

## National Enhanced Service (NES) for the provision of more specialised services for patients with multiple sclerosis

Service Level Agreement

### PRACTICE

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### 1. Financial Details

***All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.***

This agreement is to cover the 12 months commencing 1 April 2005.

In 2005/06 each practice contracted to provide this service will receive £149.18 per patient per annum paid quarterly in arrears.

#### Claims for Payment

An estimated annual number of patients will be agreed with the Practice as part of this Service Level Agreement

Payments will be made on quarterly basis, based on this estimated number.

**Any in year changes in activity will be calculated/negotiated at the end of the financial year and payments amended accordingly.**

## Estimated Activity

Annual number of patients.	Annual Fee
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Actual activity should be submitted to the PCO on a quarterly basis

## Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

## Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED**

## 2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this nationally directed enhanced service.

**PRACTICE**.....

**Signature on behalf of the Practice:**

Signature	Name	Date

**Signature on behalf of the PCO:**

Signature	Name	Date

### **3. Service Aims**

The aim of the service is to address proactively the physical health care needs of patients with MS, by ensuring they receive rounded health care and support. Where appropriate, the scheme should encourage the primary care team to work closely with the patient's carer(s), and to encourage closer interaction with other support services.

## 4. Criteria

The National Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCO on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCO.

- (i) production and maintenance of an up-to-date register of all patients
- (ii) establish a lead contact/co-ordinator
- (iii) regular assessment
- (iv) training
- (v) carer support
- (vi) personal health plans
- (vii) liaison with secondary care and social services
- (viii) an annual multi-disciplinary review

## **Criteria One : Production and maintenance of an up-to-date register of all patients**

### **Details**

- Production and maintenance of an up-to-date register of all patients with MS and, where appropriate, their carers. This will be used as an audit and communication tool within the practice

### **Practice Plans for Year 05/06**

**(please detail below your practice's plans for this criteria)**

### **Practice Evaluation at end of Year / results**

***(at the end of the year please detail below the practice's results for this criteria)***

## Criteria Two: Establishing a lead contact/co-ordinator

### Details

- The primary health care team will establish a nominated co-ordinator to liaise closely with external services to develop a practice-based plan identifying roles and responsibilities. As appropriate, this will mean liaison with specialist neurology, physiotherapy, urology, speech therapy and occupational health therapy services.

### Practice Plans for Year 05/06

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Three: Regular assessment

### Details

- This should be used to review physical symptoms; review the effect of medication , including the use of steroids, painkillers, antidepressants, and drugs to relieve spasticity; and to check on the patient's broader health needs, for example whether the patient has had a recent eye test

### Practice Plans for Year 05/06

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Four : Training

### Details

- Members of the primary health care team will be committed through continued practice and personal development and through the establishment of a practice reference resource. The aim of such training would be to cover:
  - (a) the nature of MS
  - (b) making the diagnosis
  - (c) common complications
  - (d) symptom control
  - (e) monitoring
  - (f) when to refer a patient to a specialist

### Practice Plans for Year 05/06

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Five : Carer support

### Details

- Carers should be supported, kept fully informed and encouraged and educated to play as full a role in the patient's care as they wish. Where appropriate, they should be regarded as an integral part of the team.

### Practice Plans for Year 05/06

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Six : Personal health plans

### Details

- Each patient being monitored under the NES should have a personal health plan. This plan should include diagnosis, disease type, investigations, current treatments, social, support etc. This plan should be reviewed and updated regularly, where appropriate, involving clinical and social support agencies.

### Practice Plans for Year 05/06

**(please detail below your practice's plans for this criteria)**

### Practice Evaluation at end of Year / results

***(at the end of the year please detail below the practice's results for this criteria)***

## Criteria Seven : Liaison with secondary and social services

### Details

- Where appropriate to do so, and with the patient's consent, it is expected that the practice would regularly discuss the ongoing care of each patient with any other relevant agency involved. This will help to ensure "joined-up planning" to meet all of the patient's needs. It will help reduce the duplication of effort and give the patient a first point of contact for concerns or questions

### Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

## Criteria Eight: An annual multi-disciplinary review

### Details

- All practices should perform an annual multi-disciplinary review which could include:
  - (a) an audit of the MS patient register, including a check on complications
  - (b) a report on the existence of an appropriate care package
  - (c) an audit of the effectiveness of symptom control techniques
  - (d) feedback from patients on the MS register and their carers using a standardised questionnaire

### **Practice Plans for Year 05/06** **(please detail below your practice's plans for this criteria)**

### **Practice Evaluation at end of Year / results** **(at the end of the year please detail below the practice's results for this criteria)**

## **5. Accreditation**

Those doctors who had previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

## **6. Ongoing Measurement and Evaluation**

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCO this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

## **7. Dispute Resolution**

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

## **8. Variation and Termination of Contract**

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.