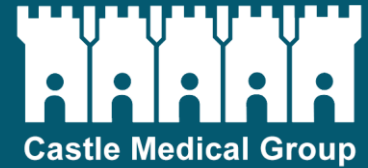


PPG Meeting

6th May 2025

Staff Changes



Dr Deeming joined
(salaried GP)



Dr Shah joined
(salaried GP)



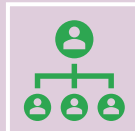
Dr Plunket joined on
placement
(FY2)



Holly returns in May
(HCA)



Tommy and Praise
joined
(Apprentices)



James left
(Assistant Practice
Manager)



Mitch and Nic role
change
(Operations Manager)

How to Cancel Appointments



Email
noreply
email

Link sent
in email
from RH

Phone
01530
414131

castlemedicalgroup.
noreply@nhs.net

Cancel

Your appointment and how to change it

Please check where your appointment is or if it is a phone call, and that the date and time are correct.

Date:	
Time:	
Where:	Castle Medical Group
Address:	Ascebi House, 118 Burton Road, Ashby de la Zouch LE65 1LP
With:	

If it is wrong or you don't need it any more, you can [change](#) or [cancel](#) your appointment.

DNA Slots



We don't know
someone is not
attending till
after the
appointment

If we then filled
after the time,
the clinic and
clinician would
run late

Clinicians use
the time to catch
up, do admin,
help other
clinicians out

Any suggestions
on how we could
use these
instead?

FIT Tests



Contractual Updates



General Medical Services
(GMS) contract no big changes



Childhood imms £12.06 (was
£10.06)



GMS £121.79 (was £112.50)

PCN DES 25-26



Automatically
continue
participation
in the DES

ELEMENTS INCLUDED

Enhanced Access

Manage CVD risk,
hypertension,
raised lipids

Improve screening
uptake

Improve early
cancer diagnosis

Outreach and target
care (to reduce
inequalities)

Enhanced health in
care home service

MD proactive care
for complex
patients at risk of
admissions (risk
stratification)

CAIP (risk
stratification for
continuity of care,
modern general
practice access)

IIF (LD HC, action
plan & ethnicity,
cancer FIT)

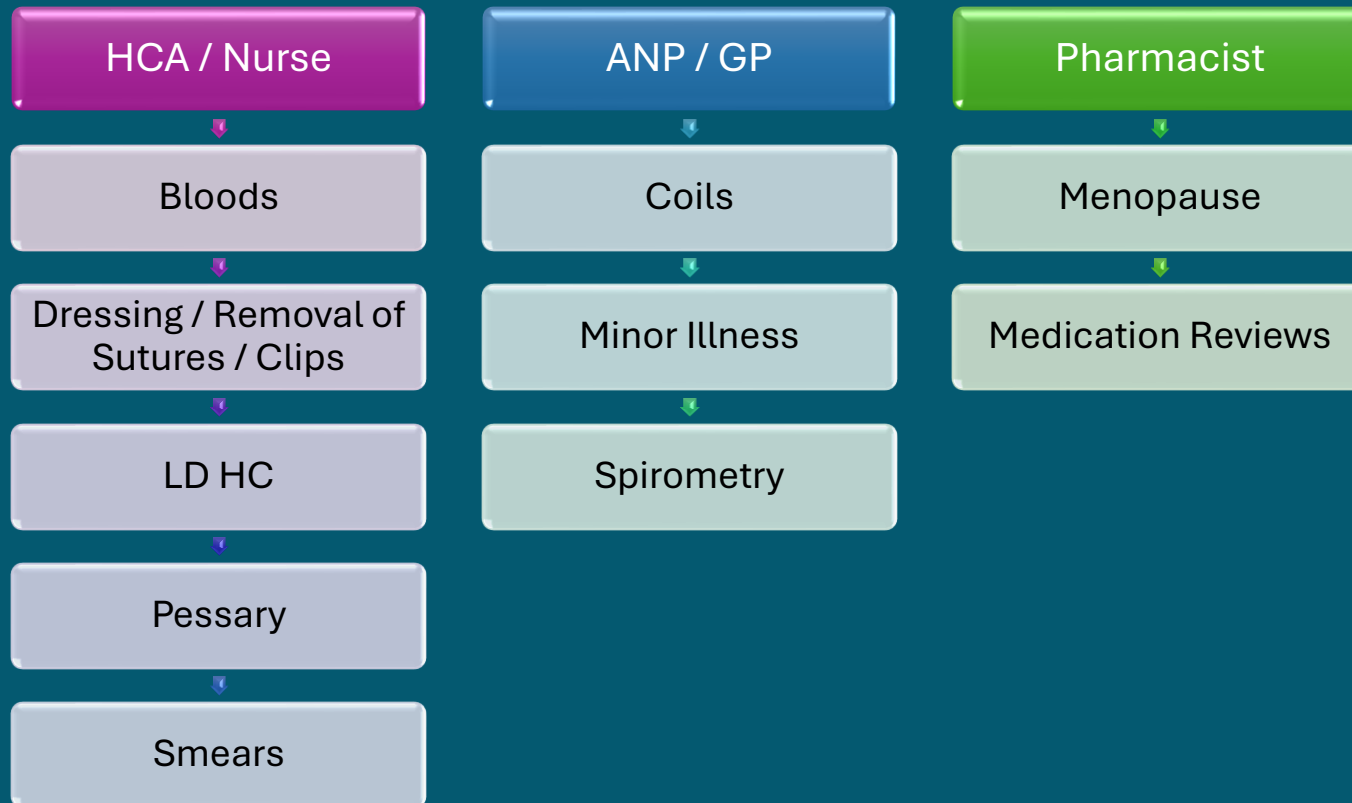


PCN Services



Enhanced Access

Sat 9 – 5 (CMG or Long Lane), Evenings 6.30 to 8 (telephone)



QOF 25-26

212 points retired (32 indicators)



71 points reinvested into global sum



141 points focus on CVD



Was 635 (Clinical 401, PH 160, QI 74)



Now 564 (Clinical 437, PH 127)

RETIRED INDICATORS

All registers

Cancer 3 month and 12-month review

New diagnosis of depression reviewing between 10 and 56 days

Mental Health had all 6 elements of a Health Check

Aged 19 or under with asthma, record of smoking status

COPD MRC and referral to pulmonary rehab

COPD diagnosis confirmed by spirometry

Combination of conditions recorded as current smoker offered support

Quality Indicators



QOF 25-26



INDICATOR
AREAS STILL
INCLUDED

Atrial Fibrillation

Chronic Heart
Disease

Cholesterol

Heart Failure

Hypertension

Stroke / Transient
Ischemic Attack

Diabetes

Asthma

Chronic
Obstructive
Pulmonary
Disease

Dementia

Mental Health

Non-Diabetic
Hyperglycaemia

Blood Pressure

Smoking

Imms and Vaccs

Cervical
Screening

QOF 25-26



TECHNICAL
CHANGES IN LINE
WITH NICE

CHOL – removed
icosapent ethyl

CHOL – most recent
chol reading, for
multiple readings
latest LDL date takes
priority

DM – where a statin is
declined or clinically
unsuitable, another
lipid-lowering therapy

DM – aged specific (79
yrs or under) without
frailty who BP is
140/90

AST – new diagnosis
with a record of
objective breathing
test (3M before or 3M
after diagnosis)

Weight Management DES

Issued a
revised spec



£11.50 per
referral

Obesity register (>
18 yrs, adjusted for
ethnicity, BMI > 30
or BMI > 27.5

Diagnosis of
Diabetes,
Hypertension or
both

Informed consent
from patient to
refer

Referral allocation
is 9.5% of our
Obesity register



New IOS



£20 per request



Only one claim
per episode of
care

Protocol for
identification &
appropriate use of
pre referral A&G

Inform patient that
their case will be
referred for pre-
referral A&G

Considered
guidance on
making pre-referral
requests

Requested are
appropriately
recorded for A&G
(no code provided)

Requests are not
limited to specific
specialities or
clinical conditions



MOF 25-26



Covers 2
sections

LLR Medicines
Optimisation MS
Team Channel

Being asked to
sign up if taking
part

**DPP4
inhibitor
Formulary
Alignment**
to ensure
medicine with
the lowest
acquisition
cost is
prescribed
where
clinically
appropriate

- DPP4i patients with CrCl ≥ 30 mL/min switched to generic sitagliptin where clinically appropriate
- Patients co-prescribed DPP4 inhibitor and GLP-1 mimetic deprescribe one agent.
- Aim for a minimum of 50% of patients switched to generic sitagliptin where clinically appropriate against the March 25 baseline (using clinical systems).

Complete by June 30th 2025

MOF 25-26



RED and AMBER Eclipse Alert

Review all alerts weekly

Red & Do not Prescribe (DNP) Traffic-light (TL) and Non-Drug Tariff Specials

Review all patients prescribed a Red, DNP or non-drug tariff Special over the 12 months at quarterly intervals

Stoma and Continence Appliances Quantities

PMC to review quantities of stoma and continence prescribed items (15 items per 1000 patient list size in 12 months at quarterly intervals). PMC to attend a one-hour webinar.

Medicine Optimisation Webinars

Attendance at two webinars

Deadline	Date
Quarter 1	Friday 30 th June 2025
Quarter 2	Tuesday 30 th September 2025
Quarter 3	Wednesday 31 st December 2025
Quarter 4	Tuesday 31 st March 2026

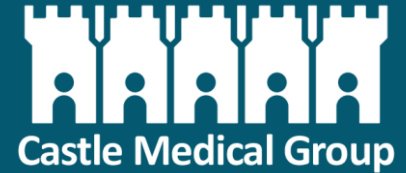
Medicine Optimisation Webinar

- Tuesday 23rd September 2025
1pm – 2pm
- Tuesday 10th March 2026
1pm – 2pm

Commerical Research



Acronyms



A&G Advice and Guidance	AST Asthma	BMI Body Mass Index	BP Blood Pressure	CAIP Capacity and Access Improvement Payment
COPD Chronic Obstructive Pulmonary Disease	CVD Cardio-Vascular Disease	DES Direct Enhanced Service	DM Diabetes	FIT Faecal Immunochemical Test
FY Foundation Year	IIF Impact and Investment Fund	IOS Items of Service	LDL	LD HC Learning Disability Health Check
MD Multi-Disciplinary	MOF Medicines Optimisation Framework	MRC Medical Research Council	PH Public Health	RH Rapid Health