

Date:	14 July 2016
Meeting:	Joint Commissioning Committee
Item Number:	7.0
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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Report Title:	Elderly Care Fund (ECF) Update
Decisions to be made:	JCC are asked to: Note the contents of the report Approve continuation of the ECF enhanced service specification for 16/17

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The attached report provided an up-date on the ECF enhanced service specification for 2015/16 and proposed that the service continues through 16/17.</p> <p>The JCC are asked to note the contents of the report and approve the continuation of the service for 2016/17.</p>

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Report to the North Lincolnshire Joint Commissioning Committee

14th July 2016

Elderly Care Fund (ECF) up-date

Introduction -National Context

In December 2013 NHS England published 'Everyone Counts: Planning for patients 2014/15 To 2018/19. This document detailed the government's commitment to a specific focus during 2014/15 on those patients aged 75 and over and those with complex needs.

The new GP contract for 2014/15 secured specific arrangements for all patients aged 75 and over to have a named accountable GP and for those who need it, to have a comprehensive and co-ordinated package of care.

The planning document identified specific resources to be directed into primary care to support GPs with their additional responsibilities: *"CCGs are expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so. They will be expected to provide additional funding to commission additional services which practices, individually or collectively, have identified will further support the accountable GP in improving quality of care for older people. This funding should be at around £5 per head of population for each practice which broadly equates to £50 for patients aged 75 and over".*

Local Context

During 2014/15 North Lincolnshire GP Practices submitted practice plans to deliver the role of accountable GP and pilot new and innovative ways of working to support the delivery of the 'accountable GP role in general practice. Practices were required to provide feedback to the CCG on what worked in practice and any perceived gap in service provision locally to inform future planning.

The findings from this pilot period identified a perceived gap in provision of falls preventions services and frailty services within the community to supports GPs with assessments and management of patients aged 75 years and over who were are at risk of falling and had unidentified frailty. Following on from consultation with Council of Members on the feedback from the first year, it was agreed that a proportion of the ECF be identified to commission a local service to meet the unmet need of this group of patients. As a result, a community frailty assessment/falls prevention service has been commissioned by the North Lincolnshire CCG on behalf of GP practices and is currently funded at using £2 per head of the identified £5 per head of population.ⁱ

During 2015/16 North Lincolnshire CCG committed the remaining £3 per head of population to support and enhance the role of named accountable GP for care of the elderly through a local enhanced service specification. The aims and objectives of the enhanced service specification define the minimum requirement for practices to deliver.

These include:

Service Outcomes:

It is expected that the improved service and management of patients aged 75 plus will contribute to:

- Reduction in emergency admissions in the patient population aged 75 and over
- Reduction in emergency re-admissions within 30 days of discharge in the patient population aged 75 and over
- Reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions in patients aged 75 and over
- Reduction in outpatient referrals for patients aged 75 and over
- Improving patient experience

Aims and objectives of service

As detailed in the original planning guidance, the aim of this service specification is to support and enhance the role of named accountable GP for patients aged 75 years and over, offering support that is over and above the contractual requirements.

The named accountable GP will take lead responsibility for ensuring that all appropriate services required under the GMS contract are delivered to each of their patients aged 75 and over, where required (based upon the clinical judgement of the named accountable GP) they will:

- All patients aged 75 and over to have a named, accountable GP
- Work with relevant associated health and social care professionals to meet the health care needs of the patient where clinically appropriate
- Ensure the patient aged 75 years and over has access to a health check as set out in section 7.9 of the GMS Contract Regulations (appendix 1)
- Undertake care reviews on a minimum of 10% of patients aged 75 and over
- Ensure care is coordinated with links to locality teams established
- Undertake proactive reviews of unplanned admissions for patients aged 75 and over

This enhanced service is aimed at being flexible in delivery by the practice in order to meet the unique needs of the practice population. Practices will utilise the resource to improve care for this patient group and reduce avoidable admissions in patients aged 75 and over.

The following characteristics of the enhanced offer are expected as a minimum across all practices (in addition to those detailed above):

- Care for this patient group will be patient centred rather than disease specific orientated, with longer appointment times where necessary to facilitate this
- Improved access to health care - minimum of same day telephone consultation if required
- Practices will undertake care reviews for a minimum of 10% of patients aged 75 and over as detailed in the care review template (Appendix 2)
- Practices will proactively review all unplanned admissions for patients aged 75 and over and take any appropriate action to reduce risk of further admissions
- Practices will undertake a patient satisfaction survey (following care reviews of patients aged 75 and over)
- Practices will establish links to community locality teams to enhance the care offer to patients

The enhanced service specification (£3 per patient aged 75 and over) for the ECF is offered to all practices and subsequently all signed up to deliver during 2015/16; all practices are signed up to the temporary extension of the service during 2016/17 and continue to deliver against the service specification.

ECF Enhanced Service Specification - Outputs 2016/17

1. Informing Patients of their named accountable GP

During 2016/17 a minimum of 14,394 patients aged 75 and over have been informed of their named accountable GP and 382 health checks for this group have been undertaken. The number is fluid as patients are informed of their named accountable GP following their 75th birthday and all practices have processes in place to ensure that patients are identified and informed following their birthday.

2. Access to a Health Check

Practices have been offering patients access to a health check as required. During 2016/17 1,355 health checks have been undertaken for those patients accepting the offer of a health check. Any changes to the care of the patient following the care review are actioned

immediately and include for example, review of medication, referral for falls assessments/frailty assessment, referral to social care/carers support etc...

3. Proactive Care Reviews of unplanned admissions

A total of 1,274 proactive reviews of unplanned admission for patients aged 75 and over have taken place as a result of the enhanced service specification. Where the admission is deemed as avoidable a review of the patient care is undertaken. This may result in, for example, referral for a falls assessment, medication / care review/carers review and linking with the wellbeing hubs to identify additional support for the patient if required.

4. Care reviews

A total of 2,336 care reviews have been undertaken for patients which at present represents approximately 16% of patients aged 75 and over. This is over the required 10% stipulated in the enhanced service specification.

Additional outputs

Overall, practices have increased the number of clinical hours to deliver the role of accountable GPs for patients aged 75 and over; though this varies across practices; some practices have dedicated time to deliver the role, others fit this time into day-to-day appointment systems. Many practices have introduced 20 minute appointments into the system specifically for care of patients aged 75 and over. Some practices formally document these; others fit them into the daily appointment system. In addition, some practices are undertaking care reviews in the patient's home (including care home residents) if they are housebound or have difficulty getting into the practice.

Patient Satisfaction

As part of the service specification, practices are required to undertake a patient satisfaction survey on patients following their care review. To date the results overwhelmingly show a very high level of patient satisfaction, with the a minimum of 82% of patients stating they were either 'very satisfied' or 'satisfied with their care at the practice.

Conclusion

The ECF enhanced service specification is now established within primary care and is achieving the aims of supporting the role of named accountable GP for patients aged 75 years and over. In addition, the service specification is enhancing the care of this patient cohort with additional enhancements to the care and support on offer within primary care, with the vast majority of patients stating they are satisfied with the care they receive.

Nest steps

North Lincolnshire CCG have plans to review all local enhanced service specifications during 2016/17 and it is recommended that the ECF be included in this review process.

If the JCC decide not to continue with the ECF for 2016/17 then the additional elements will cease to be offered, however, the core contractual requirements will continue.

JCC are asked to:

- Note the contents of the report
- Approve the continuation of the enhanced service specification for the ECF for 2016/17.

Julie Killingbeck

January 2016

ⁱ The community Geriatric/Falls prevention service is funded until March 31st 2017. A full evaluation of the service and recommendations for the future of the service will be presented to the JCC in November 2016; at this point the service will have been in operation for 12 months.