

Direct Enhanced Service
Specification for a direct enhanced service: Osteoporosis
Service Level Agreement

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Service Aims

Osteoporosis is an important health problem through its association with age related (fragility) fractures. Fractures of the hip, wrist and spine are the most frequent osteoporotic fractures.

The purpose of this Directed Enhanced Service is to encourage practices to confirm the diagnosis and prescribe appropriate pharmacological prevention in patients with osteoporosis.

Exception reporting, including for informed dissent, does not apply.

Staff involved

All members of the Primary Health Care Team.

SIGNATURE

The practice will need to sign and return a copy to the PCT of the attached signature sheet for the Osteoporosis Enhanced Services provided. This will constitute the agreement between the practice and the PCT in respect the Direct Enhanced Service, as specified.

Criteria

This Directed Enhanced Service Specification details the following criteria.

It is expected that practices participating in this DES will respond to identified need and provide the appropriate intervention as required.

Criteria One : Register

Details

A pre-requisite for taking part in the two year DES is that the practice holds and maintains a register of women aged 65 years and older with fragility fractures sustained after 1 April 2008.

It is the responsibility of the contractor to demonstrate that they have systems in place to maintain a high quality register and PCTs will verify this, comparing reported prevalence with expected prevalence.

Criteria Two: Annual Report

Details

Practices will be expected to compile an audit of:

- Criterion 1: the proportion of women aged between 65 and 74 years with a history of fragility fracture in the previous 12 months who have had a diagnosis of osteoporosis confirmed by a DEXA scan
- Criterion 2: the proportion of women aged between 65 and 74 with a positive diagnosis of osteoporosis confirmed by a DEXA scan who are receiving treatment with a bone sparing agent
- Criterion 3: the proportion of women aged 75 and over with a history of fragility fracture in the previous 12 months who are receiving treatment with a bone sparing agent.

Practices will be expected to provide the audit report to the PCT. Timing of the audit to be adjusted to accommodate local waiting periods for DEXA scanning but should be completed by the end of the first quarter in order to ensure inclusion of patients referred before 31st March.

Financial Details

This agreement is to cover the period 1st April 2008 to 31st March 2010.

For each criterion, payment will be triggered once the following proportions are reached in the first and second year respectively:

Criterion	Proportions reached in Year 1 (%)	Proportions reached in year 2 (%)
1	Lower threshold 20	Lower threshold 40

	Upper threshold 50	Upper threshold 60
2*	Lower threshold 70 Upper threshold 90	Lower threshold 70 Upper threshold 90
3	Lower threshold 70 Upper threshold 90	Lower threshold 70 Upper threshold 90

* of those women identified in Criterion 1

For each criterion the practice will receive:

Criterion 1: in year one an average practice will receive £169.07 if the proportion of women identified is equal to or more than 50%. An average practice will receive £117.64 if the proportion is 20%. Any achievement between 20% and 50% will be paid out on a sliding linear scale, e.g. if an average practice were to receive 35% they would receive £156.86.

In year two an average practice will receive £196.07 if the proportion of women identified is equal to or more than 60%. An average practice will receive £117.64 if the proportion is 40%. Any achievement between 40% and 60% will be paid out on a sliding linear scale. E.g. if an average practice were to achieve 55% they will receive £176.46.

Criterion 2: of those women identified through criterion 1 – an average practice will receive £196.07 if the proportion of those women identified who are receiving treatment with a bone sparing agent is equal to or more than 90%. An average practice will receive £117.64 if the proportion is 70%. Any achievement between 70% and 90% will be paid on a sliding linear scale in the same way as criterion 1.

Criterion 3: an average practice will receive £196.07 if the proportion of women identified is equal to or more than 90%. An average practice will receive £117.64 if the proportion is 70%. Any achievement between 70% and 90% will be paid out on a sliding linear scale in the same way as criterion 1.

The audit report and subsequent payment will be based on work undertaken within the previous 12 months**.

Ongoing Measurement and Evaluation

The ongoing measurement is outlined in the various criteria in the previous section. **The services provided and scope of this DES will be reviewed with the practice as part of the annual contract monitoring process.**

October 2008

** For the purpose of this DES, an “average practice” is defined by the number of women aged 65 and over. The amounts above will need to be multiplied by y/x where y = the number of women aged 65 and over on the practice list and x = the average number of women aged 65 and over per practice in England. x will be taken from the latest available GMS census. For 2008/09 x = 560, based on the census taken at 30 September 2007. y will be the number of women aged 65 and over on the individual practice list on the first day in the quarter in which payments are due, as measured through the Exeter payments system. For payments due on 31 March 2009, y will be measured on 1 January 2009.

Therefore, a practice with 200 patients who are women aged 65 and over would receive £70.02 if it achieved the upper threshold for criterion 1 in year one ($200/560 * 196.07$).

Signature Sheet – Osteoporosis

Signature on behalf of the practice

Signature	Name	Date

Signature on behalf of the PCT

Signature	Name	Date
	Darrell Jackson	