

NHS Primary Care Contracting
Summary of the key features of the Clinical Directed
Enhanced Services 2009/10

This paper outlines some of the key features of the Clinical Directed Enhanced Services (DES) introduced from 1 April 2008. It is no substitute for the Statement of Financial Entitlements (amendment) Directions 2009 and the Primary Medical Services (Directed Enhanced Services) (England) (Amendment) Directions 2009 and PCTs are strongly advised to read both these documents prior to offering to enter into arrangements to provide one or more of these DESs.

The SFE amendments can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_094166

The DES directions can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_094165

Features	Alcohol related risk reduction scheme	Ethnicity and first language recording scheme	Learning Disabilities health check scheme	Heart failure treatment scheme	Osteoporosis diagnosis and prevention scheme
Which practices are eligible?	GMS contractors and PMS contractors with a list of registered patients.				
When must it be offered by?	31 March 2010	31 March 2010	31 March 2010	31 March 2009	31 March 2010
Latest date that PCTs required to enter into arrangements	31 December 2009 – see DES Directions for exceptions	31 December 2009 – see DES Directions for exceptions	31 December 2009 – see DES Directions for exceptions	28 February 2009 – see DES Directions for exceptions	31 December 2009 – see DES Directions for exceptions
Requirements for written arrangements	See para 5(3) of the DES Directions	See para 6(3) of the DES Directions	See para 7(3) of the DES Directions	See para 8(3) of the DES Directions	See para 9(3) of the DES Directions
Primary Medical Services contracts	PCT must vary these, where necessary, so that the arrangements comprise part of the contractor's contract/agreement and the requirements of the arrangements are conditions of the contract/agreement				
Information required in end of year report	See para 5(3)(f) of the Directions	See para 6(3)(j) of the Directions	See para 7(3)(m) of the Directions	See para 8(3)(f) of the Directions	See para 9(3)(f) of the Directions
Date of submission of end of year report to PCT	28 days following 31 st March in any financial year	28 days following 31 st March in any financial year	28 days following 31 st March in any financial year	28 days following 31 st March 09	On or before 31 st July following 31 st March of any financial year
Payments for GMS contractors	Detailed in the SFE amendments.				
Payments for PMS contractors	As the SFE outlines payments to GMS practices only, PCTs should have regard to the amounts of payments outlined in the SFE when calculating payments to PMS practices.				
Accounting arrangements	Gross income relating to the financial year in which the work was undertaken.				

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Date payments are due	Alcohol related risk reduction payment due on the last day of the month following the month during which the report is provided to the PCT.	Ethnicity and first language recording payment falls due on the last day of the month following the month during which the report is provided to the PCT.	Register agreement payment and Health Check completion payments fall due on the last day of the month following the month during which the report is provided to the PCT.	Heart failure treatment payment falls due on the last day of the month following the month during which the report is provided to the PCT.	Osteoporosis diagnosis and prevention payment falls due on the last day of the month following the month during which the report is provided to the PCT.
Arrangements for terminations, withdrawals, splits and mergers	Provisions are made in the SFE amendments.				

Particular features

Ethnicity and first language recording scheme

- Practices must record both in line with the SFE and Directions, however refusal by patients disclose should be also be recorded. Where a patient record indicates a refusal to divulge information in respect of either ethnicity or first language, this will count as a completed record and will be included in the assessment of whether the necessary threshold for payment has been reached.

- In recording the ethnicity or first language of patients, practices will not use the codes “any other ethnic group” and “other” for any patient unless the practice first considers the information in set out in paragraphs (3)(c) and (3)(g) in the Directions.

Learning disabilities health check scheme

- Para 7(3)(i) of the DES directions sets out the minimum requirements of the health check.
- Para 7(3)(k) of the DES directions set out the requirements of the training session for practice staff.
- Contractors and PCTs are required to agree the Learning Disabilities health check register by 1 March 2009, after which a register agreement payment is made. No payment is to be made if the register is agreed after this date.
- Once agreed for 2008/9 the register does not need to be agreed for 2009/10 and no register agreement payments are to be made in 2009/10.
- The SFE amendments set out how patients are to be added to the Register.
- There should be liaison between PCTs and Local Authorities to collate and cross-reference information to identify people who are eligible for the checks. If a Local Authority learning disability register is not kept, the necessary information should be available from data collected when individuals are referred to social services. PCTs should also ensure contractors have arrangements in place to comply with Data Protection and Caldicott requirements when submitting names to the PCT. A letter from the DH has been issued to Chief Executives of PCTs and Local Authorities outlining the details of the scheme.
- No patients are to be added to the Register in either March 2009 or 2010. If they are, payments must not be made.

Osteoporosis diagnosis and prevention scheme

- Practices must meet the lower threshold for criterion 1 (20% in 2008/9, 40% in 2009/10) in order to be eligible for payments for criterion 2.