Appendix 1

IMPROVING THE CARE FOR OLDER PEOPLE

(PLANNING GUIDANCE 14-15) FRAMEWORK

N.B Total Dorset Investment per year £3.88 million

1. Introduction

1.1 This paper sets out the framework applicable to the funding allocated by NHS Dorset Clinical Commissioning Group to support practices in improving the care for patients aged 75 or over to reduce avoidable admissions.

2. National Guidance

2.1 The National Guidance sets out the following criteria which must be adhered to in developing these services:

- must be used to commission additional services to improve the quality of care for older people;
- work in conjunction with the new directed enhanced services to avoid unplanned admissions for vulnerable people;
- in some instances practices may propose to use the new funding for general practice services over and above the core GP contract and local enhanced service contracts (examples are shown at appendix 1);
- in other circumstances practices may propose that this money be invested in other community services or to secure better integration with primary care;
- practice plans should be complementary to initiatives through the Better Care Fund;
- CCGs to ensure that individual practices can have as much influence as they need over the commissioning of associated community services, community nursing especially district nursing and end of life care.

2.2 Localities/Practices should consider how this links to Admissions Avoidance DES plans.

Plans should help support delivery of national outcomes and targets for reducing avoidable admissions for people 75 years and over.

3. Local Context

3.1 There are several sources of funding available for primary care development and to set the local context it is worth summarising them here:

Source	Funding allocated	Recurring/non-recurring	Further information
Improving the Care for Older People	£5.00 per head*	Recurring	Allocated based on registered population over 75 years
Admission Avoidance DES	£2.87 per head	NHS England responsibility	
Local Improvement Plan (was CC LES)	£3.00 per head	Reviewed annually – fund recurrent	

3.2 Locally this funding will be made available once agreed schemes commence

3.3 Practices wishing to access this funding must demonstrate that they are working together with other practices in their locality and demonstrate full sign up to local plans

3.4 It is expected that all Practices will also deliver the admission avoidance directed enhanced service as this forms part of the programme for local action

4. The source of pressures in elderly care

4.1 Where are the greatest issues with regard to older people?

- likely to be demands from care/nursing homes;
- lack of family/social support for those living alone in own home;
- support for nursing and care homes to manage their residents complex conditions;
- capacity issues: acute, community and independent sector.

5. What can be realistically achieved in 2014/15

5.1 With such a large investment it is important to maximise the improvement through planning and to follow through with specifications and recruitment/procurement. This may lead to difficulties in committing this recurring source of funds in 2014/15 and a part year effect of funding is expected this year.

5.2 The Localities should work with Programmes to pick up local needs and priorities that can be considered for further investment in for 2015/16.

5.3 A number of suggestions are shown at Appendix 1 but this list is not intended to be exhaustive.

5.4 As greater impact is likely to be achieved if schemes are delivered at scale practices are expected to work together across Localities or larger geographical areas.

6. The Process

Business Cases:

6.1 Practices should refer to further guidance contained in the appendices of this document –this will form the basis of an information pack for General Practice to accompany this framework guidance;

6.2 Must be prepared by individual practices working with other Practices at a Locality/cluster level. Localities should submit a locality-wide summary (or collation) of plans but with clear practice implications.

6.3 Local authority representative may be invited to be involved in the process at locality level.

6.4 A member of the Quality team will work with Localities to support this process.

6.5 Business Cases will only be accepted using the given templates. A template should be completed by all Member practices and submitted together with an overall Locality/Cluster business plan.

6.6 Timetable for submission and approval will be:

- framework approved by Governing Body 21 May 2014;
- framework introduced at Members event 11 June 2014;
- Principal Locality Lead to work with practices/localities by 31 July 2014 to develop and recommend plans (subject to final Assurance) – this process will be supported by CCG commissioning support staff to provide evidential information where required;
- assurance committee will meet early in August to give final assurance on locality approved plans to enable investment in 2014/15;
- annual performance review against outcome measures by Primary Care Committee by end of June 2015.

7. Assurance Process

7.1 Following the submission of plans with initial locality approval (subject to Assurance) the Assurance Group (ahead of the JPCC) will meet for a single day or part thereof to census-check the decisions and provide assurance.

7.2 This will be at a one day review and response session attended by:

- Director of Service Delivery;
- Deputy Directors of Review Design and Delivery *3;
- NHS England representative;
- Principal Locality Leads *3;
- Deputy Director of Quality;
- Deputy Director of Finance;
- GPs without a conflict of interest (Chris McCall and Paul French?).

7.3 Considerations for Locality Approval/Assurance:

- are the local issues clearly detailed?
- are these evidenced by supporting information?
- do the proposals meet the national criteria?
- do the proposals overlap with any other funding plans?
- do these plans conflict with any other locality or CCG-wide proposals?
- are measureable outcome indicators clear at locality/practice level?
- do the proposals address the issues identified?
- does the business case financial plan allow the funding to be committed this financial year as well as recurrently?

Appendix 1

EXAMPLES OF POTENTIAL TYPES OF INVESTMENT

Procurement rules would need to be considered here.

EXAMPLES OF POTENTIAL TYPES OF INVESTMENT

- additional primary care to support planned care seven days per week;
- additional services including primary care, community services, social care, additional voluntary services, additional services from Pharmacies;
- work with Care Homes to improve outcomes for patients including anticipatory care planning and avoiding inappropriate use of hospital and emergency services;
- supporting function and effectiveness of MDTs identified 2%;
- care and nursing homes have named GP/HCP;
- extended GP/practice nursing time to care for the elderly through, this could be for example extending practice appointment times;
- prescribing effectiveness;
- supporting social/health care integration;
- existing services that have insufficient capacity e.g. twilight nursing, night sitting service;
- strengthening roles in admission to and/or discharge from hospital;
- strengthening social care/ independent sector support;
- ensuring all relevant successful primary care additional services within local contracts are available across the CCG area;
- how to better support end of life at home;
- use of available technologies to support independent living – Procurement rules would need to be considered here;
- development of a skills directory and minimum skills required at practice-level, locality level and cluster level. This could include advice and support;
- locality Directory for over 75's – commissioned pathways and community services;
- full training programme to support care for the elderly;
- purchase of practice-based risk software to identify high risk elderly patients.