitoring and prescribing</td></tr>
</table></td></tr>
<tr><td>Reporting and Payment</td><td>You are required by the ICB to use UO resources provided by the ML Data Quality Team to support the recording of patient data and reporting for the UO services.

A clinical template written by ML Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.

Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.

For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates.
For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</td></tr>
</table>

	Various guidance documents to support using the resources provided by the ML DQT for the UO services are available from the GP365 website Universal Offer (sharepoint.com) or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches & reports. If the activity is not coded correctly, it will not be paid for.
Review Date	January 2027
Termination Notice Period	3 years with a six-month notice period for termination. The service specification will be subject to regular review.
Applicable quality requirements and Accreditation Requirements	**Applicable national standards (e.g. NICE)** Evidence base: NICE Clinical guidelines 144. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing https://www.nice.org.uk/guidance/cg144 NICE clinical guidelines NG196 Atrial Fibrillation Diagnosis and Management Overview | Atrial fibrillation: diagnosis and management | Guidance | NICE Anticoagulation NICE Clinical Knowledge Summaries https://cks.nice.org.uk/anticoagulation-oral **Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)** The following standards and training competencies shall be met to deliver the service: • BMJ learning modules https://learning.bmj.com/learning/module-intro/maintaining-patients-on-anticoagulants--how-to-do-it.html?moduleId=5004429 & https://learning.bmj.com/learning/module-intro/anticoagulants-primary.html?locale=en_GB&moduleId=10052760 • British Committee for Standards in Haematology • National Patient Safety Agency British Journal of Haematology 2011