

Our Reference North East and North Cumbria ICB\
FOI ICB 25–104

North East and North Cumbria ICB
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By Email

11 July 2025

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 19 June 2025 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

I am writing to request the following information please:

1. Additional Roles Reimbursement Scheme (ARRS) Expenditure
Please provide details of your most recent Additional Roles Reimbursement Scheme expenditure per PCN (by ODS Code), including:
 - a. Total ARRS funding allocated for each PCN
 - b. Current utilisation rates against allocated funding
 - c. If available, breakdown by role type (e.g., clinical pharmacists, physician associates, social prescribers)
2. Local Enhanced Services and Incentive Schemes 2025/26
Please provide information about any local enhanced services or locally commissioned incentive schemes in place for general practice for the 2025/26 financial year, specifically:
 - a. Details of schemes focused on long-term condition management
 - b. Payment structures and rates for these services
 - c. Eligibility criteria for practices
 - d. Performance metrics or outcomes required

Ideally a PDF / document of the local scheme would be warmly appreciated.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB holds some of the information you have requested.

1. Funding allocated to each PCN:
 - a. Total ARRS funding allocated to each PCN is detailed in the spreadsheet attached. Newcastle Gateshead ICB place has provided additional information, which is also included in our response.
 - b. On this occasion it is not possible to provide the requested information. In line with your rights under section 1(1)(a) of the Act to be informed whether information is held, we confirm the ICB does not hold any of the information requested.
 - c. NENC ICB does not break down budgets by role type and therefore does not record this information.
2. Local Enhanced Services and Incentive Schemes 2025/26 are detailed below for each ICB place.

County Durham place

The Durham scheme is signed up to deliver for all 61 practices. To be eligible, practices must be committed to delivering the core GP contract, PCN DES, DVT Pathway, IC+ Beds, elements of urgent and emergency care and medicines optimisation work plan.

The scheme is set up to allow practices to deliver as individual practices or PCNs, with the option to sub-contract elements within the scheme to alternative practices/PCNs if that particular practice is unable to.

The scheme is paid in 2 parts. A block payment which encompasses everything in the scheme and a quality and prescribing section in which each indicator has a financial clawback attached.

There are some things within the block that are also subject to clawback i.e. Frailty target, ICB engagement (meeting attendance), 2ww skin cancer referrals.

Any practice who decides to "opt out" will be subject to clawback for the full amount of funding as well as potential loss of the 12 months funding for practices not delivering. Any practices perceived not to be delivering, evidence would need to be gathered, and this would be presented to a panel.

Indicators in the scheme without a target will be subject to an audit any point within year of the scheme. Practices who fail to meet required targets for proportionate clawback, have this deducted from the following years payments following a full end of year process and engagement.

All details and performance requirements are outlined in the scheme.

Newcastle Gateshead place

Androgen PSA Monitoring – Newcastle and Gateshead

- For patients:

- with locally advanced or metastatic prostate cancer on androgen therapy
- with localised prostate cancer who have been managed with watchful waiting
- patients with raised PSA who have been investigated in secondary care then not found to have prostate cancer
- patients with endometriosis receiving treatment with GnRH agonists in a primary care setting
- **Payment:**
 - £12.92 per injection in relation to Androgen Deprivation Therapy and GnRH Agonist
 - £7.71 per blood test for PSA Monitoring
 - £38.11 per GP clinical review
- **Outcomes:** The overall aims of this service specification are to introduce a formalised transfer of care regime from secondary to primary care for patients with clearly defined clinical indications for referral back into secondary care. This will improve the patient experience by allowing them to have their regular monitoring episode available closer to home. The service will also contribute to the transfer of appropriate activity out of secondary care and into primary care, formalise the provision of androgen deprivation in primary care, and provide care closer to home.

Anti-psychotics – Newcastle and Gateshead

- For patients prescribed anti-psychotic medication
- **Payment:** £43.16 per patient prescribed anti-psychotics
- **Outcome:** Primary care now plays a crucial role in monitoring patients on antipsychotics, with an annual comprehensive medication review recommended. This review includes assessing and monitoring physical risk factors and discussing the long-term risk-benefit ratio of the medication with the patient. The service will fund practices to manage care for patients on antipsychotics who are not on the SMI register. Responsibilities include prescribing, monitoring, administering medication, conducting regular risk assessments, and collaborative care planning. Provides opportunities for primary care to positively impact the patient's holistic life experience

Diabetes – Newcastle and Gateshead

- For patients with Type2 Diabetes
- **Payment:**
 - If meet threshold of 80% of T2DM population is under full GP care and have received a completed annual review – £5.52 per review
 - If meet threshold of 90% population is under full GP care and have received a completed annual review - £10.20 per review
 - For Gateshead practices only – £351.37 per practice who have attended training on injectable therapies and a further £283.51 per patient initiated injectable therapies.
- **Outcome:** Primary care practices are encouraged to manage routine care for adults with stable Type 2 Diabetes, referring to secondary care only for complications or management reviews as per NICE guidance. The goal is to ensure a high standard of care across all practices, support the implementation of NICE quality standards, and consistently discuss "sick day rules" during annual reviews. Additionally, the aim is to improve resource use and value for money in the healthcare system. Primary healthcare professionals should initiate injectable therapies when appropriate and maintain their confidence, knowledge, and skills to do so.

DMARDS – Gateshead practices only

- For rheumatology patients commenced on DMARDS
- **Payment:** £24.17 per patient included on DMARDS Monitoring service register

- Outcome: The service aims to establish a formal shared care system between secondary and primary care for rheumatology drug monitoring, bringing care closer to home and reducing outpatient appointments. It seeks to provide convenient and clinically safe services for patients, enhance clinical confidence in prescribing these medicines, standardise patient therapy monitoring, and ensure efficient use of NHS resource

LVSD/HFrEF – Gateshead practices only

- For patients with Heart Failure with Reduced Ejection Fraction (HFrEF) / heart failure in patients with a left ventricular ejection fraction of 40% or less.
- Payment:
 - If 50% of patients reviewed twice, receive £50.71 for each 6 monthly review per patient (max 2 per patient)
 - If 85% of patients are titrated, receive £19.05 per patient who are on maximal dose or maximum tolerate dose of both ACEi/ARB **and** maximal dose or maximum tolerated dose of beta blocker or recorded as contraindicated or declined.
- Outcome: The aim is to enhance the quality of care for patients with HFrEF by reducing decompensated heart failure and hospital admissions, improving prognosis, ensuring coordinated management of all long-term conditions, and minimising health inequalities between newly diagnosed and previously diagnosed patients.

Osteoporosis – Gateshead practices only

- For patients with Osteoporosis
- Payment: £73.71 per patient who has received an annual osteoporosis risk assessment
- Outcome: The service will identify, assess, triage, treat and review patients with a fragility fracture and aims to Identify and triage patients at risk of osteoporosis following a fragility fracture and manage patients at risk of osteoporosis in primary care by following the Gateshead Osteoporosis pathways.

SMI Healthchecks – Newcastle and Gateshead

- For patients with a Severe Mental Illness diagnosis on the mental health register
- Payment: £102.76 will be made for each completed physical health check
- Outcome: To increase the quantity and quality of physical health checks carried out for patients.

North Cumbria place

The local enhanced services in North Cumbria are listed below. The service specifications are attached.

- Local Incentive Scheme Medicine Optimisation Targets 2025 – 2026
- Hormonal Injection (for prostate cancer, breast cancer and endometriosis) Administration Service
- Near patient testing (high risk) drug monitoring service
- Warfarin Monitoring Service
- Minor Injuries Local Enhanced Service

North Tyneside place

- Diabetes Care Planning £53.69 – Diabetes care planning, comprising an information gathering appointment, information sharing and a care plan consultation.

- Shared Care Drug Management £32.67 – shared care drug management including near patient testing for drug monitoring.
- Deep Vein Thrombosis £128.45 on going management £256.91 per consultation £102.76 on call payment – assess number of patients with suspected DVT and manage patients with confirmed DVT.
- Prostate Specific Antigen Monitoring £36.58 – monitor patients for prostate specific antigen in primary care.

The above services are paid quarterly after quarterly submissions from the practices stating their quarterly activity. This is then reviewed before being passed on to the finance team.

Northumberland place

- Primary Care Phlebotomy £0.14 – the aim of this service is to monitor and evidence activity undertaken for the local hospitals relating to blood tests.
- Deep Vein Thrombosis £139.65, £139.65 – Assess number of patients with suspected DVT and manage patients with confirmed DVT.
- Immune Modifying Drug Monitoring £39.14 – patients monitored for immune modifying drugs in primary care.
- Prostate Specific Antigen Monitoring £39.14 – monitor patients for prostate specific antigen in primary care.
- Serious Mental Illness Physical Health Checks £89.45 – physical health checks undertaken for people with serious mental health illness.
- NTAG Shared services £0.39 – the service will cover those patients for whom a shared care approach for practice-based drug monitoring to support care across the interface between primary and secondary/tertiary care is appropriate.

The above services are paid quarterly after quarterly submissions from the practices stating their quarterly activity. This is then reviewed before being passed on to the finance team.

South Tyneside place

General Local Enhanced Service

Funding is paid at £7.22 per patient between 1 April and 30 September (based on April 2025 list size) and £11.22 per patient between 1 October 2025 and 31 March 2026. This is on the basis that Spirometry/FeNO, ECG and phlebotomy is only commissioned from 1 October 2025. All practices eligible to sign up to enhanced service and performance metric is an annual declaration and audit.

Service requirements are:

- Monoclonal Gammopathy of Undetermined Significance (MGUS) monitoring
- Post-Bariatric Surgery Follow Up
- Benign Prostate checks
- Diabetes GLP1 prescribing and monitoring
- Tele-dermatology for suspected cancerous lesions
- Spirometry and FeNO testing for respiratory disease
- Wound management services (simple wounds only)
- Treatment Room Service – Phlebotomy and ECG
- Prostate Cancer Injections and Monitoring

Shared care drugs prescribing and monitoring – local enhanced service

Funding is paid at £1.00 per patient (based on April 2025 list size) All practices eligible to sign up to enhanced service and performance metric is quarterly audit.

Service requirements are:

- Prescribing and physical reviews for those patients aged 18 and over for drugs which have been:
 - approved via NTAG for use and have been classified as “amber” (i.e. suitable for shared care).
 - prescribed for a medical condition that is defined in the relevant shared care agreement and where the conditions for transfer to primary care prescribing (as set out in the shared care agreement) have been met.

Sunderland place

General Local Enhanced Service

Funding is paid at £14.99 per patient between 1 April and 30 September (based on April 2025 list size) and £16.49 per patient between 1 October 2025 and 31 March 2026. This is on the basis that Spirometry/FeNO is only commissioned from 1 October 2025. All practices eligible to sign up to enhanced service and performance metric is an annual declaration and audit.

Service requirements are:

- Monoclonal Gammopathy of Undetermined Significance (MGUS) monitoring
- Post-Bariatric Surgery Follow Up
- Benign Prostate checks
- Diabetes GLP1 prescribing and monitoring
- Tele-dermatology for suspected cancerous lesions
- Spirometry and FeNO testing for respiratory disease
- Treatment Room Service – Phlebotomy, ECG, Aural care, Injection
- Targeted Lung Health Checks
- Serious Non-Specific Symptoms Pathway for early cancer diagnosis
- End of Life Care
- Kinship Care for Children and Young People
- Asthma care in Children
- Autism Health Checks
- Reasonable Adjustment Flags for those with a disability
- Prostate Cancer Injections and Monitoring
- Public Health Schemes (Long Acting Reversible Contraception, Smoking Cessation and NHS Health Checks)

Shared care drugs prescribing and monitoring – local enhanced service

Funding is paid at £1.18 per patient (based on April 2025 list size). All practices eligible to sign up to enhanced service and performance metric is quarterly audit.

Service requirements are:

- Prescribing and all phlebotomy, ECG and physical reviews associated with the monitoring of the following shared care drugs for all patients aged 18 and over:
 - Amiodarone
 - Dronedarone
 - Azathioprine
 - Lithium
 - Denosumab

- Methotrexate
- Leflunomide
- Drugs for ADHD to include Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate
- Mercaptopurine
- Grazax
- Mycophenolate
- Hydroxychloroquine
- Sulfasalazine
- Melatonin
- Apomorphine
- Ciclosporin

Tees Valley place

Tees Valley LES

£7.72 per patient, based on the January 2025 actual list size. All practices eligible to sign up to enhanced service and performance metric is an annual declaration:

- Cardiovascular:
 - ECG testing and interpretation (to provide patient access to ECG investigation where requested or required by practice clinicians and timely interpretation of the results to provide prompt diagnosis and management)
 - 24-hour ambulatory blood pressure monitoring (ABPM)
- Gastroenterology:
 - Calprotectin testing in primary care
- Wound Care:
 - Initial and follow up wound dressings
 - Leg ulcer treatment
 - Compression bandaging
 - 2- and 4-layer dressing
 - Doppler Assessment/ABPI (excluding diabetes foot checks)
 - Suture/clip removal
 - Swab/wound care (excluding sexual health services)
- Aural Care:
 - Removal of ear wax as per NICE Guideline 98
 - Aural care advice as self-care alternative to syringing or irrigation
- Bloods:
 - Blood tests/samples (Bloods initiated by secondary care should be requested appropriately e.g. via ICE form provided to patient, so that clinical responsibility for the request remains with the requestor)
 - Phlebotomy – consumables (bottles/sample bags/ICE paper) to continue to be provided as currently
 - Annual health reviews including blood tests as outlined in [Overview | Obesity: clinical assessment and management | Quality standards | NICE](#) as part of bariatric surgery pathways where treatment has been provided within the NHS, following on from 2 years' post operative care provided by specialist services.
- Enhanced monitoring within the practice:
 - Urgent pregnancy testing
 - Gender dysphoria patient hormone monitoring and prescribing whose treatment has been provided within the NHS

- Pre- and post-operative assessment
- PSA monitoring for patients who have been discharged from Urology who require regular long- term monitoring. See appendix 1 for the agreed roles and responsibilities, including the standard discharge letter template contents to assist with this pathway.
- PSA monitoring for patients who are on 'active surveillance'. This cohort of patients are a shared responsibility between Urology and primary care. See appendix 1 for the agreed roles and responsibilities.
- Injections:
 - Injections (e.g. B12) that are not already included in an alternative scheme/ contracted service e.g. Childhood and seasonal immunisations etc.
- Other:
 - Denosumab (the administration and monitoring of Denosumab injections for the treatment of osteoporosis in postmenopausal women and men at increased risk of fractures.)
- Shared care amber drug monitoring

Primary Care FeNO and Spirometry assessment and reporting service – Tees Valley;

Block contract based on a notional tariff of £37 per assessment; all practices eligible to deliver, performance monitoring via an activity data extraction.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

**Information Governance Support Officer
North East and North Cumbria Integrated Care Board**