

Locally Commissioned Services (LCS) Review - FAQs

Question	Answer
What is the purpose of the LCS review?	The core driver for the LCS review is to ensure that services provided by practices, are fair, equitable, sustainable and most importantly work towards achieving good health outcomes for the whole population of Norfolk & Waveney. The review also aims to support the resilience of general practice.
What are locally commissioned services?	<p>LCS include services often provided in general practice but which are not part of the core General Medical Services contract.</p> <p>This includes services such as: Eating Disorders Monitoring, Long Term Conditions including Spirometry and Diabetes, Supporting Severe Mental Illness Health Checks, Phlebotomy, Warfarin monitoring, Prostate-Specific Antigen (PSA) Monitoring and Shared Care services etc.</p>
When will changes to services happen?	From 1 April 2022
Why does the CCG need to change the currently commissioned services	<p>There are several reasons why services are changed, including:</p> <ul style="list-style-type: none"> • A persistent and serious risk to patient safety • The service represents poor value for money • There is insufficient clinical need/demand to warrant the current volume of service and/or number of providers • The service model is out-dated or national contractual changes have led to duplication • The service is no longer a clinical priority <p>In Norfolk and Waveney, there were also different historical commissioning arrangements in place across the five former CCG areas (West Norfolk, South Norfolk, North Norfolk, Norwich and Great Yarmouth and Waveney). This resulted in some services being commissioned at different contract values and some services not being available to all Norfolk and Waveney residents.</p>
Why is the NWCCG changing from 38 services to 12?	While 38 services were previously commissioned, these were as a result of the five former CCGs' historical arrangements. Many of the services were similar across the five different areas, however some were not available to all residents of Norfolk and Waveney, others were

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	<p>duplicating national funding arrangements and some did not reflect current best practice. In a few cases, there will be a change to the way people get services which could mean they have to go to a different location. Under the new arrangements planned from April 2022, all Norfolk and Waveney residents registered with one of the 105 practices will now have access to the same 12 services, regardless of where they live.</p>
<p>Will I still be able to access the ear wax removal service?</p>	<p>The production of ear wax is a natural process which helps keep the ear canal clean. In most cases, there is no clinical reason to remove ear wax and people should be able to self-care should they suffer from a build-up of ear wax through the use of ear drops which can be bought in a pharmacy or supermarket, with pharmacists offering help and advice.</p> <p>In the future people will be asked to look after their ears and the CCG will be providing information to patients to help them prevent earwax build-up.</p> <p>For patients who can't self-care and where self-care has not worked and the patient remains symptomatic (e.g. hearing loss, earache, tinnitus, vertigo, cough suspected to be due to earwax) or where the patient has a hearing aid or needs one fitted, the CCG commissions aural micro-suction services in the community which the patient can be referred, via the GP, for treatment.</p>
<p>Why have Deep Vein Thrombosis (DVT) D-Dimers not been commissioned in general practice?</p>	<p>Historically, West and North Norfolk practices provided DVT assessment (D-Dimer). As this service is available from all three hospital trusts in Norfolk, it is not an appropriate use of resources to also commission the service from all Norfolk practices. Patients will continue to receive appropriate care for DVTs from their local acute hospital trust.</p>
<p>Why have 24-hour ECGs not been commissioned in general practice?</p>	<p>Historically, only North Norfolk practices were commissioned to provide 24-hour ECGs and the test was often repeated when patients were referred to hospital. This service is available from all three acute hospital trusts in Norfolk, it is therefore not an appropriate use of resources to also commission the service from all Norfolk practices. Patients will continue to receive appropriate care for 24-hour ECGs from their local acute hospital trust.</p>