NHS Standard Contract - SCHEDULE 2 – THE SERVICES

CEA Follow Up Service Specification

Service Specification No.	
Service	CEA Follow up LES
Commissioner Lead/s	Dr Avanthi Gunasekera, Strategic Clinical Executive
Provider Lead	As signed
Period	~~1st April 2020 to 31st March 2021~~1 April 2021 to 31 March 2022
Date of Review	End of contract period or as necessary

1. Population Needs

This service aims to provide a practice-based follow up service to patients who require routine CEA testing following cancer of the colon.

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Community based follow-up of Colon Cancer
Colorectal cancer patients require CEA MONITORING from 2 -5 years. This can be safely carried out in primary care.

All patients should have within their discharge letter a recommended follow up for CEA monitoring within primary care. New discharges will also be identified and begin to be discharged once the practice has returned a signed discharge letter confirming that follow-up in primary care is commencing. This provides a safety net if a discharge letter is not received.

Practices will need to develop an internal system whereby patients identified as needing primary care follow up will be entered on a register and be able to recall these patients at the time frame identified for blood review.

At discharge to community care, a clinical summary will be given from the discharging consultant with local contact details and the GP practice will complete the confirmation that they are accepting follow-up care of the patient. It is expected that 6 monthly bloods will be undertaken in the community as per the attached algorithm (Appendix 1). A rising CEA <10ug/L will require repeat

monthly bloods, a maximum of three times before referral back to the local surgical MDT team. If CEA is abnormal >10ug/L generate an URGENT NEW PATIENT referral back to the local surgical MDT team.

3.2 Example discharge letter

Dept : colorectal
Consultant:
Secretary:
Direct Line:
Fax:
E Mail:

Re Patient Name:
NHS No:
Address
Street:
Town:
Post Code

Date:

CCG Agreed Transfer of Follow-Up to GP

BOWEL CANCER patient

DIAGNOSIS-

Standard CEA Monitoring	
CEA Secretor Monitoring	

Planned Future Follow-Up

Check CEA every 6 or 12 months as directed

If between 2.5 and 10 needs a monthly repeat to assess if climbing

Refer back to Secondary Care if:-

CEA rises above 10

CEA HAS three consecutive rises between 2.5 and ten.

If the CEA varies please discuss with consultant/ see plan below.

(Expandable section for free text)

Yours sincerely

Mr
Consultant colorectal surgeon

I can confirm that ……Practice will commence follow-up with the patient identified above

Signed…….. Name…….. Date……

3.3 Remuneration

The CCG will pay based on activity £20.85 for each attendance.

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

3.4 Monitoring

The following method of monitoring must be undertaken:

- Quarterly activity reports
- Participation in contract and quality reviews
- Significant event analysis of individual patients who should have received treatment under this agreement, but are found to have received treatment elsewhere and of any patients requiring further treatment elsewhere because of complications.

The following table provides the minimum dataset for reporting for the year 2020/21.

Read V2 and CTV3

Practices are required to use the Read codes provided in this document to calculate payment for input the data onto the LES data worksheet.

Practices will need to re-code patients if they have used codes not included in this document. Practices will need to use new SNOWMED codes as and when they are available for use. These will be issued once available.

Filed Name	Values	Read V2	CTV3	Comments

Carcinoembryonic antigen monitoring	Carcinoembryonic antigen monitoring	8A91	Xaafb	This code will identify any patient on the register
Carcinoembryonic antigen level Serum CEA (carcinoembryonic antigen) level	Carcinoembryonic antigen level Serum CEA (carcinoembryonic antigen) level	44a0 44a02	X772k Xab9j	One of these codes will come down pathology links as the result when a patient's blood test has been done.
Date 3 year monitoring of patient ends	Monitoring of patient;	8A…	8A…	Emis Web use the code as a diary date. SystmOne – practices will need to have a recall named CEA monitoring on their system.
CEA monitoring letter invitation	Cancer monitoring first letter	9Ok0	XaJuQ	This code needs to be added to the patient record when a 1st letter invite is sent.
	Cancer monitoring second letter	9Ok1	XaJuR	This code needs to be added to the patient record when and if a 2nd letter invite is sent.
	Cancer monitoring third letter	9Ok2	XaJuS	This code needs to be added to the patient record when and if a 3rd letter invite is sent.

3.5 Patient Satisfaction
In order to ensure patients are satisfied with the CEA service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

3.6 Training
The Practice will ensure that all staff are competent to work under the conditions of this enhanced service.

3.7 Audit – Compliance with the Scheme

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

3.8 Termination of Agreement

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and

is therefore subject to the terms outlined in the Quality Contract.

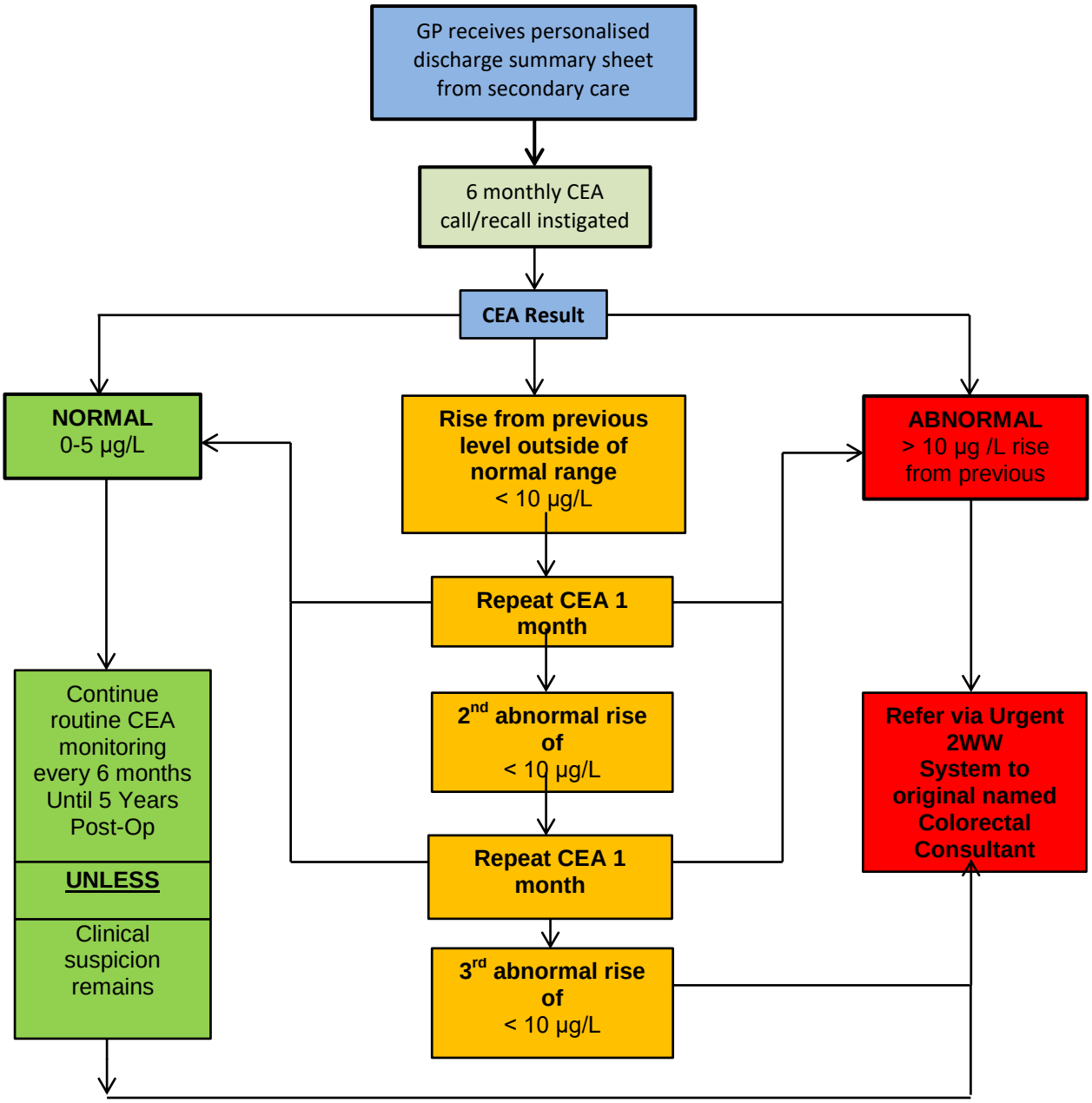
Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.

Appendix 1

CLINICAL PROTOCOL FOR THE MANAGEMENT OF CARCINO-EMBRYONIC ANTIGEN (CEA) TUMOUR MARKERS IN NON-METASTATIC COLORECTAL CANCER IN PRIMARY CARE



Interpretation of results:

Commonly accepted normal reference range (and in accordance with Immunology Laboratory reference range RGH) is:

0 – 5 µg/L

Low level rises:

1st abnormal result (from previous patient's normal): ***5.1 µg/L – 10 µg/L*** – repeat in 1 month

2nd consecutive abnormal results – further incremental rise ≤ 10 µg/L – repeat in 1 month

3rd consecutive abnormal result – ***further incremental rise*** – **Urgent (2 week wait)** referral to original named Colorectal Consultant team (perform and include Urea + Electrolyte and Full Blood Count blood test result).

High level rises:

Abnormal result > ***10 µg/L*** – **Urgent (2 week wait)** referral to original named Colorectal Consultant team (perform and include Urea + Electrolyte and Full Blood Count blood test result).

If clinical suspicion of malignancy exists, irrespective of CEA result Refer via **Urgent (2 week wait)** to original named Colorectal Consultant team (perform and include Urea + Electrolyte and Full Blood Count blood test result), do not delay referral on the basis of results in these circumstances.

Protocol for management of patients with known persistently elevated but fluctuating results (CEA Secretor) and discharged from secondary care where they have undergone a full clinical assessment and no recurrent disease has been evident:

- If rise ***< 10 µg/L from last and no new suspicious symptoms*** – Repeat 3 monthly
- If rise ***< 10 µg/L from last but WITH new onset suspicious symptoms or concerns*** – refer **Urgent (2 week wait)** to original named Colorectal Consultant team (perform and include Urea + Electrolyte and Full Blood Count blood test result).
- Solitary CEA rise of ***> 10 µg/L*** from previous reading (e.g. from 9 to 19 µg/L) – refer **Urgent (2 week wait)** to original named Colorectal Consultant team (perform and include Urea + Electrolyte and Full Blood Count blood test result).