

CEG Tower Hamlets LES Update 2025/26

21st July 2025

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Clinical Effectiveness Group (CEG)

The Clinical Effectiveness Group (CEG)



Based at Queen Mary University of London

Working with North-East London practices for over 30 years supporting quality improvement

Build searches, templates, software tools, dashboards, etc.

We are a team of GPs, data analysts, and facilitators



Contract Updates 2025/26

- Integrated Care
- ICCQ Enablers
- NHS Health Checks – **no changes**
- Anticoagulation – **no changes**
- Latent TB – **no changes**
- Substance Misuse – **no changes**
- Sexual Health & LARC – **no changes**
- Surgical Aftercare & Wound Care – **no changes**

Integrated Care – Wider Determinants

CP7: Wider Determinants of Health Enquiries to be completed **every 24m** (instead of every 12m)

Quality of life assessment completed – 391167008

Wider Determinants include:

- Communication Preference
- Health Literacy
- Housing Vulnerability
- Income Vulnerability
- Social Isolation

CP5 & 6: Asthma only (adults & children) – Number of Action Plans to be completed in preceding 12m

New payment code: **Health education - structured patient focused asthma discussion – 527231000000108**

Adults Asthma only wider determinants completed **every 24m** (instead of every 12m)

Integrated Care - Diabetes

<u>Diab8CP:</u> T2 Diabetes with all 8 care processes recorded (Target 72%)	<u>DiabTT:</u> T2 Diabetes achieving combined Triple Target (Target 43%)	Removed as individual metrics
<ul style="list-style-type: none">• BMI• BP• Cholesterol• HbA1c• Creatinine• Urine ACR• Foot check• Smoking status	<ul style="list-style-type: none">• $BP \leq 140/90\text{mmHg}$• $HbA1c \leq 58\text{mmol/mol}$• Statin prescribed for primary (QRisk ≥ 10) or secondary prevention	<ul style="list-style-type: none">• $BP \leq 140/90\text{mmHg}$• $HbA1c \leq 58\text{mmol/mol}$• Annual Urine ACR

Integrated Care - Diabetes

Type 2 Diabetes Triple Target

Primary Prevention Cohort (25-80yrs, No CHD or Stroke/TIA)	Secondary Prevention Cohort (On CHD or Stroke/TIA Register)	No Prevention Cohort (Not primary or secondary prevention)
Prescribe statin (if QRisk ≥ 10)	Prescribe statin	No statin needed
BP $\leq 140/90$ mmHg <u>AND</u> HbA1c ≤ 58 mmol/mol		

Integrated Care - Statin

<u>CVD1:</u> Primary Prevention Statins (No CVD, HTN QRisk \geq 20% or CKD/DM QRisk \geq 10%)	<u>CVD2:</u> Secondary Prevention Statins (CVD – CHD, Stroke/TIA, PAD, AF)
Prescribe any statin (last 12m)	Prescribe statin (last 12m) - Atorvastatin 40mg or 80mg
<p><u>OR</u> if statin unsuitable code:</p> <p>Statin not indicated/ contraindicated/ not tolerated/ adverse reaction/ allergy</p> <p><u>AND</u> prescribe:</p> <p>Other lipid lowering therapy (last 12m)</p>	

MH1: Antipsychotic monitoring for patients on antipsychotic medication

- **Antipsychotic medication physical health check**
- **BP**
- **BMI**
- **Annual bloods (HbA1c & HDL cholesterol)**

Removed:

- Waist circumference
- Pulse rate/rhythm
- ALT, FBC & U+E bloods

Integrated Care – Target Changes

CP4: No. of Care Planning completed in last 12m (Part B)

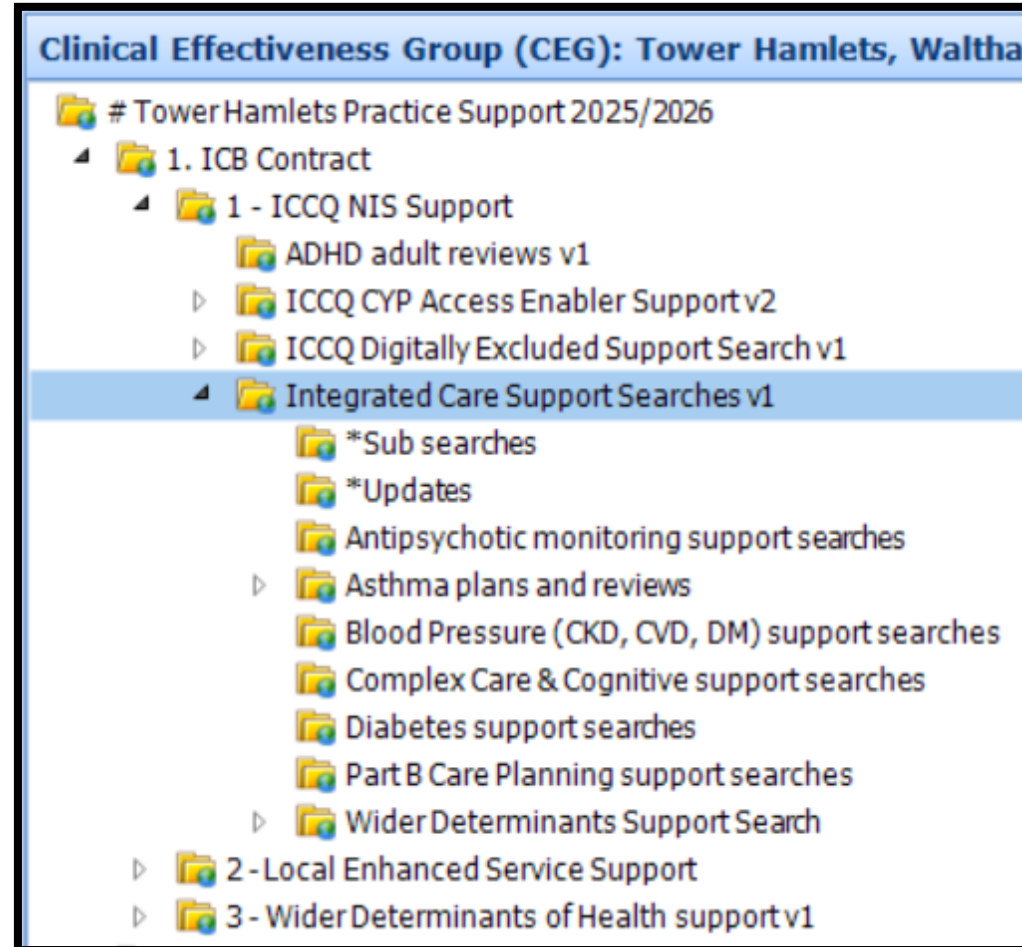
Target lowered from 80% to 70-75%

(50% payment for hitting 70% and 50% payment for hitting 75%)

Renal1: CKD BP <140/90mmHg in last 12m

Target raised from 60% to 65%

Integrated Care – Support Searches



Any questions?



ICCCQ Enablers – Digitally Excluded

- Contact patients with no mobile number recorded
- Contact new and different patients to previous years

Education about access to patient facing service - 932381000000106

- Review and update Digital Exclusion Policy by **1st August 2025**
- **New**: at PCN level setting up in-person learning sessions (at least one per quarter) to support patients on how to access and use GP services digitally

Young People Turning 14yrs recap

- Proactively update contact details for 14-year-olds
- Send letters/leaflets to patients turning 14 years

Patient in local audit - 1958301000006109

- Ensure Young People's Confidentiality Policy is in place
- Ensure website/waiting areas outlines YP specific services (e.g. C-Card, CAMHs)
- Evidence website outlines YP basic rights in healthcare
- Provide staff training around young people's rights
- Evidence of listening to young people e.g. feedback/comments from PPGs, etc

New: Reasonable Adjustments for under 25yrs

Record the Reasonable Adjustment flag for eligible patients under 25yrs

Eligible patients include:

- Autism Disorder
- Attention-Deficit Hyperactive Disorder (ADHD)
- Cerebral Palsy
- Multiple Sclerosis
- Learning Disabilities / Down's Syndrome
- Mental Health
- Dementia
- Sensory impairment (visual, hearing, speech)
- Post-Traumatic Stress Disorder
- Has Education Health and Care Plan (EHCP)

ICCC Enablers CYP Access

New: Reasonable Adjustments for under 25yrs

Reasonable Adjustment flag coding:

Impairment with substantial and long term adverse effect on normal day to day activity (Equality Act 2010) - 1326341000000105

OR

If after discussion patient does not want/need adjustment:

Discussion about options - 223487003

ICCCQ Enablers CYP Access

(RP) LTC Review Tower Hamlets CEG v1.1

Pages «

Main Page

QOF Indicator Info

Investigations

Lab Results

Respiratory

Dementia Screening/Asses...

End of Life Care

Depression/Anxiety Screen...

Diagnosing Hypertension

ONS

Lifestyle Intervention

Wider Determinants

Reasonable Adjustments Under 25yrs Enabler

Please go to the Reasonable Adjustments page to record appropriate reasonable adjustments if the patient is under 25yrs and has any of the following:

- Autism Disorder
- Attention-Deficit Hyperactive Disorder (ADHD)
- Cerebral Palsy
- Multiple Sclerosis
- Learning Disabilities / Down's Syndrome
- Mental Health
- Dementia
- Sensory impairment (visual, hearing, speech)
- Post-Traumatic Stress Disorder
- Has Emergency Health Care Plan (EHCP)

If after a discussion the patient doesn't want or need a reasonable adjustment please tick the 'Discussion about options' box below

☐ *Discussion about options Text No previous entry

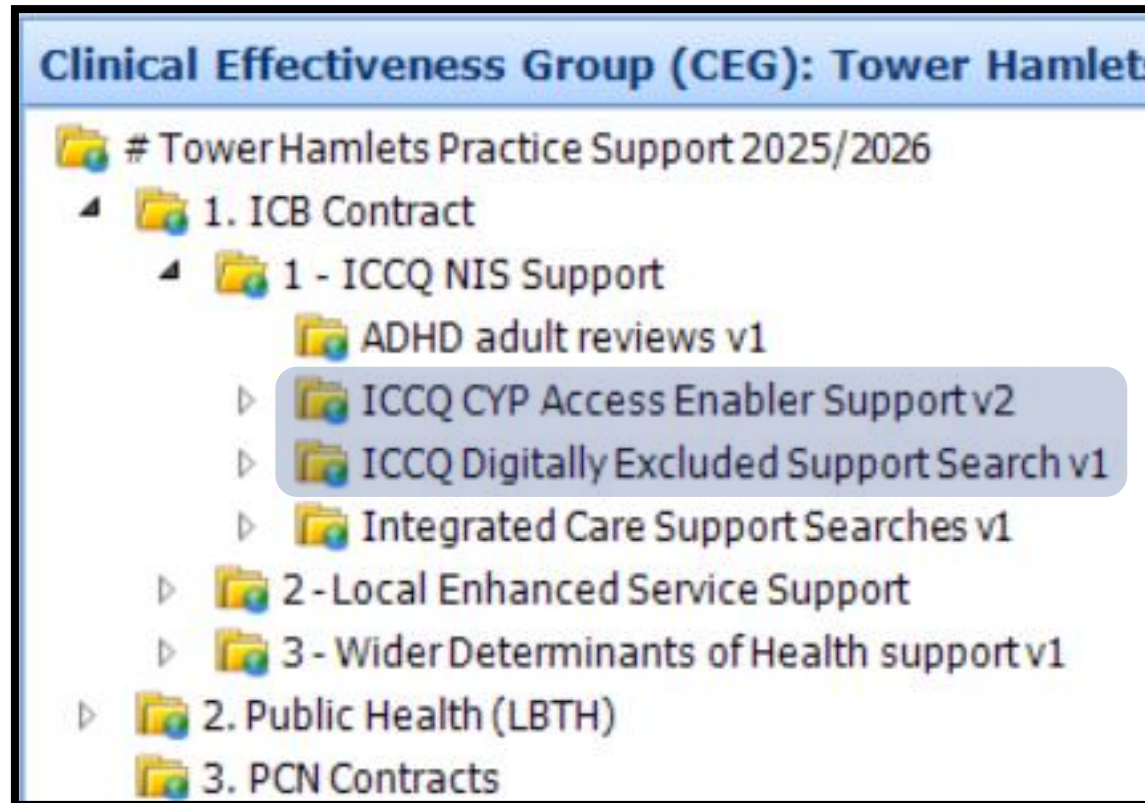
Examination

Aim for blood pressure:

Clinical BP:

Aged 79yrs or under = 140/90 (aged 80yrs or over = 150/90)

ICCQ Enabler Support Searches



APL-Renal Tool Indicators Recap:

Detection

- (a) Falling eGFR trigger (to review and action monthly)
- (b) GFR <60 or ACR >3 and not coded CKD (review and action every 3 months minimum)

Optimisation

- (c) Eligible for SGLT-2 medication but not on it (review and action every 3 months minimum)
- (d) Eligible for ACE inhibitor but not on it (review and action every 3 months minimum)

ICCCQ Enablers – APL Renal Tool.

APL-Renal Tool

Renal Review Tool

Purpose: Highlights critical falls in renal function to help practices manage patients with CKD or an indication of CKD

APL Renal Tool Website Page:

<https://www.qmul.ac.uk/ceg/support-for-gp-practices/resources/software-tools/apl-renal/>

APL Renal Tool Online Request Form:

<https://www.qmul.ac.uk/ceg/support-for-gp-practices/resources/software-tools/apl-renal-request-form/>

Any questions?















NHS Health Check Payment Metrics:

- NHS Health Check completed (15m)
- Record pulse rhythm (65yrs+)
- Lifestyle program discussed
- Record carer status
- High Risk CVD annual reviews (12m)
- Statin prescribed (high risk CVD)

NHS Health Check Full Review:

- Ethnicity
- BP
- BMI
- Smoking status
- Alcohol use score (AUDIT-C/AUDIT)
- Physical activity (GPPAQ)
- Family history of CHD
- QRisk and QDiabetes scores
- Total/HDL cholesterol blood test
- Dementia awareness (65yrs+)

NHS Health Check Support Searches

Clinical Effectiveness Group (CEG): Tower Hamlets,...	
Name	
# Tower Hamlets Practice Support 2025/2026	 NHS Health Check Started this FY
1. ICB Contract	 NHS Health Check Started - Q1
2. Public Health (LBTH)	 Q1- NHS Health Check all elements
Latent TB Screening v1	 Q1- NHS Health Check missing elements [REVIEW]
NHS Health Check Support Searches v1	 NHS Health check missing elements - Q1
Health Check support searches	 NHS Health Check Started - Q2
NHS HC and High Risk CVD RECALL	 Q2- NHS Health Check all elements
Quality	 Q2- NHS Health Check missing elements [REVIEW]
Sub Searches	 NHS Health check missing elements - Q2
Updates	 NHS Health Check Started - Q3
Sexual Health & LARC support searches v1	 Q3- NHS Health Check all elements
3. PCN Contracts	 Q3- NHS Health Check missing elements [REVIEW]
4. QOF, DES & CQRS Support	
5. Immunisations & Vaccinations	

Anticoagulation

AF patients **initiated** on anticoagulants/DOACs or **monitored** on DOACs in primary care only

Initiation	Monitoring
Seen in General Practitioner anticoagulation clinic <u>AND</u> New Medication Commenced	Anticoagulation monitoring in primary care <u>AND</u> DOAC dose changed (Change of medication) <u>OR</u> DOAC dose unchanged <u>AND</u> <ul style="list-style-type: none">• Creatinine level• Estimated creatinine clearance• Weight measurement

Anticoagulation

(RP) LTC Review Tower Hamlets CEG template – AF / DOAC / Vit K Antagonist page

(RP) LTC Review Tower Hamlets CEG v1.1


Pages «

- Main Page
- QOF Indicator Info
- Investigations
- Lab Results
- AF / DOAC / Vit K Antago...**
- Cancer
- Cardiovascular
- CKD
- Diabetes
- Respiratory
- Mental Health (SMI)
- Learning Disabilities
- Dementia Screening/Asses...
- End of Life Care
- Frailty
- Depression/Anxiety Screen...

Atrial Fibrillation - LES

Initiation
By completing this page you are confirming you have followed the guidance
In order to record initiation as per the LES
Please **tick the below box** for all **patients diagnosed with AF and initiated** on anticoagulants/ DOACs or patients **monitored on DOACs in primary care ONLY**.

☐ ****Seen in general practitioner anticoagulation clinic**
Please confirm this patient has been **initiated on a DOAC in Primary Care** (i.e, that is it not a continuation of a prescription started in secondary care)

☐ ****Initiated in Primary Care on DOAC** 09-Jul-2025 
Text
Provide brief details of your assessment carried out in Primary Care clinic to diagnose patient

Monitoring
This section is for patients living with non-valvular atrial fibrillation ONLY regardless of where they were initiated, if the monitoring of DOACs is happening in Primary Care.

☐ ****Anticoagulation monitoring in primary care**
☐ ****DOAC dose changed** Text
☐ ****DOAC dose unchanged**

Please provide details of medication treatment plan

LES Contracts Recap

Latent TB

- Code IGRA blood test result (-ve, +ve)
- Positive result: refer to TB Clinic

Sexual Health & LARC

Sexual Health

- STI Screening (15-59y)
- Chlamydia +ve (15-24y)
- STI Diagnosed
 - Chlamydia dx – partner notification & follow up
 - Other STI dx – partner notification & referral

LARC

- Coil & implant insertion/ removal + failed insertions/ removals
- LARC inter-practice referral
- LARC inter-practice DNAs

LES Contracts Recap

Substance Misuse

- Health Check & Health Plan
- AUDIT C 5+ & record full AUDIT
- Record AUDIT C if none in last 3y (excl new reg)
- AUDIT 8+ & code brief alcohol advice
- AUDIT 20+ & Referred to Reset Treatment Service
- Annual ECG (prescribed Methadone & Antipsychotics)
- Monitoring and prescribing of OST medication

Surgical Aftercare & Wound Care

Surgical Aftercare

- Postoperative wound care or Removal suture/clip (wound care done after secondary care intervention)

Minor Injury

- Consultation for minor injury (wound care done without secondary care intervention e.g. grazes, minor burns)

Any questions?



Other Available APL Tools

APL-Imms Tool	Cancer Diagnosis Audit Tool	APL-NDPP Tool	APL-AF Tool
<p>Child Imms call/recall Tool</p> <p>Purpose: To allow practices to view children with incomplete or overdue set of immunisations and aid in better call and recall</p> <p><u>APL-Imms Tool Request Form - Clinical Effectiveness Group (qmul.ac.uk)</u></p>	<p>Cancer Diagnosis Audit Tool</p> <p>Purpose: To review practice's processes around suspected cancer referrals leading to confirmed diagnoses</p> <p><u>Cancer Diagnosis Audit Tool request form - Clinical Effectiveness Group (qmul.ac.uk)</u></p>	<p>National Diabetes Prevention Programme tool</p> <p>Purpose: To easily view a list of eligible patients for referral to the NDPP program who are at risk of Diabetes</p> <p><u>APL-NDPP request form - Clinical Effectiveness Group (qmul.ac.uk)</u></p>	<p>Atrial Fibrillation Tool</p> <p>Purpose: To help clinicians review AF patients to ensure they are on the safest and most effective medication</p> <p><u>APL-AF request form - Clinical Effectiveness Group (qmul.ac.uk)</u></p>

CEG Resources

Clinical Effectiveness Group (CEG): Tower

TowerHamlets Practice Support 2025/2026

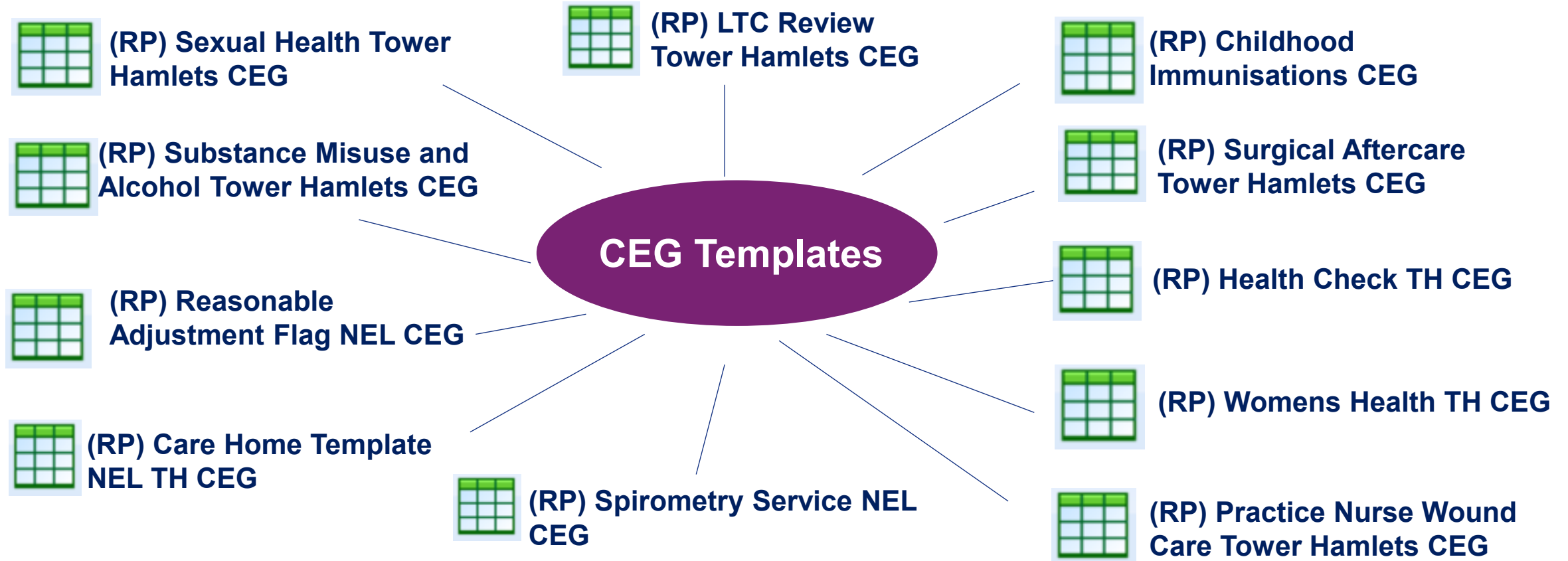
- ▷ 1. ICB Contract
- ▷ 2. Public Health (LBTH)
- ▷ 3. PCN Contracts
- ▷ 4. QOF, DES & CQRS Support
- ▷ 5. Immunisations & Vaccinations
- ▷ 6. Additional Support
- ▷ 7. Externally Created Resources

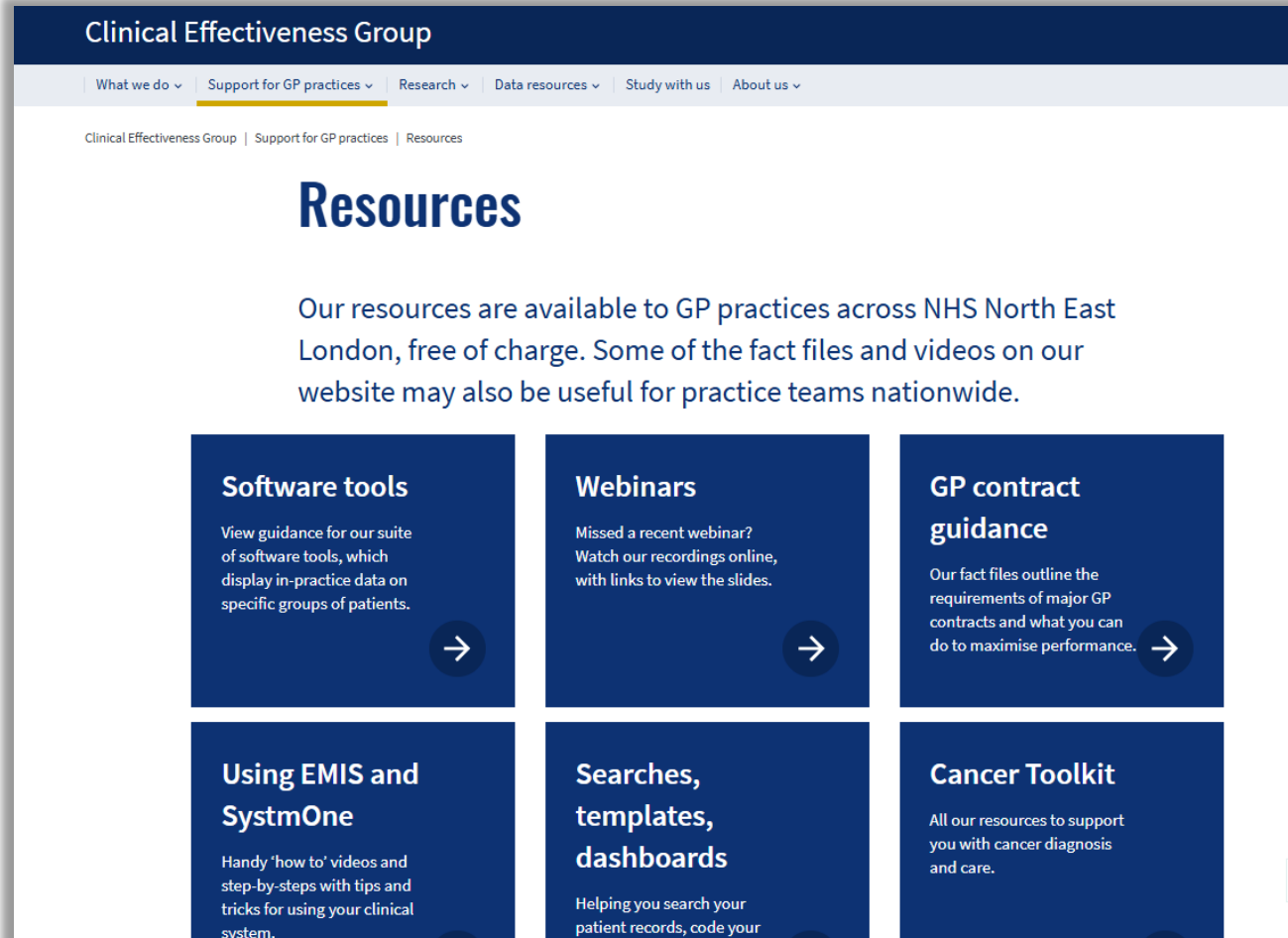
- ADHD adult reviews
- ICCQ Enablers Support
- Integrated Care Support
- Substance Misuse NIS Support
- Wider Determinants Support

- Latent TB Screening
- NHS Health Check Support Searches
- Sexual Health & LARC Support searches

- Investment & Impact Fund
- SMI Physical Health Check
- Care Home Supplementary Service

CEG Resources





The screenshot shows the 'Resources' page of the Clinical Effectiveness Group. The page has a dark blue header with the group's name and a navigation menu. The main content area is white and features a large 'Resources' heading, a paragraph about resource availability, and six blue boxes with white text and right-pointing arrows, each representing a different resource category.

Clinical Effectiveness Group

What we do ▾ | **Support for GP practices ▾** | Research ▾ | Data resources ▾ | Study with us | About us ▾

Clinical Effectiveness Group | Support for GP practices | Resources

Resources

Our resources are available to GP practices across NHS North East London, free of charge. Some of the fact files and videos on our website may also be useful for practice teams nationwide.

Software tools

View guidance for our suite of software tools, which display in-practice data on specific groups of patients.

[→](#)

Webinars

Missed a recent webinar? Watch our recordings online, with links to view the slides.

[→](#)

GP contract guidance

Our fact files outline the requirements of major GP contracts and what you can do to maximise performance.

[→](#)

Using EMIS and SystmOne

Handy 'how to' videos and step-by-steps with tips and tricks for using your clinical system.

[→](#)

Searches, templates, dashboards

Helping you search your patient records, code your

[→](#)

Cancer Toolkit

All our resources to support you with cancer diagnosis and care.

[→](#)



Practice Visits &
1:1 Support
(in-person or virtual)

CEG Practice E-bulletin



Tower Hamlets | 2 June 2025

Helping you work smarter when it matters most

Here's what you need to know this week:

- [Advice & Guidance Enhanced Service](#): How to get your activity from eRS for CQRS payment submission
- [CEG Heart Failure webinar for practice and PCN pharmacists](#)
- [Search updates](#): Support searches and Report searches updated for 2025/26
- [Template updates](#): Sexual Health

[CEG E-Bulletin Online Sign-Up Form](#)

CEG Resources



CEG Resources: <https://www.qmul.ac.uk/ceg/support-for-gp-practices/>

CEG Software Tools: <https://www.qmul.ac.uk/ceg/support-for-gp-practices/resources/software-tools/>

CEG Dashboards Link: <https://www.qmul.ac.uk/ceg/data-resources/ceg-dashboards/ceg-dashboards-hub/>

Visit our website:



CEG Contacts



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Thank you



Queen Mary
University of London



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