

NHS PCC
Primary Medical CareNew Clinical DES / Consideration for PCTS /
PCC / PMC / GMS / Guidance / Web / CD /**New Clinical DES: Consideration for PCTS**

Following the release of the service specifications for the new Clinical DES, PCTs will need to consider how they will implement and monitor these. Listed below are some of the issues that PCTs will need to bear in mind:

1. The Heart Failure DES will require liaison with the team responsible for the Quality and Outcomes Framework (QOF) as the PCT will need to be satisfied that practices have the systems in place to maintain a high quality register. The PCT will be required to verify this register and compare reported prevalence with expected prevalence. This should already be done as part of pre-payment verification checks for QOF. The annual report of patients who have been treated should be validated against the QOF register taking into account patients who are recorded as intolerant or having a contraindication to beta-blockers.
2. The Alcohol DES may require liaison with the Registration department at your Shared Services Agency who will be able to provide you with the number of new registrations aged 16 and over per practice per annum. This can be used to validate the practices' annual reports and also screening coverage.
3. Like the Heart Failure DES, the Learning Disabilities DES will require liaison with your QOF team to provide validation of the QOF register and basic validation of the register produced for this DES. PCTs may also like to liaise with their Local Authority if registers appear to considerably higher or lower than the local average.
4. PCTs are also required to approve the content of the training required for the Learning Disabilities DES. Training may need to be commissioned to allow

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- practices to meet the requirements of this DES and PCTs should begin to address this now.
5. The Osteoporosis DES requires diagnosis to be confirmed by a DEXA scan. Has the PCT commissioned sufficient capacity for this? The timing of the end of year report needs to take account of the local waiting times for DEXA scans. Do PCTs know what these are and what capacity there is to absorb the likely increase in referrals? Is there likely to be an effect on the prescribing budget? Again PCTs are required to verify practice registers by comparing reported and expected prevalence. Can your QOF teams help?
 6. If PCTs don't already receive practice list sizes from their Shared Agency on a quarterly basis then they should be requested for 1 April 2009 and 2010 so that payments can be calculated for the Ethnicity DES.

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September 2008
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