

Our Reference     North East and North Cumbria ICB\  
FOI ICB 26–026

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By Email

15 May 2026

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 21 April 2026 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 information regarding any Locally Enhanced Service (LES) schemes offered by your ICB.

1. Does the ICB currently offer a Locally Enhanced Service (LES) incentive scheme—such as those for the management of long-term conditions, targeting of specific patient cohorts, or admission avoidance—to GP practices? If not currently in place, has a scheme of this nature been offered within the past five years?
2. If so, please provide the scheme documentation shared with GP practices and administrators, or detailed information on the scheme's components, including:
  - a. Specific measurement (e.g. anticoagulant monitoring)
  - b. Patient cohort (e.g. patients currently taking Warfarin)
  - c. Business logic (e.g. QOF-like format), including:
    - Dataset specification
    - Patient/cohort selection criteria
    - Clinical (SNOMED) codes or code clusters
    - Indicator rules
  - d. Reporting template (e.g. a custom template used within the ICB for making a claim)

- e. Funding allocation for the measure (e.g. £1 per head of population, £1 per 1,000 blood clot patients)
3. Please also provide details on the LES operational process from development through to payment claims, including:
    - a. LES Development
      - Who is responsible for defining the LES and its business logic?
    - b. Data Extraction and Submission
      - Who is responsible for preparing the data and submitting it to CQRS?
      - How is the data prepared and submitted for making a claim (e.g. CQRS portal)? Is the process manual or automated?
      - How is the reporting template developed and maintained?
    - c. Payment Process
      - How is the submitted data verified by the ICB or commissioner (e.g. validated against the business logic)? Is this verification manual or automated?
      - If no formal business logic is applied, how is the data validated?
      - Are there any audit processes in place? If so, how are these audits conducted?
  4. If locally enhanced service incentive schemes are not provided, has the ICB implemented any alternative schemes that supported GP practices with additional funding in the past 5 years?
  5. If so, could you please provide the details of those schemes?

Thank you very much for your time and assistance. Please let me know if any clarification is required.

## **Our Response**

### County Durham place

1. Yes, Durham has a local incentive scheme, which has a vast range of requirements for GP practices to support in ongoing and preventative health. Please refer to the attached document.
2. There are various "hard targets" within the scheme, the rest is performance managed on audits and spot checks with practices, alongside targeted indicators. All targets are set out in the document with the finance and potential financial clawback per patient, should practices not meet their performance indicators. Please see attached document with coding information.
3. Durham LIAISE has quarterly monitoring. Data is received from the data quality team and anything that has no specific reporting requirements, is either audited or spot checked by the local commissioning lead throughout the year to feed into the annual report
  - a. Every annual review, the scheme in Durham is shared with various stakeholders across the County, including secondary care, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Local Authority and Public Health, as well as neighbouring foundation trusts in Sunderland and Tees. Local commissioning managers are also involved in engagement to allow all to feed in recommendations based on local and national priorities and ensure relevant areas in the scheme are updated to reflect the current position. Recommendations are then shared with practices and LMC to receive their feedback on the recommendations and a working group is then put together to work through all the information. Anything then added to the scheme or not has rationale that sits behind decisions made and the final decision sits with County Durham Care Partnership Executive.
  - b. This specific scheme does not report via CQRS. The Data Quality Team pulls the data from practice systems, and the commissioning lead collates the information and shares drafts

with practices ahead of final reporting. A master spreadsheet is updated quarterly and shared with practices to allow them to follow progress or raise any queries/concerns with the data.

- c. Further to answers above, practices are sighted on the data and are given the chance to query and work with the commissioner to validate reports. Practices are paid quarterly in advance and the next financial year any financial clawback is taken from the Q2 payment.

4. Please refer to the responses to questions 1 and 2.

5. Please refer to the responses to questions 1 and 2.

#### Newcastle Gateshead place

1. Yes, the ICB commissions LES and all specifications are included.
2. The ICB currently commissions a number of Local Enhanced Services (LES). Please see attached LES specifications which contain the information held relevant to this request, including where applicable:
  - service requirements
  - eligibility criteria/patient cohorts
  - payment arrangements and calculations
  - reporting requirements
  - SNOMED codes or clinical coding requirements

The ICB does not hold a single consolidated document containing all elements requested in the format described within the request.

3. The LES operational process:
  - a. The ICB does not routinely maintain separate “business logic”, dataset specification, or reporting template documents outside of the LES specifications and operational processes already provided.
  - b. Submission processes vary by scheme and may include CQRS submissions, practice returns or locally agreed reporting mechanisms.
  - c. The ICB does not hold a single standardised process applicable to all LES schemes. Processes may be manual, automated or a combination of both depending on the individual service requirements. Payments are validated in line with the requirements set out within the relevant LES specification and local financial governance processes. Audit activity may be undertaken where appropriate in accordance with contractual and financial assurance arrangements

4. Please refer to the responses to questions 1 and 2.

5. Please refer to the responses to questions 1 and 2.

#### North Cumbria place

1. Yes, the ICB does offer a LES to GP practices in North Cumbria.
2. Please find the documents attached.
3. The LES operational process:
  - a. The ICB Neighbourhood Team is responsible for defining the LES and its business logic.
  - b. GP practices are responsible for making claims / this is a manual process /Local PRIMIS team support with data extraction and checking / reporting templates are produced by the Neighbourhood Team Digital Teams.
  - c. Data provided is by PRIMIS team from clinical system based on SNOMED coding for validation. Audits can be requested.

4. Please refer to the response to question 1.
5. Please refer to the response to question 1.

#### North Tyneside and Northumberland place

1. The ICB does offer a LES to GP practices in North Tyneside and Northumberland:

*North Tyneside:* Diabetes Care Planning, Community DVT pathway (admission avoidance), frailty/ENCH DES+, PSA monitoring shared – care scheme

*Northumberland:* DVT Community Pathway, Immune Modifying Drugs Monitoring, PSA Monitoring in Primary Care, SMI Physical Health Checks, Flu Immunisation (LD& SMI)

2. Please find the documents attached.
3. The LES operational process:
  - a. The LES for 2026/27 was developed by a multi-professional approach of Commissioners, Clinicians and other Subject Matter Experts, e.g. Pharmacists.
  - b. Providers (for example general practice or Primary Care Networks) are responsible for preparing and submitting data. The ICB is unable to confirm the process, as general practice and PCNs prepare and submit the data to CQRS local. The reporting template is developed and maintained by CQRS local.
  - c. CQRS local provide automated reports showing activity and achievement. The ICB local teams review activity and achievement, using the CQRS local reports. Audits are conducted in line with ICB audit processes.
4. The ICB GP Contracts Team manage the wider support schemes.
5. Please refer to the responses to questions 1 and 2.

#### South Tyneside and Sunderland place

1. Yes, a LES is in place in South Tyneside and Sunderland:
2. Copies of the LES service specifications are attached.
3. The LES operational process:
  - a. The LES was designed by multiple stakeholders, made up of clinical and non-clinical staff.
  - b. The LES data in South Tyneside & Sunderland is not submitted via CQRS. Reporting is developed annually and monthly reports are generated manually by the ICB and shared with practices. A payment schedule is submitted to finance annually and data is monitored monthly by the local delivery teams via an EMIS enterprise reporting unit.
  - c. Data is collected using agreed SNOMED codes and monthly reports are shared with practices signed up to deliver the LES. The ICB and practices work in collaboration to validate the extracted data throughout the year. Data is monitored monthly as above and evaluated annually.
4. Please refer to the responses to questions 1 and 2.
5. Please refer to the responses to questions 1 and 2.

#### Tees Valley place

1. The ICB (Tees Valley) offers a Primary Medical Care Local Enhanced Service (LES) which includes the following conditions. In addition, a 'medicines element' is embedded as part of the services required within this LES:
  - Cardiovascular disease

- Wound care
  - Aural care
  - Bloods
  - PSA monitoring
  - Access and system support i.e.
  - Medicines- shared care, injectables, monitoring of oral antipsychotics
2. The ICB [Tees Valley] does not require GP practices to submit data sets in relation to the Primary Care LES. There is no reporting template required and practices submit an annual declaration. The funding allocation is provided in a basket of services payment as follows:
- £6.27 per weighted population for enhanced treatments and access/ system support
  - £2.87 per weighted population for the medicine's specification
  - Tees Valley practices will receive a non-recurrent payment of £1.32 per weighted population in 2026/27 in recognition of the costing methodology for the medicine's specification required an amount of budget to be removed from existing services to fund the new specification.

For the medicines element the specification sets out that where possible monitoring will be undertaken using prescribing data sources e.g. ePACT, with practices requested to submit quarterly information on the number of patients and injections administered, and the number of patients per practice who have had an oral antipsychotic medication annual review. Practices are required to submit a self- declaration of compliance annually.

3. The LES operational process:
- a. The LES for 2026/27 was developed by a multi-professional approach of Commissioners, Clinicians and other Subject Matter Experts, e.g. Pharmacists.
  - b. As set out in the response to question 2 there is no required data extraction or submission.
  - c. As set out in the response to question 2, and question 3b, data is not submitted in respect of the primary care LES and therefore no data is validated. Each year practices are required to submit an annual declaration. Additional monitoring requirements for the medicines element of the LIS are set out in the specification shared with general practices and covered in the response to question 2.
4. The ICB commissions several schemes that enables GP practices to earn additional funding for services they sign up to deliver.
5. The following enhanced service schemes are available to practices within Tees Valley:
- Gender Dysphoria LES- £1400 per practice Year 1, £750 per practice Year 2. Each patient prescribed and monitored for hormonal treatment by the practice £180 per patient per Year. Each annual review completed £95 per patient per year.
  - Work Well LES- 30p per practice population as at 01/07/25 referred to a work well advisor [retrospective and prospective patients].
  - Asylum, Refugee, Ukrainian and Home Office Resettlement LES- £150 per patient.
  - ADHD shared care LES- £117 annually for each patient receiving shared care.
  - Medicines Prescribing Outcome Scheme- £1.85 per weighted population for 4 areas covering gateway criteria, continuing good practice, medicines strategy and medicines optimisation.

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 Information 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](http://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](http://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**