

EPCC Programme 2025

Effective from 1 September 2025

Updated 28 August 2025

Below are the conditions required for entry into the Extended Primary and Community Care (EPCC) programme. All conditions included align with the relevant Community HealthPathways, and the recommended management steps are to be adhered to.

Evidence that all the listed EPCC criteria is met for each condition must be documented within the PMS clinical records.

Non-ACC Cellulitis

Adults and Children presenting with cellulitis, safe to manage in the community to avoid referral to ED/Hospital.

Note: High Risk Groups for proactive follow-up are:

- Symptomatic peripheral vascular disease, or
- Symptomatic or clinically overt venous insufficiency
- Obesity BMI >40
- Recurrent cellulitis (2 or more episodes within 12 months)
- Community Service Card Holders

Aligned with the Adult Cellulitis Community HealthPathway:

- [Cellulitis in Adults](#)

Claiming Criteria

Proactive Follow-Up

| | |
|--------------------------|---|
| <input type="checkbox"/> | Nurse follow-up in person or phone call of high-risk patients within 72 hours of the first consultation |
|--------------------------|---|

Proactive Follow-Up

| | |
|--------------------------|---|
| <input type="checkbox"/> | Subsequent (if needed) GP/NP in-person follow-up appointment for review of high-risk patients within 7 days of the first consultation |
|--------------------------|---|

Reactive Follow-Up

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|--------------------------|--|
| <input type="checkbox"/> | 3 rd appointment - Arranged GP/NP in-person follow-up appointment for (low risk) patients who presented acutely with worsening symptoms and require subsequent review |
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Dehydration

Child and Adult – Moderate dehydration secondary to any clinical condition that requires management and observation to avoid referral to ED/Hospital. Mild dehydration is excluded.

Aligned to the Acute Rehydration in Adults and Acute Gastroenteritis in Children Community HealthPathways:

- [Dehydration in Adults](#)
- [Gastroenteritis in Children](#)

Claiming Criteria - Adult - Requiring IV Rehydration

| | |
|--------------------------|---|
| <input type="checkbox"/> | 3+ documented signs and symptoms of moderate dehydration |
| <input type="checkbox"/> | Observations Q15 |
| <input type="checkbox"/> | +/- Relevant medication (e.g. anti-emetic or if treating pyelonephritis single dose of IV antibiotics). |
| <input type="checkbox"/> | IV Fluids |
| <input type="checkbox"/> | GP/NP review |

Claiming Criteria - Child

| | |
|--------------------------|--|
| <input type="checkbox"/> | Child – Managed with Oral Rehydration Solution – initial presentation not funded through EPCC as considered routine GP appointment |
| <input type="checkbox"/> | Input – Output record |
| <input type="checkbox"/> | In-person follow-up with GP/NP within 24 hours of first consultation to determine progress |

Additional Community Health Pathways – Bundled price as per IV Rehydration Package:

- [Headaches in Adults](#)
- [Nausea & Vomiting in Pregnancy \(Pregnancy & hyperemesis\)](#)
- [Pyelonephritis](#)

DVT

For adults presenting with DVT or suspected DVT who require additional management or follow-up to avoid referral to ED/Hospital.

Aligned to DVT HealthPathway:

- [Deep Vein Thrombosis \(DVT\)](#)

Claiming Criteria

| | |
|--------------------------|---|
| <input type="checkbox"/> | GP/NP appointment to initiate anticoagulation therapy in USS confirmed DVT only when anticoagulation has not already started. Includes if needed after repeat scan at 1 week when initial scan is negative but high suspicion. |
|--------------------------|---|

Claiming Criteria

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|--------------------------|---|
| <input type="checkbox"/> | GP or Nurse follow-up phone call to discuss results (Positive or Negative Result) |
|--------------------------|---|

Claiming Criteria

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|--------------------------|--|
| <input type="checkbox"/> | In-person nursing appointment for education/injection training for patients requiring to be treated with warfarin or Enoxaparin. |
|--------------------------|--|

Chest Pain

Adults > 18 years presenting with acute chest pain where acute coronary syndrome is suspected, no red flags are present, EDACS Score 15 or less, and they are suitable to manage in the community with serial troponin testing (Point Of Care Testing or lab-based with rapid turnaround times).

Aligned with Acute Coronary Syndrome HealthPathway:

- [Acute Coronary Syndrome](#)
- [Management of Chest Pain of Suspected Cardiac Origin Flow Chart](#)

Excludes initial GP/NP assessment. Must deliver all components to claim package.

Claiming Criteria

| | |
|--------------------------|---|
| <input type="checkbox"/> | ECG |
| <input type="checkbox"/> | Single Troponin result - Either Point of Care Testing or Laboratory analysis of troponin if rapid turnaround of results within 1 hour of bloodletting is available. |

Claiming Criteria

| | |
|--------------------------|--|
| <input type="checkbox"/> | ECG |
| <input type="checkbox"/> | Serial Troponins Results over 2 hours - Either Point of Care Testing or Laboratory analysis of troponin if rapid turnaround of results within 1 hour of bloodletting is available. |
| <input type="checkbox"/> | Reassessment by GP/NP at 2 hours for discharge or referral to ED. |

Renal Colic

For adults with suspected or confirmed renal colic requiring treatment and follow-up to avoid referral to ED/Hospital.

Aligned with Renal Colic and Urinary Tract Stones Community HealthPathway:

- [Renal Colic & Urinary Tract Stones](#)

Excludes appointments after an acute episode to discuss long-term management.

Claiming Criteria

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|--------------------------|-------------------|
| <input type="checkbox"/> | Analgesia IM / IV |
|--------------------------|-------------------|

OR - If patient requires IV fluids +/- analgesia

Claiming Criteria

| | |
|--------------------------|--|
| <input type="checkbox"/> | Analgesia IM / IV (excludes mild symptoms with oral analgesia) |
| <input type="checkbox"/> | IV Fluids |

Claiming Criteria

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|--------------------------|--|
| <input type="checkbox"/> | GP/NP in-person follow-up appointment in next 72 hours if symptoms worsening |
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Claiming Criteria

| | |
|--------------------------|--|
| <input type="checkbox"/> | GP/NP follow-up phone call to review investigations and progress |
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COPD Acute Exacerbation

Adults with mild to moderate exacerbation of COPD requiring an extended period of observation, management, or follow-up, to avoid referral to ED/Hospital.

The initial GP/NP appointment and the first round of bronchodilator treatment and subsequent assessment are not claimable as this is considered standard primary care management.

Aligned with the Community HealthPathway:

- [Acute Exacerbation of COPD](#)

Claiming Criteria

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|--------------------------|---|
| <input type="checkbox"/> | Documented bronchodilator treatment, review and observation period. |
|--------------------------|---|

Claiming Criteria

| | |
|--------------------------|--|
| <input type="checkbox"/> | In-person follow up GP/NP appointment within 3 days of first consultation for clinical review and develop/update an COPD Action Plan |
|--------------------------|--|

Acute Exacerbation Asthma – Adults, Young People or Children

Patients with moderate to severe exacerbations of asthma requiring an extended period of observation and treatment to avoid referral to ED/Hospital, where safe to do so.

The initial GP/NP appointment including the first round of bronchodilator treatment and subsequent assessment are not claimable as this is considered standard primary care management..

Align with the following Community HealthPathways:

- [Acute Asthma in Adults & Young People](#)
- [Acute Asthma in Children](#)

Claiming Criteria

| | |
|--------------------------|---|
| <input type="checkbox"/> | Adult - documented peak flow |
| <input type="checkbox"/> | All ages – Period of observation, treatment and review after each bronchodilator on day of presentation (excluding first round). Documented observations including respiratory rate, pulse and oxygen saturations |

Claiming Criteria

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|--------------------------|---|
| <input type="checkbox"/> | In-person follow-up within 3 days of first consultation – GP/NP Clinical review and develop/update an Asthma action plan |
|--------------------------|---|

Community Acquired Pneumonia

Adults presenting with moderate Community Acquired Pneumonia (CAP) that require extended management, including a period of observation, treatment, and review to avoid referral to ED/Hospital.

Aligned with the CAP Community HealthPathway:

- [Community Acquired Pneumonia](#)

Claiming Criteria

| | |
|--------------------------|--|
| <input type="checkbox"/> | CRB-65 severity score of 1 (excluding those where age is the only contributor) |
| <input type="checkbox"/> | Period of observation, treatment and review on day of presentation. |

Claiming Criteria

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|--------------------------|--|
| <input type="checkbox"/> | GP/NP in-person follow-up appointment within 3 days of first consultation for clinical review or if pneumonia confirmed on CXR |
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