

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**REPORT ON THE ASSURANCE PROCESS FOR 'EVERYONE COUNTS'**  
**FUNDING FOR PATIENTS AGED 75 AND OVER**

<b>Date of the meeting</b>	20/01/2016
<b>Author</b>	S Shead, Director of Nursing and Quality
<b>Sponsoring Clinician</b>	Dr P French, Locality Chair for East Dorset
<b>Purpose of Report</b>	This reports details the assurance process which has occurred to date in relation to the additional funding for patients aged 75 and over within Primary Care, and outlines the future plans for monitoring these services.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Member Practices are involved in developing the plans and delivering the services using this funding.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology			✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : SS

## 1. Introduction

- 1.1 NHS England determined, in its planning for patients in 2014/15 'Everyone Counts', that CCGs were 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.
- 1.2 The CCG was expected to provide additional funding to commission additional services which practices, individually or collectively, have identified would further support the accountable GP in improving quality of care for older people.
- 1.3 In May 2014, Dorset CCG agreed that this funding would be made available at £5 per head of population and that the funding would be allocated according to the number of over 75s per practice population, which equates to £43.70 for patients aged 75 and over, and a total sum for the CCG of £3.88 million.
- 1.4 Dorset CCG Governing Body voted at the meeting held on 21 May 2014 for applications for this funding to be made at either individual Practice level or on a wider locality basis. Since then, the vast majority of member practices have submitted business plans to support their applications for this funding, which have subsequently been approved using the approved CCG process.
- 1.5 Where a small number of practices have chosen not to submit a proposal, alternative solutions for providing the appropriate service to those practice populations of aged 75 and over are being put in place.
- 1.6 An assurance process for the ongoing assessment and review of these plans, which includes measurement against agreed Key Performance Indicators (KPIs) was agreed by the Governing Body in November 2014.
- 1.7 The first assurance review panel met in June 2015, to assess the progress and effectiveness of the schemes in place, and a second assurance panel met in December 2015.
- 1.8 This report summarises the current position of the schemes, as of December 2015, and sets out the proposed continuation of the assurance process.

## 2. Report

### **All three domains of Quality (Safety, Quality, Patient Experience)**

- 2.1 The KPIs for the Over 75s schemes have previously been agreed by the CCG Governing Body.
- 2.2 The Assurance Panel, which met in December 2015, reviewed the data which was available for all practices and localities, which was mostly in relation to emergency admissions and Emergency Department attendances.

- 2.3 The Panel agreed that it is too early to draw conclusions about the effectiveness of the schemes using this information alone, and also acknowledged that factors out of Practices' control during the past year (such as the ineffectiveness of the flu vaccination) needed to be taken into consideration.
- 2.4 It was clear from the data that there were some wide variances across the County and there was caution about the accuracy of the data, so the panel agreed that more work needed to be undertaken to review coding for admissions across the local acute trusts, and to ensure the data is accurate. This work is now underway.
- 2.5 It was recognised that more qualitative information is required in order to more effectively evaluate the schemes, as agreed by the Governing Body in September 2015.
- 2.6 The Primary Care Team have been developing plans for collection of the qualitative information, and are planning to undertake some Practice visits early in 2016, to audit how the schemes are impacting on care for the Over 75s in practice.
- 2.7 In addition, the Locality Management Teams are undertaking work to establish which schemes are working well and which are not, using local intelligence and interpretation, with the intention of sharing good practice with others.
- 2.8 Members of the Business Intelligence Team, Primary Care Team and Quality Team are also developing the process for rationalising reporting requirements and providing better targeted outcome measures in the future.
- 2.9 There will be a further review of the schemes in June 2016 when it is hoped that there will be some clear evidence of areas which are working well and having a positive impact for this group of patients. The intention is then to share this information with areas that are not performing so well, in order to help them to improve.
- 2.10 A letter was sent by Dr Forbes Watson to all participating Practices in December 2015 to inform them of the outcome of the Assurance Panel and to reiterate the fact that the funding is recurrent, with a two year initial contract.
- 2.11 Practices were advised that the contracts will continue to be rolled forward unless there is any reason identified why this should not be the case. Any such decision would be made in conjunction with the contract holder as to what changes should be made to the contract, following a full review of the scheme's effectiveness.

### **Financial/Value for Money/Sustainability**

- 2.12 Payment to the providers of these services has been made by the CCG on receipt of evidence that staff have been employed and costs incurred.

## 3. Conclusion

- 3.1 There are now schemes in place for patients aged 75 and over who are registered with a Dorset GP, which are providing additional services to improve the quality of care and reduce the number of emergency admissions.
- 3.2 A process is in place to monitor whether these services are providing the required outcomes for patients and providing value for money for the CCG.
- 3.3 In order for the assurance process to be robust, further information is required from practices and localities, to enable thorough analysis and determination of outcomes.
- 3.4 It is expected that learning from the more successful schemes will be shared across the CCG to enable the less successful areas to improve their performance.
- 3.5 Practices have been informed of the current position.
- 3.6 The Governing Body is asked to note the progress to date and the development of the assurance process.

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**Date : 29 December 2015**

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