

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

Date of the meeting	16/09/2015
Author	S Shead - Director of Quality
Sponsoring Board Member	Dr K Kirkham - Assistant Clinical Chair
Purpose of Report	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.
Recommendation	The Governing Body is asked to note the report
Stakeholder Engagement	Member Practices are involved in developing the plans and delivering the services using this funding.
Previous GB / Committee/s, Dates	None

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

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.
- 1.8 This report details the position of the schemes as of June 2015 and sets out the proposed development of the assurance process, as well as the approach to managing performance, to be implemented in the second year of the schemes.

2. Report

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

- 2.1 The agreed KPIs for the Over 75s schemes are as follows:

For all plans

- minimum of 3.5% reduction in non-elective admissions, measured by the following subsets:

- * reduction in Top 10 Cluster of Primary Diagnosis reasons for admission, including UTI, respiratory, Pneumonia, Stroke and Heart Failure;
- * reduction in admissions at the weekend;
- * reduction in multiple admissions;
- * reduction in A&E attendances;
- * reduction in non-elective admissions to hospital from nursing homes or residential care homes;
- anticipatory care plans for an additional 2% (over and above the 2% for the DES) of most vulnerable patients;
- increase of special messages to Out of Hours (for at least 2% of patients).

For those plans including additional targeted clinics

- number of people invited to Over 75 clinics, with agreed targets and trajectories for improvement.

- 2.2 The first Assurance Panel, which met in June 2015, reviewed the data which was available for all practices and localities, in relation to emergency admissions.
- 2.3 Data for the months of January to April 2014 was compared with data for the months of January to April 2015. It was noted that the number of emergency admissions had increased overall by 10.4% across the CCG area.
- 2.4 Two Localities were noted to have seen a fall in the number of emergency admissions, these being Bournemouth North and East Bournemouth. Interestingly, both of these localities had very limited implementation of the Over 75 plans at the time of the review and so it was considered that factors other than the Over 75 schemes will have had the greatest impact.
- 2.5 The Panel acknowledged that it was too soon to be able to determine what impact the new schemes are having from the information received. It was agreed that further information is required for the next review meeting, to be held in December 2015, to be able to analyse effectively.
- 2.6 It was agreed that this information should include the data on the remainder of the KPIs, information on the type of risk stratification being used, frequency of Care Home visits, specialist clinics undertaken and information on the effectiveness of the Multi-Disciplinary Team meetings.
- 2.7 The Locality teams have been asked to collect this information in the future using a template which is currently being developed with input from practices. In addition, the business intelligence data on emergency admissions which is currently available is being shared with localities so that they can undertake further local analysis.

- 2.8 It was also agreed that it would be helpful to undertake some more detailed analysis of five of the practices who appeared to be performing well (using existing data in relation to emergency admissions) and five of the practices who appeared to be performing less well. The Business Intelligence Team are undertaking this piece of work in order that we can share learning across the CCG.
- 2.9 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.
- 2.10 Discussions have taken place between the Head of Primary Care, clinicians and the Transformation team about the potential for joining up the current Over 75 schemes with other 'out of acute hospital' services in the future. This could potentially have a greater impact on reducing unplanned admissions and improving the quality of care for older people in the community.

Budgetary Impact

- 2.11 The current position is that, out of the 100 CCG Practices, 98 have an agreed business plan. The majority of these are provided by the practices themselves, but there are a few where services are being provided by another provider.
- 2.12 One of the remaining Practices is due to re-submit a plan imminently and the other has chosen not to submit a plan. This is a very small Practice which only has seven patients registered who are over the age of 75. They therefore believe that they do not require a specific service to be put in place for these patients.
- 2.13 Some of the business plans have not yet commenced and one locality is reviewing its plans after being unable to procure an appropriate provider.
- 2.14 The locality teams are actively working with all practices to ensure the plans are implemented as quickly as possible.
- 2.15 The total budget spent on these services in 2014/15 was £1,201k.
- 2.16 The total spent in Q1 2015/16 was £629k which reflects the 90% on account payment and any non-recurrent start-up costs.

Financial/Value for Money/Sustainability

- 2.17 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.
- 2.18 The contracts for each of the schemes includes an agreement that 90% of funding will be paid in equal proportions, and that a reconciliation process will then take place in respect of the actual costs at the end of February in each year and at the end of the contract period. This enables the CCG to have a

final end of year position to report in the accounts and to ensure that appropriate costs have actually been incurred.

- 2.19 It has previously been agreed that 100% of monies will be paid to the providers of these services during the first year of their plans, as it has been acknowledged that it is likely to take at least a year before any measurable outcomes are seen.

Therefore, a self-certification declaration is being requested for release of the 10% balance for all schemes at the end of their first year.

- 2.20 The Assurance Panel proposed that, in Year two and subsequent years of the plans, the same arrangement should be in place but the 10% will be paid upon evidence of the KPIs being achieved and/or demonstrable improvements being achieved.
- 2.21 This was proposed at the Joint Primary Care Committee in August 2015, but the Committee was unable to approve this. Following further discussions, which have included the LMC, it is now proposed that there will not be any withholding of 10% of the funds subject to KPIs being achieved.
- 2.22 The contracts will be managed as per the usual NHS Standard contractual process whereby, if performance is deemed not to have been achieved, a remedial action plan will be agreed between the CCG and the provider with improvement trajectories put in place.
- 2.23 The Assurance Panel acknowledges that many factors may influence the achievement of the KPIs and therefore the reviews of each plan will require local interpretation and achievement will not be based totally on the KPIs. The additional information detailed in section 2.6 of this report will be considered by the panel when reviewing the schemes in future. Patient experience information will also be sought where possible.

3. Conclusion

- 3.1 The majority of patients aged 75 and over who are registered with a Dorset GP are now receiving additional services to improve the quality of their care and reduce the number of emergency admissions. There are plans in place for the remainder of this population group to receive these additional services as well.
- 3.2 A process is in place to ensure that that 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.

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- 3.5 Further consideration of the Over 75 schemes being incorporated into wider 'out of acute hospital' services will continue as these develop.
- 3.6 The Governing Body is asked to note the progress to date and the development of the assurance process.

Author's name and Title : Sally Shead, Director of Quality
Date : 20 July 2015
Telephone Number : 01305 368070