Wakefield District Health and Care Partnership

Wakefield Practice Premium Contract 2025/26 (WPPC9)

Service Specification

Introduction

The Wakefield Practice Premium Contract (WPPC) is the primary mechanism by which Wakefield District Health and Care Partnership disburses its' discretionary general practice funding to practices in return for services and levels of service delivery which exceed the requirements of national contracts or other local arrangements.

The ninth iteration of the WPPC comprises six domains – treatment room services, enhanced shared care, long term conditions, quality improvement indicators, medicines safety and women's health services. It will operate during the period from 1 April 2025 to 31st March 2026 with a focus on patient safety and quality improvement.

The WPPC9 will be funded at £x per weighted patient as at the 1st January 2025.

Prior conditions

In order to receive payments under the Wakefield Practice Premium Contract the Practice must not be in breach of its core GMS or PMS contract (or, if there has been a breach, be working to remedy this via an ICB approved action plan with demonstrable progress).

Payments

Practices will be paid 1/12th of their allocated payment per month from April 2025 for the period of the contract.

By signing up to deliver the scheme, Practices are agreeing to participate in all of the reporting requirements listed and progress against all of the indicators detailed in the scheme, ensuring a consistent offer throughout the contract period.

Failure to demonstrate delivery of the intention of the scheme, completion of **ALL** of the reporting requirements listed, and progress against the intended outcomes within the scheme will result in the ICB asking for an explanation and action plan, and where no agreed justification is provided, the ICB will recover up to 15% of the contract value for each indicator not provided in line with expectations. The ICB will monitor performance and contact Practices where performance is below the expected levels. Practices will be required to engage in performance monitoring arrangements throughout the contract period.

Domain	Area	Requirements		Rationale for Inclusion
Treatment Room Services	**Essential Services**	The Practice will provide the following services from its premises for all patients who require them, where clinically appropriate: • Phlebotomy • B12 Injections • ECG Recording and Interpretation The Practice will provide the following services from its premises for all patients who require them or subcontract with another Wakefield Practice to provide the services for all patients who require them: • Ear irrigation or Micro-suction (in line with clinical guidance) • Spirometry Practices can consider a hub and spoke model to support with the interpreting of spirometry tests, and this may be on a PCN basis. There must also be provision for children of 12 years of age and older at a Practice or PCN level. See Quality Indicators section for further requirements.	Practices must record the relevant activity within the patient record using the agreed SNOMED codes as set out in the supplementary guidance. The ICB will review coding and activity levels throughout the contract period, ensuring a consistent offer throughout the contract period. Practices may supplement their Practice offer with GPCW offer but should still provide each service as a Practice or through WYICB approved sub-contracting arrangements.	There is a need to continue to include these essential services to support patients in timely access of services closer to home. There have been amendments made to the spirometry indicator due to the need to include provision across the district for children aged 6 years of age and order to support with diagnosis and management. It is recognized that there is varying provision across the district for children.

Treatment Room Services	**Wound Care and Suture Removal**	The Practice must provide wound care and suture removal for all patients that require them, within the skills and competency of the Practice team, and ensure provision of appointments to meet the reasonable needs of patients.	Practices must record the relevant activity within the patient record using the agreed SNOMED codes as set out in the supplementary guidance. The ICB will review coding and activity levels throughout the contract period, ensuring a consistent offer throughout the contract period. Practices must engage with the ICB in reviewing the current wound care pathway across Wakefield, which will include, for example, requesting information from Practices in relation to staff training, competencies, wound care dressing supply routes, in order to develop the wound care pathway for 2026/27. Practices may supplement their Practice offer with GPCW offer but should still provide each service as a Practice or through approved sub-contracting arrangements.	The current wound care offer within Wakefield is not fully understood and there is a large variance in the offer across WYICB. Work is underway in all places to review their wound care pathways. The intention of Wakefield's review is to align the primary care offer to the Wound Care Strategy and to ensure that training, skills and competencies are aligned with the Workforce and Education Framework of this. There are also potential opportunities for improvement in quality of care and efficiencies to the system through review of the wound care dressings supply routes, use of the MYHTT wound care formulary and ensuring that staff are up to date on best practice. The role of the Walk In Centre should be considered as part of the review. Whilst no practice issues currently, we are aware of concern from WIC re the number of patients attending for wound care.

Improving Patient Safety	**Patient Safety Strategy**	The Practice will deliver the primary care commitments within the Patient Safety Strategy, through: • Participation in the NHS General Practice Staff Survey • Completion of the NHS patient safety syllabus training • Completion of the relevant e-Learning for Health speaking up modules by all practice staff • Registration for an administrator account with LFPSE and use of this system to record patient safety events With support from the ICB, begin to implement the Patient Safety Incident Response Framework.	Practices to promote completion of the NHS GP practice staff survey amongst staff and review the results, developing an action plan, based on these result, that will focus on improving staff experience Practices to submit data on the progress of training for both the patient safety syllabus and speaking up at the end of Q2 and Q4 with a target of 85% completion for both by the end of Q4 Practices to provide a case study following learning/improvements from a patient safety incident that has been reported on LFPSE. The case study should include how this learning has been shared and steps taken to ensure that the improvement has been embedded in practice.	The NHS Patient Safety Strategy sets out how the NHS will support staff and providers to share safety insight and empower people – patients and staff – with the skills, confidence and mechanisms to improve safety. The Primary Care Patient Safety Strategy (2024) outlines the primary care implementation of this. It is important that patient safety events are recorded so the learning will continually improve patient safety: locally, at place, across systems and nationally. Following the decommissioning of Datix it is important that there is a central incident reporting system available. LFPSE can be used for more than medicines related incidents. Patient experience and staff wellbeing impact on patient safety, and both have been affected by resourcing and capacity pressures in primary care.

Improving Patient Safety	**Suicide Awareness and Prevention**	All Practice clinicians and staff to attend suicide prevention training e-learning by February 2026. All patients who have attended A&E with an attempted suicide or self-harm, without a diagnosed mental health condition, to be contacted by the Practice to offer support through 'Stepping Stones'. The Practice can make the referral or following discussion with the patient provide details for the patient to self-refer. All patients who have attended A&E with an attempted suicide or self-harm, with a diagnosed mental health condition, to be reviewed by the Practice to ensure that appropriate support is in place.		In line with the WDHCP 10 big ambitions, we will reduce suicide rates in West Yorkshire. Wakefield has the second highest rate of suicide in West Yorkshire (2024), and a rate considerably higher than the national one. The Wakefield Suicide Audit describes what we know about people who died by suicide from the Wakefield District between 2019 and 2021. The Suicide Prevention Action Plan 2024-29 uses insight from the Suicide Audit to describe the groups of people at highest risk and to set out an additional programme of actions over the next five years. Stepping Stones has been jointly commissioned by Calderdale, Kirklees and Wakefield local authorities to support people who present at A&E having attempted suicide, but who do not have a clinical diagnosis of a mental health condition.
Improving Patient Safety	**Shared Care Drugs**	Service specification for this element is detailed separately. (Renumerated Separately)		

Improving Patient Safety	**Pregnancy Prevention Programme**	Practices are required to review processes in place for the safe prescribing of valproate containing medicines for both men and women where applicable. Practices are required to review processes in place for the safe prescribing of topiramate containing medicines for people of childbearing potential. Practices must complete an audit to ensure that all patients currently prescribed valproate containing medicines and/or topiramate have an in-date Risk Acknowledgement Form (RAF) completed where applicable, and/or a documented conversation with the patient regarding the risk of neurodevelopmental disorders in children. Read codes should be added to the patient record regarding the conversation. A valproate audit template can be provided for local adaptation on request.		In line with national guidance, the MHRA have instructed ICBs to put a plan in place to implement new regulatory measures for sodium valproate, valproic acid and valproate semisodium (valproate) and topiramate.

Enhanced Shared Care	**Prostate Cancer Care Follow Up**	The practice will provide or refer patients to another primary care provider for a fully comprehensive Prostate Cancer Follow Up service in line with the shared care guidelines, patients' individual management plans and all the 7 condition-specific pathways. All patients transferred to the primary care service will be contacted within 2 weeks of transfer to agree a management plan and secondary care will be informed within a week of this happening.		

Addressing Inequalities and shift towards prevention	**Learning disabilities**	Practices are required to keep an up-to-date register of all patients with a Learning Disability review, and work with SWYFT to annually review this. Practices are required to contact 100% of patients on the Learning Disability register and invite for a learning disability health check. As a part of this contact, Practices should review the reasonable adjustments recorded and made for each patient, to ensure that the capture and represent the patient's needs. 90% of patients with a learning disability are required to attend and complete their health check. Practices are required to complete annual medication reviews for patients with a learning disability, in line with STOMP. Practices are required to complete a quarterly review of patients that DNA/were not brought, and these patients should be followed up through a clinical contact. Practices are required to complete a quarterly review of the Learning Disability register to identify any deaths, and ensure that deaths have been reported through LeDer. Practices are required to identify a representative to regularly attend the LD SIG (80% of meetings).		In line with the WDHCP 10 big ambitions, we will reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population. Regular list reviews, training and participation in special interest groups enables partnership working and networks to be built to provide wider support for patients. STOMP is a project in England to stop the over use of psychotropic medicines. People with a learning disability, autism or both are more likely to be given these medicines than other people. Whilst these medicines are right for some people, there may be alternative options for others. STOMP works with patients and families to stay well by identifying other support options. The learning from deaths – people with a learning disability and autistic people (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a

		Practices are required to engage with the LD ACE training and increase participation over 2025. Practices will be required to participate in a quality review of health checks (outcome measures to be determined).		learning disability and reduce health inequalities. LeDER reviews enable ICSs to identify good practice and what has worked well, as well as where improvements in the provision of care could be made.

Addressing Inequalities and shift towards prevention	**SMI**	Practices must keep an up-to-date register of people living with bipolar disorder, schizophrenia and other psychoses who require monitoring of their physical and mental health. Practices must contact 100% of patients to invite them to attend for their SMI health check. Where a patient does not respond or DNAs, the Practice must follow up this patient to reoffer an invitation, and to ensure that one of these contacts is clinical. 65% of patients with SMI are required to attend and complete their health check, with all 6 elements of the 'core' annual SMI health check completed. Practices must optimise the use of SMI literature shared with Practices by WYICB. Practices must complete an internal audit focused on improving attendance at SMI reviews or reviewing the quality of SMI reviews, and share the learning within the Practice.		People living with SMI face one of the greatest health equality gaps in England. Their life expectancy is 15–20 years shorter than that for the general population, and this disparity is largely due to preventable physical illnesses. Whilst SMI remains within the core contract, it has been identified as one of the focus groups within CORE20Plus5. Wakefield's achievement of SMI health checks for 23/24 falls below the national target of 60% for completion of all 6 elements of the health check.

Addressing Inequalities and shift towards prevention	**Diabetes**	The Practice will provide, or work with its PCN with ICB agreement, to provide a fully comprehensive service for patients with type 2 diabetes in line with local and national guidelines, which includes but not limited to, the initiation and management of insulin, GLP1 inhibitors and SGLT2 inhibitors. The practice or PCN will have sufficient staff with additional training in diabetes. The Practice will complete the 8 care processes for patients requiring an annual diabetic review and record this review using the Ardens template. The 8 care processes include Hba1c, Blood Pressure, Cholesterol, Serum Creatinine, Urine Albumin, Foot Surveillance, BMI and smoking status.	This will ensure a comprehensive service for patients with type 2 diabetes and will provide care closer to home, reducing the need for patients to attend secondary care. Increase timely diagnosis and management of patients with Type 2 diabetes. Recent guidance has been published about best practice in the delivery of diabetes care in the PCN (2021) and this may be a model that Practices want to consider progressing within their PCNs. Practices to engage with WYICB to understand training needs and provision across the district.	The 8 care processes are the recommended standard by NICE, however are not listed as mandatory under QOF. Following updates and guidance the WY diabetes pathway needs reviewing. Data suggests a decrease in insulin initiation and management across the district – work with medicines management to understand whether this is due to a lack of provision within general practice or a move to alternative treatments. Alongside this, review the training needs within general practice and support clinicians to access any required training.

Addressing Inequalities and shift towards prevention	**CVD**	Review all patients with a blood pressure reading of 140/90 mmHg or higher in the previous five years that have not been coded as hypertensive, without a subsequent lower reading, in line with NICE guidance. Maximise the offer and uptake of NHS Health Checks to support early identification and management of hypertension and cholesterol in line with any caps set by Conexus. Review patients on treatment for hypertension and ensure optimisation of treatment, through annual long term condition reviews. Utilise community pharmacy and wider workforce to maximise uptake of blood pressure checks. Demonstrate 100% offer and aim to increase the uptake of flu vaccination in eligible patients with CVD.		In line with the WDHCP 10 big ambitions, we will increase the years of life of people in good health in West Yorkshire. Hypertension is one of the most common preventable risk factors for cardiovascular disease. Intervention decay describes how the number of people who could benefit from a healthcare treatment gets eroded by gaps and barriers that stop people accessing care. Maximise case finding of those patients without established disease focusing on prevention, addressing risk factors and lifestyle changes. Maximise optimisation of treatment of those patients with established disease focusing on proactive case-finding, optimising treatment and management.

Addressing Inequalities and shift towards prevention	**Respiratory**	Review asthma and COPD registers to ensure that 100% of patients have been invited for their respiratory review. Where a patient does not respond, ensure that they receive a clinical contact to invite the patient. To support the patient, ensure that treatment and care are maximised through this review and coded accordingly. Utilise services available through community pharmacies to promote assessment of inhaler technique. Ensure that 100% patients with a respiratory condition are invited to attend for vaccinations as they become eligible, namely Flu, covid, RSV, pneumo and shingles. Where a patient does not respond, ensure that they receive a clinical contact to invite the patient and discuss vaccine hesitancy. Utilising the wider PCN and Practice teams, engage holistically with the patient to identify and support with any poverty or fuel poverty challenges, in order to support the patient's management of their respiratory disease. Identify and record where a patient has a carer, and raise awareness of winter vaccine eligibility for carers. Signpost carers to carers support.	Promote awareness of vaccines and overcome vaccine hesitancy. Ensure timely invitations for vaccines. Demonstrate 100% offer and aim to increase uptake of flu, covid, RSV, pneumococcal and shingles vaccinations in eligible patients aged 6mth – 64 years with a respiratory condition.	System pressures have been significant for winter 2024/25 due to an increase in patients with respiratory conditions. The aim of including this indicator is to support patients with a respiratory care to access a clinical review, maximise their treatment and care, and increase uptake of vaccinations to support in keeping them well in order to reduce winter hospital admissions. It also aims to promote holistic reviews of patients to consider and support in addressing wider factors such as poverty and fuel poverty that may be contributing towards exacerbations. Also in line with Core20Plus5.

Addressing Inequalities and shift towards prevention	**HPV Vaccinations**	Increase promotion of the HPV vaccine programme and eligibility for patients, and increase uptake in the following cohorts: • Those aged under 25 who have missed the vaccine		HPV vaccine uptake has dropped considerably in Wakefield particularly in this age group.
Quality Improvement	**Veteran Friendly Accreditation**	All Practices to achieve or renew Veteran Friendly Accreditation by December 2025. Practices will be measured on: • Having achieved accreditation • Appointing a Veteran's Champion • Participation in training programmes • Increase in identification of veterans and family members • 2-5% of population to be coded as a Veteran • Increase in health check uptake by veterans • Increase referrals to Operation Courage • Increase referrals to Operation Restore • Peer review audit and shared learning		This has been identified as an action / priority through the Armed Forces Health Action Plan following the Armed Forces Covenant. RCGP are working with NHS England to accredit GP practices as 'veteran friendly'. The programme enables practice to deliver the best possible care and treatment for patients who have served in the armed forces. Most Wakefield Practices have previously achieved this accreditation pre-covid, however accreditation only lasts for three years, and it is important that Practices are reaccredited in order to keep their knowledge and offers up to date. Aim is to increase identification of veterans and therefore support and engagement with this cohort, to encourage presentation before a 'crisis'.

Quality Improvement	**Spirometry**	All Practices are required to review the training of their staff and have, as a minimum, one member of the clinical team enrolled onto the Wakefield Spirometry and Feno training package or the nationally available ARTP training by 1st September 2025 and completed by 31st March 2026. Should this member of staff leave the Practice, another member of the team must have completed the training in order for the Practice to continue to receive payments for this indicator. Following completion of the training, Practices will be required to participate in a peer review quality audit.		A national specification for spirometry is being delivered and the future commissioning arrangements for this are yet to be determined. These changes highlight the respiratory crisis and the value of quality diagnostic testing to confirm or rule out respiratory disease. In order to support Practices to prepare for the new requirements a training programme has been developed to support clinicians in the performance and interpretation of spirometry tests.

Quality Improvement	**Patient Engagement**	Develop and evidence meaningful engagement with patients through the use of PPGs and considering the use of social media within this, to engage with patients regarding changes to the Practice and access arrangements, particularly in relation to MGPA. A representative per practice to become a Patient Engagement Champion and participate in public/patient engagement training over the course of the contract. (specific course to follow)		From April 2016, it has been a contractual requirement for all GP practices in England to set up a patient participation group (PPG) and to make this group fairly representative of the practice population. It has been highlighted through Practice conversations and patient intelligence that not all Practices are effectively using PPGs or otherwise engaging with patients. Inclusion of this indicator is intended to support Practices in effectively engaging with patients throughout changes to the Practice and access arrangements, to not only meet but exceed their core contractual requirements and to ensure that the patient voice is heard and reflected. There has been mixed feedback from patients regarding the changes to access arrangements at Practices – inclusion of this indicator provides a specific focus on which to engage with patients on and an opportunity to demonstrate measurable improvements in patient satisfaction.