**Local Enhanced Service Delivery Monitoring and Reporting Arrangements**

1. **Introduction**

As part of the Locally Enhanced Service (LES) Commissioning Plan this paper describes the monitoring and reporting arrangements, specifically in regard to:

1. Routine LES delivery
2. Long Term Conditions (LTC) LES system impact
3. ‘Closer to home’ service shifts (typically from secondary care providers to General Practice)

*Appendix 1* contains a summary of all LES and metrics being monitored.

1. **Context**

The second January 2025 Board paper identified the following LES monitoring and governance arrangements (revised to reflect updated governance arrangements):

* A bespoke LES delivery dashboard will be developed that captures for each practice and alternative provider their monthly LES delivery compared to their planned profile. The dashboard will have three parts:
	+ Activity and quality
	+ Outcomes (clinical and service use)
	+ Impact (system)
* Individual practices/alternative providers will have online access to the dashboard and be expected to review their delivery each month
* Place primary care commissioning teams will also have online access to the dashboard and review each month and engage with practices (with the support of the Place Clinical and Care Professional Leads) to explore any delivery issues and support improvement
* Also, the Primary Care Operational Services Group will review each month a summary of Place delivery (and any individual provider exceptions) via an expanded Integrated Primary Care Performance Report which will also be received by the Primary Care Contracting Sub-committee
1. **Delivery Tools**

As of the 1st of May 2025, General Practice is delivering the new LES consisting of 17 new or significantly altered pathways. The delivery tools are being progressed in three stages:

* Stage One (complete March 2025) is the development and publication of practice delivery tools (coding rules, templates and reporting data items)
* Stage Two (complete May 2025) is the development and publication of impact monitoring tools for place and place plus that will match specific LES activity to local NEL/OPA activity
* Stage Three (to be completed November 2025) is the first LTC LES impact assessment report to inform future commissioning planning for 2026/27

Stage one was completed in April with practices now recording and reporting activity consistently across all commissioned LES.

The focus is now on Stage Two with effort being prioritised towards LES that evidence service shift and system impact.

1. **Long Term Condition LES and System Impact:**

The delivery of the LTC LES is actively taking place over 11 months (April designated as planning). The expected spread of delivery across the period is as follows (based on modified GPQC delivery 2024/25):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 |  | Totals |
| Percentage delivery | 0% | 3% | 5% | 8% | 8% | 10% | 11% | 11% | 10% | 11% | 11% | 12% |  | 100% |
| Number of assessments | 0 | 2299 | 3832 | 6131 | 6131 | 7664 | 8430 | 8430 | 7664 | 8430 | 8430 | 9196 |  | 76637 |

This activity data collation occurs monthly and forms part of the monitoring and reporting arrangements outlined earlier. Work is currently underway to develop a systematic process to accurately and effectively monitor impact on system based outcomes:

|  |  |  |
| --- | --- | --- |
| Indicator  | Metric | Update |
| Non-elective Activity | Hospital discharge as recorded in GP clinical system | Proof of concept. Model in testing with GPQC data from 2024/25. Expected completion June |
| Inclusion Health | Improvement in LTC health check engagement in identified PHM cohort | Test searches written and undergoing initial testing |
| Sustainability/Green Agenda | Reduction in journey to hospital for receipt of care (also applicable to other LES) | Feasibility assessment |

Previous analysis and assessment has demonstrated that evidence of impact can be effectively assessed three months following patient assessment. Taken together with the estimated activity data it is expected that significant NEL impact will be demonstrable from October 2025.

Quality metrics including consent to record sharing, ethnicity and care of individuals whom fall is also being collated. The intention is to provide monthly reporting of impact numbers for NEL and quality activity.

1. **Priority LES and Service Shift**

There are two mechanisms to assess shifts in service activity and evidence that activity has successfully and safely been transferred to General Practice:

1. Active monitoring of specific General Practice activity that can directly demonstrate a reduction in activity in other providers (Active)
2. Active monitoring of specific General Practice activity following the decommissioning of specified service (Passive)

The following LES have been identified as those with significant service shift components and approaches to activity monitoring outlined:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority LES | Mechanism | GP activity recorded | Stable activity data available (estimate) | Other Provider Data |
| Phlebotomy | Active + Passive | Episodes of care | August | Episodes of care |
| Ring Pessary | Active | Episodes of careReferral Activity | August | OPA activity |
| Care Home | Passive | Care activity | July | NEL activity |
| Shared Care | Passive | Medication Issues | September | OPA activity |
| Broomwell (ECG) | Active + Passive | Episodes of care | August | Episodes of care |
| Vasectomy | Active | Episodes of care | July | Episodes of care |
| PSA testing | Active | Register numbersReferral activity | August | OPA activity |

Reporting will be on a hospital trust basis as service shifts will primarily occur at this level. The stable activity data availability estimate is based upon practice service implementation timescales from 1st of May; medicines data has an additional 2 month delay prior to publication.

The current focus on the GP data is to identify and actively manage data quality issues following first month of delivery, assess stable baseline activity (where appropriate) and report monthly. The next step will be to triangulate with suitable non-GP data to ensure service shift delivery and provide an impact statement. This will be complete no later than September 2025.

1. **Conclusion**

The process outlined seeks to actively and accurately monitor the delivery and impact of the LES. The significant influencing factor is the availability of robust data following service implementation and relatedly business intelligence support.

1. **Recommendations:**

It is recommended that the Delivery Unit/Incident Management Team:

1. Note and approve the LES monitoring and reporting arrangements as outlined above.

*Dr John Miles*

*28 May 2025*

*Appendix 1 – Summary of LES and Metrics*

|  |  |  |
| --- | --- | --- |
| **LES Specification** | **Activity** | **Frequency of monitoring** |
| Advice & Guidance | Number of advice and guidance requests | Monthly |
| Care Homes | Number of care home beds per practice | Monthly |
| Complex Injections | Number of patients who have been given a Denusomab injection | Monthly |
| Dementia | Number of dementia reviews.  | Monthly |
| Diabetes | Initiation of InsulinOngoing monitoring of InsulinInitiation of GLP1 | Monthly |
| ECGs | Number of ECGs | Monthly |
| End of Life | Number of advance care planning conversations and their components.  | Monthly |
| LTC LES | Number of patients in each of the following categories:1. Population Health Management
2. Serious Mental Illness
3. Long Term Conditions (the 2 selected for each place)
 | Monthly |
| Meds Optimisation | The following 4 areas:1. Nine core activities to be monitored as per the spec
2. Minimisation of cost growth
3. Reduction in dependence forming medicines
4. Antimicrobial stewardship
 | MonthlyEpact is reported 6-8 weeks behindFinal achievement in Q4 |
| Phlebotomy | Number of blood samples takenNumber of failed blood samplesNumber of phlebotomy domiciliary visitsNumber of consultant requested phlebotomy tests done by practice | Monthly |
| Post Bariatric Monitoring | Number of patients who have had bariatric surgery held on the register | Monthly |
| PSA Testing | Number of patients requiring PSA testing held on the register  | Monthly |
| Ring Pessary | Number of first fit of ring pessaryNumber of removal/changes of ring pessary (max of 4 visits per 12-month period). Number of Inter-practice patients Number of Domiciliary visits  | Monthly |
| Shared Care | Number of patients receiving shared care monitoring for the agreed list of drugs | Monthly.  |
| Simple Injections | The number of patients who have received injections from the agreed list. | Monthly |
| Spiro / FeNO | Number of patients given a FeNO test. Number of patients given a Spiro test.  | Monthly |
| Wound Care | Number of patients recorded as receiving:1. Application of Dressings.
2. Removal of sutures/clips.
3. Application of dressing for burn
4. Primary/secondary suture of skin
 | Monthly |