**Locally Commissioned Services (LCS) 1 April 2022 to 31 March 2023.**

**Please indicate which the practice will be covering:**

**Practice Code:**

**Practice Name:**

|  |  |
| --- | --- |
| **Locally Commissioned Service (LCS)** | **To provide? Yes/No (Please use dropdown menu)** |
| Arrhythmia Diagnosis | Choose an item. |
| Care & Management of Leg Ulcers | Choose an item. |
| Completion of an Episode of Surgical Care | Choose an item. |
| Covid@Home | Choose an item. |
| Dermatology (Skin Cancer Monitoring) | Choose an item. |
| DVT testing | Choose an item. |
| Examination of Newborn | Choose an item. |
| Intra uterine system (IUS) fittings for non-contraception | Choose an item. |
| Improving physical healthcare for people living with severe mental illness (SMI) | Choose an item. |
| Minor Injuries | Choose an item. |
| Long term conditions – Diabetes (if Yes, see below) | Choose an item. |
| Near Patient Testing | Choose an item. |
| Primary Care Memory Assessment Service | Choose an item. |
| Procedures requested by Secondary Care  | Choose an item. |
| Care Homes Supplementary Network Service (if Yes, see below) | Choose an item. |
| PSA Monitoring | Choose an item. |
| Warfarin Monitoring | Choose an item. |

**If you are providing Diabetes support under the Long Term Conditions service please provide details below:**

|  |  |
| --- | --- |
| Name and email address of diabetes lead |  |
| Name and email address of MDT organiser |  |

**If you are providing support under the Care Homes Supplementary Network Service (SNS) please provide details below.** *Payments under the Network DES for registered CQC beds will be made monthly directly to the PCN, payments under the SNS need to be invoiced quarterly per patients covered.*

**Note that guidance for Assessment and Prescribing of anti viral prophylasix in care homes is available at the same link given below for the LCS on OCCG website.**

|  |  |
| --- | --- |
| Name of care home **1** |  |
| Name and email address of clinical lead |  |
| Number of care home residents registered at your practice |  |

|  |  |
| --- | --- |
| Name of care home **2** |  |
| Name and email address of clinical lead |  |
| Number of care home residents registered at your practice |  |

|  |  |
| --- | --- |
| Name of care home **3** |  |
| Name and email address of clinical lead |  |
| Number of care home residents registered at your practice |  |

|  |  |
| --- | --- |
| Name of care home 4 |  |
| Name and email address of clinical lead |  |
| Number of care home residents registered at your practice |  |

|  |  |
| --- | --- |
| Name of care home **5** |  |
| Name and email address of clinical lead |  |
| Number of care home residents registered at your practice |  |

|  |  |
| --- | --- |
| Name of care home **6** |  |
| Name and email address of clinical lead |  |
| Number of care home residents registered at your practice |  |

**The service specifications for the above can be found here:** [**Contract Specifications 2022 - 23 (oxfordshireccg.nhs.uk)**](https://www.oxfordshireccg.nhs.uk/professional-resources/contract-specifications-2022-23.htm)– also included at this location is guidance for the RefugeeResettlement Schemes

**The Directed Enhanced Services (DES) for Minor Surgery is available here:** [**http://www.oxfordshireccg.nhs.uk/professional-resources/gms-contract-documents-and-guidance.htm**](http://www.oxfordshireccg.nhs.uk/professional-resources/gms-contract-documents-and-guidance.htm)

**The DES for Learning Disability Health Checks is available here:** [**Learning disabilities health check scheme - NHS Digital**](https://digital.nhs.uk/services/general-practice-gp-collections/service-information/learning-disabilities-health-check-scheme#2020-21)

Signed: ………………………………………………………..

(Senior Partner or representative)

Date: …………………………………………………………..

Email this form to: **occg.primarycarecontracting@nhs.net** by 13 May 2022 - *please title email as K code – LCS sign up 22/23*