

<b>Service Specification No.</b>	<b>EPCS11</b>
<b>Service</b>	<b>Secondary Care Generated Intervention Services</b>
<b>Commissioner Lead</b>	<b>Colin Webb, Commissioning Manager</b>
<b>Provider Lead</b>	Hull Primary Care
<b>Period</b>	1 November 2020 – 31 March 2025
<b>Date of Review</b>	April - Annually

<b>1. Population Needs</b>															
<p><b>1.1 National/local context and evidence base</b></p> <p>1.1.1 GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year.</p> <p>1.1.2 The public also recognises the positive impact such service redesign can have. In a recent survey for the Department of Health, 66 per cent of those polled agreed that moving services into the community can raise standards.</p> <p>1.1.3 The Commissioner has determined that these are services that should be provided within a GP practice environment within the Primary Care Network of which the patients registered practice is a member. Predominantly it is expected that this will be the patient's own registered practice wherever possible. As such this specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services as defined in core GMS/PMS/APMS contracts. No part of this contract by commission, omission or implication defines or re-defines essential or additional services.</p> <p>References:</p> <ol style="list-style-type: none"> <li><a href="https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf">https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf</a></li> <li>Greenbook Chapter 18</li> <li>Greenbook Chapter 34</li> <li><a href="https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Making-integrated-out-of-hospital-care-reality.pdf">https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Making-integrated-out-of-hospital-care-reality.pdf</a></li> </ol>															
<b>2. Outcomes</b>															
<p><b>2.1 NHS Outcomes Framework Domains &amp; Indicators</b></p> <table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td>✓</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td>✓</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td>✓</td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>✓</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td>✓</td> </tr> </table>	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	✓
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	✓													
<b>3. Scope</b>															
<p><b>3.1 Aims and objectives of services</b></p> <p>The aim of this service specification is to provide a formalised pathway to enable secondary care generated interventions to be carried out within a primary care setting which:</p>															

- Ensures patients from right across the age range are cared for appropriately through an integrated model
- Models of delivery are sufficiently scaled to provide the widest possible benefit to the local communities
- Reduces pressure on Secondary Care services
- Provide patients with greater choice and care closer to people's homes where it is clinically safe to do so

### **3.2 Service Description/Care pathway**

#### 3.2.1 The Provider will ensure:

procedures are carried out by trained, competent staff and according to manufacturers' guidance;

- procedures are carried out in suitable Clinic room facilities;
- the national policy for obtaining the patient's informed consent to examination and treatment is adhered to;
- adequate records are maintained (a copy of which should be included in the patient's medical record) of the service provided, incorporating all known information relating to any significant events, e.g., treatment given, any additional related referral, infections, etc. A copy of this information should be sent to the referring clinician where this involves another GP practice within 5 working days of the procedure taking place;

3.2.2 If a practice within a Primary Care Network registered with the Hull CCG but not contracted to deliver this service will be expected to refer their patients requiring this treatment using a secure electronic referral and booking system.

3.2.3 In the instance of 3.2.2 both practices have a responsibility in monitoring the information flow through the secure electronic referral and booking system in terms of referral, acceptance and information to be included within the patients clinical record.

### **3.3 Service Specification Details**

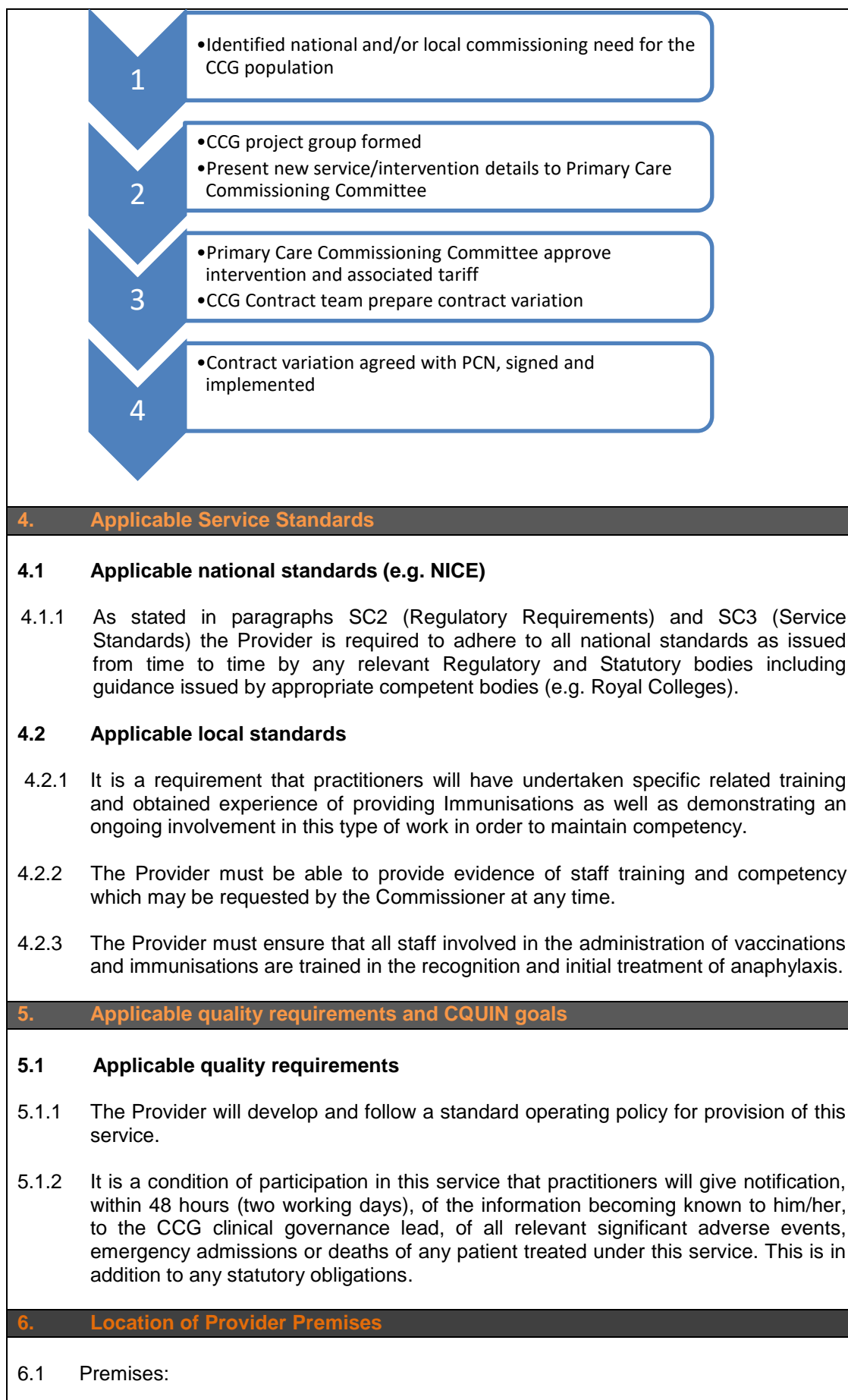
3.3.1 Appendix A – Chicken Pox Vaccinations

3.3.2 Appendix B – Hepatitis B Vaccinations

3.3.3 Appendix C – Aranesp Injections

### **3.4 Inclusion of additional interventions**

3.4.1 It is expected that additional interventions (Appendices) can be included within this specification once the appropriate approval has been gained at any point during the contract period - see process below.



6.1.1 The services will be provided from the Provider's Premises located at: Hull GP Practices.

**7. Individual Service User Placement**

Not applicable

<b>Appendix A</b>	<b>EPCS11a</b>
<b>Service</b>	<b>Chicken Pox Vaccination</b>
<b>Commissioner Lead</b>	<b>Colin Webb, Commissioning Manager</b>
<b>Provider Lead</b>	Hull Primary Care
<b>Period</b>	1 November 2020 – 31 March 2025
<b>Date of Review</b>	April - Annually

<b>1. Population Needs</b>
<p><b>1.1 Chicken Pox Vaccination National/local context and evidence base</b></p> <p>1.1.1 The chickenpox vaccine protects against the varicella zoster virus which causes chickenpox.</p> <p>1.1.2 The chickenpox vaccine is not part of the routine childhood vaccination schedule.</p> <p>1.1.3 It is currently only offered on the NHS to people who are in close contact with someone who is particularly vulnerable to chickenpox or its complications.</p> <p>1.1.4 The disease can be more severe in adults. Certain groups of people, however, are at greater risk of serious complications from chickenpox. These include:</p> <ul style="list-style-type: none"> <li>• People who have weakened immune systems through illnesses such as HIV or treatments such as Chemotherapy.</li> <li>• Pregnant women – chickenpox can be very serious for an unborn baby when a pregnant woman catches the infection. It can cause a range of serious birth defects, as well as severe disease in the baby when it is born.</li> </ul> <p>1.1.5 The vaccine is given as 2 separate injections, usually into the upper arm, 4 to 8 weeks apart.</p> <p>References:</p> <ol style="list-style-type: none"> <li>1. <a href="https://www.nhs.uk/conditions/vaccinations/chickenpox-vaccine/">https://www.nhs.uk/conditions/vaccinations/chickenpox-vaccine/</a></li> <li>2. Centers for Disease Control and Prevention (CDC) <a href="https://www.cdc.gov/chickenpox/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fchickenpox%2Fhcp%2Fhigh-risk.html">https://www.cdc.gov/chickenpox/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fchickenpox%2Fhcp%2Fhigh-risk.html</a></li> <li>3. Greenbook Chapter 34</li> </ol>
<b>2. Scope</b>
<p><b>2.1 Service description/care pathway</b></p> <p>2.1.1 The Provider will offer those patients who are referred from secondary care and satisfy the relevant treatment thresholds for a Chickenpox Vaccination as per Green Book chapter 34.</p> <p>2.1.2 Patients must be clinically assessed prior to the commencement of the service and all investigations/procedures should only be carried out when it is safe and appropriate to do so.</p> <p><b>2.2 Population Covered – Chickenpox Vaccination</b></p> <p>2.2.1 All patients registered with a Hull GP Practice.</p> <p><b>2.3 Acceptance and exclusion criteria</b></p> <p>2.3.1 This service is intended for patients identified by Secondary Care in need of a vaccination</p> <p>2.3.2 The service is not intended for:</p> <ul style="list-style-type: none"> <li>• any patient that falls into the criteria of paying for a vaccination which cannot be claimed through this service;</li> <li>• any patient that meets the criteria to receive this vaccination through their own occupation health department;</li> <li>• Patients with a confirmed anaphylactic reaction to a previous dose of the vaccine;</li> </ul>

- Patients with a confirmed anaphylactic reaction to any component of the vaccine Including neomycin or gelatin excluded from this service.

**2.4 Interdependence with other services/providers/bodies**

2.4.1 The Provider will be required to ensure they communicate as appropriate with other providers of vaccination services including:

- Hull and East Yorkshire Hospitals NHS Trust
- City Health Care CIC
- Public Health England

<b>Appendix B</b>	<b>EPCS11b</b>
<b>Service</b>	<b>Hepatitis B Vaccination</b>
<b>Commissioner Lead</b>	<b>Colin Webb, Commissioning Manager</b>
<b>Provider Lead</b>	Hull Primary Care
<b>Period</b>	1 November 2020 – 31 March 2025
<b>Date of Review</b>	April - Annually

<b>1. Population Needs</b>
<p><b>1.1 Hepatitis B Vaccination National/local context and evidence base</b></p> <p>1.1.1 Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease.</p> <p>1.1.2 Hepatitis B Vaccination should be offered to those thought to be at increased risk of Hepatitis B or its complications.</p> <p>1.1.3 The vaccine gives protections against the Hepatitis B virus, which is a major cause of serious liver disease including, scarring of the liver, cirrhosis and liver cancer.</p> <p>1.1.4 The prevalence of injecting drug users in Hull is down by almost a quarter but still remains 3 times higher than the national average.</p> <p>1.1.5 The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired. Chronic infection occurs in 90% of those infected perinatally but is less frequent in those infected as children (e.g. 20 to 50% in children between one and five years of age). About 5% or less of previously healthy people, infected as adults, become chronically infected (Hyams, 1995). The risk is increased in those whose immunity is impaired.</p> <p>1.1.6 The UK is a very low-prevalence country, but prevalence of HBsAg varies across the country. It is higher in those born in high-endemicity countries, many of whom will have acquired infection at birth or in early childhood (Boxall et al., 1994; Aweis et al., 2001). This is reflected in the prevalence rates found in antenatal women, which vary from 0.05 to 0.08% in some rural areas but rise to 1% or more in certain inner city areas where populations with origins in endemic countries are higher. Overall, the prevalence in antenatal women in the UK is around 0.4% (National Antenatal Infections Screening Monitoring).</p> <p>References:</p> <ol style="list-style-type: none"> <li><a href="https://www.nhs.uk/conditions/vaccinations/hepatitis-b-vaccine/">https://www.nhs.uk/conditions/vaccinations/hepatitis-b-vaccine/</a></li> <li>World Health Organisation (WHO) Global Hepatitis report 2017. <a href="https://www.who.int/news-room/fact-sheets/detail/hepatitis-b">https://www.who.int/news-room/fact-sheets/detail/hepatitis-b</a></li> <li>NICE Equality Impact Guidelines – Hepatitis B (ref: <a href="https://www.nice.org.uk/guidance/cg165/documents/hepatitis-b-equality-impact-assessment-form2">https://www.nice.org.uk/guidance/cg165/documents/hepatitis-b-equality-impact-assessment-form2</a>)</li> <li>Greenbook Chapter 18</li> </ol>
<b>2. Scope</b>
<p><b>2.1 Service description/care pathway</b></p> <p>2.1.1 The Provider will offer those patients who are referred to primary care and satisfy the relevant treatment thresholds a Hepatitis B Vaccination as per Green Book chapter 18.</p> <p>2.1.2 Patients must be clinically assessed prior to the commencement of the service and all investigations/procedures should only be carried out when it is safe and appropriate to do so.</p> <p><b>2.2 Population covered – Hepatitis B Vaccination</b></p> <p>2.2.1 All patients registered with a Hull GP, particularly those;</p>

- Patients at high risk of exposure to the virus or complications of the disease (pre-exposure immunisation);
- Individuals who have already been exposed to the virus (post-exposure immunisation) including infants born to hepatitis B infected mothers.

### **2.3 Acceptance and exclusion criteria**

2.3.1 The service is available to patients identified by Secondary Care in need of a vaccination.

2.3.2 The service is not intended for;

- Any patient not thought to be at risk of contracting Hepatitis B;
- Administration of the vaccination for the purpose of travel.

### **2.4 Interdependence with other services/providers/bodies**

2.4.1 The Provider will be required to ensure they communicate as appropriate with other providers of vaccination services including:

- Hull and East Yorkshire Hospitals NHS Trust
- City Health Care CIC
- Public Health England



<b>Appendix C</b>	<b>EPCS11c</b>
<b>Service</b>	<b>Aranesp Injections</b>
<b>Commissioner Lead</b>	<b>Colin Webb, Commissioning Manager</b>
<b>Provider Lead</b>	Hull Primary Care
<b>Period</b>	1 October 2020 – 31 March 2025
<b>Date of Review</b>	April - Annually

<b>1.1 National/local context and evidence base</b>	
1.1.1	Aranesp (darbepoetin alfa) is an erythropoiesis-stimulating agent, or ESA, used to treat anaemia (a lack of red blood cells in the body) in people with long-term serious kidney disease (chronic renal failure) and people receiving chemotherapy for some types of cancer.
1.1.2	Aranesp is a man-made form of the protein human erythropoietin that is given to reduce or avoid the need for red blood cell transfusions. Aranesp may be used to treat a lower than normal number of red blood cells (anaemia) if it is caused by: Chronic kidney disease (the patient may or may not be on dialysis).
1.1.3	Approximately 60% of people with solid tumours who have chemotherapy develop anaemia, with a haemoglobin concentration of less than 110 g/litre. The incidence of anaemia is highest in people with lung cancer (71%) and gynaecological cancer (65%) because these cancers currently involve treatment with platinum-based chemotherapy
1.1.4	The proportion of people with solid tumours who need a red blood cell transfusion because of their anaemia varies from 47% to 100% depending on the stage of the cancer, the cumulative dose of platinum chemotherapy, the person's age and pre-treatment haemoglobin concentration.
1.1.5	For haematological cancers, about 70% of people with lymphoma have anaemia after 3 to 4 cycles of chemotherapy.
References:	
1.	Office of National Statistics, Health and Lifestyle (prevalence) survey for Adults in Hull. Kidney Care UK <a href="https://www.kidneycareuk.org/news-and-campaigns/facts-and-stats/">https://www.kidneycareuk.org/news-and-campaigns/facts-and-stats/</a>
2.	NICE Equality Impact Guidelines – (ref: <a href="https://www.nice.org.uk/guidance/ta323/chapter/2-Clinical-need-and-practice">https://www.nice.org.uk/guidance/ta323/chapter/2-Clinical-need-and-practice</a> NICE guidelines: Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy <a href="https://www.nice.org.uk/guidance/ta323/resources/erythropoiesisstimulating-agents-epoetin-and-darbepoetin-for-treating-anaemia-in-people-with-cancer-having-chemotherapy-including-review-of-ta142-82602485230021">https://www.nice.org.uk/guidance/ta323/resources/erythropoiesisstimulating-agents-epoetin-and-darbepoetin-for-treating-anaemia-in-people-with-cancer-having-chemotherapy-including-review-of-ta142-82602485230021</a> ;
<b>2. Scope</b>	
<b>2.1 Service description/care pathway</b>	
2.1.1	Following instructions from the Secondary Care Referral, the Provider will offer those patients who satisfy the relevant treatment thresholds an Aranesp (darbepoetin alfa) injection.
<b>2.2 Population covered</b>	
2.2.1	All patients registered with a Hull GP.
<b>2.3 Acceptance and exclusion criteria</b>	

2.4.1	The service is available to; <ul style="list-style-type: none"><li>• This service is for individuals who are unable to self-administer.</li><li>• Patients in the community with lower than normal number of red blood cells (anaemia) of less than 120 g/litre in women and less than 130 g/litre in men caused by cancer induced treatment, unable to self-administer.</li></ul>
<b>2.4</b>	<b>Interdependence with other services/providers/bodies</b>
2.4.1	The Provider will be required to ensure they communicate as appropriate with other providers of vaccination services including: <ul style="list-style-type: none"><li>• Hull and East Yorkshire Hospitals NHS Trust</li><li>• NHSE as commissioner of this medication</li><li>• Secondary Care Services;<ul style="list-style-type: none"><li>○ Haematology</li><li>○ Oncology</li><li>○ Renal</li></ul></li></ul>