

Meeting of Primary Care Commissioning Committee

Date: 26th November 2019

Time: 9.00am – 10:50am

Location: Clevedon Hall, Elton Road, Clevedon, North Somerset, BS21 7RQ

Agenda Number :	6
Title:	Local Enhanced Services Update
Purpose: For Information	
Key Points for Discussion:	
<p>The purpose of this paper is to inform the committee of the current position of the CCG Commissioned Locally Enhanced Services as at Quarter 2 of 2019/20.</p> <p>This report summarises:-</p> <ul style="list-style-type: none"> - an update against the intended outcomes of the LES - current activity data, - financial performance and forecast - Provides an update on Business Intelligence move towards automatic extraction and associated payment. 	
Recommendations:	The committee are asked to note the contents of this report for information
Previously Considered By and feedback :	Not Applicable
Management of Declared Interest:	Not Applicable
Risk and Assurance:	The LES outcomes are not fully appreciated until the end of Q3 leaving little time to assess and make decisions to inform 2020/21 LES arrangements
Financial / Resource Implications:	There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.

Legal, Policy and Regulatory Requirements:	There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.
How does this reduce Health Inequalities:	Monitoring of Primary Care performance alongside practice demographic information will highlight areas of variation of services, which will then be addressed accordingly.
How does this impact on Equality & diversity	Monitoring of Primary Care performance alongside practice demographic information will highlight areas of variation of services, which will then be addressed accordingly.
Patient and Public Involvement:	Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.
Communications and Engagement:	There are no specific communication issues highlighted as a result of this paper. Any contractual change requests that require further engagement will be highlighted via separate papers.
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Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning

Agenda item: 6

Report title: Local Enhanced Service Update November 2019

1. Background

The Primary Care Commissioning Committee signed off the current suite of Local Enhanced Services in January and February 2019. Every practice in BNSSG have been offered the chance to sign up to each enhanced service for delivery from 1 April 2019 for the duration of 1 year.

The full list of Local Enhanced Services for 19/20 are:

- Anticoagulation Advanced
- Anticoagulation Basic
- Dementia
- Insulin Initiation
- GP Practice Support to Care Homes
- DVT Pathway for Patients Presenting in General Practice
- Specialised Medicines Monitoring
- Supplementary Services

2. Uptake

The sign up rates for each enhanced service are:

	ICE (13)	N&W (15)	South Bristol (14)	South Glos (23)	Weston & Worle (9)	Woodspring (6)	Total (80)
Anticoag Advanced	0	1	1	0	9	6	17
Anticoag Basic	13	14	13	23	0	0	63
Insulin	12	12	13	20	8	6	71
Dementia	13	15	14	23	9	6	80
DVT	11	14	14	23	9	6	77
Specialist Meds Monitoring	13	15	14	23	9	6	80
GP Support to Care Home	6	13	8	22	9	6	64

3. Outcomes and Reporting

The intended outcomes associated with each enhanced service are summarised in Appendix 1. Where LES outcomes are not yet reported at the end of Q2, dates data or audits will be available are provided.

4. Anticoagulation Advanced

a. Summary

This enhanced service outlines both an Internationalised Normalised Ratio (INR) monitoring and Vitamin K antagonist dosing service for patients receiving vitamin K antagonists medications. Vitamin K antagonists have a valuable role in blood clot and stroke prevention, with regular monitoring required to prevent adverse effects.

In the advanced service the practice provides a service obtaining finger-prick blood samples from patients using point-of-care INR testing technology to determine the patients INR test result.

The GP practice uses appropriately governed anticoagulant management software, to help make decisions on the appropriate dosage of vitamin K antagonist and communicate the required dosage to the patient.

17 practices are signed up to the Anticoagulation Advanced service. All practices that are signed up use a software called 'INRstar'. North Somerset practices have their licence funded by BNSSG CCG.

b. Current delivery as at Quarter 2

Forecast Activity	Quarter 1	Quarter 2	Spend to Date
2,065	1,417	2,065	£86,106

In quarter 1 2019/20 1,417 patients were recorded as being eligible for the anticoagulation advanced service. In quarter 2 this number increased to 2,065. The planned figure for 19/20 was 2,065 and therefore this remains in line with plan.

c. Update on Outcomes

Practices are required to submit an audit template by 1 December 2019. This will provide practices with the opportunity to review the success of the practice in maintaining their patients who are prescribed warfarin, acenocoumarol or phenindione within the designated INR range as part of quality assurance following national standards of care. Practices who identify that they are below the required standards will be asked to describe the outcome of the audit including any actions taken or planned. An update on the results of this audit will be available in February 2020. The audit is only applicable to practices offering the advanced service.

5. Anticoagulation Basic

a. Summary

This enhanced service outlines both an Internationalised Normalised Ratio (INR) monitoring and Vitamin K antagonist dosing service for patients receiving vitamin K antagonists medications. Vitamin K antagonists have a valuable role in blood clot and stroke prevention, with regular monitoring required to prevent adverse effects.

In the basic service The GP practice provides a phlebotomy service obtaining venous blood samples from patients prescribed a vitamin K antagonist.

The venous blood sample is supplied to a secondary care organisation to establish the patients INR and for the secondary care organisation to make decisions on the appropriate dosage of vitamin K antagonists and communicate the required dosage to the patient.

63 practices are signed up to provide the anticoagulation basic service.

b. Current delivery as at Quarter 2

Forecast Activity	Quarter 1	Quarter 2	Spend to Date
3,041	2,438	2,913	£76,252

In quarter 1 2019/20 2,438 patients were recorded as being eligible for the anticoagulation basic service. In quarter 2 this number increased to 2,913. The planned figure for 19/20 was set at 3,041 and therefore this enhanced service remains under plan year to date.

6. Dementia

This enhanced service is to provide an enhanced level of care to ensure recognition and management of Dementia patients within primary care.

80 practices are currently signed up to this enhanced service. Each practice received a £515 sign up payment.

This service was new to North Somerset and South Gloucestershire. Education events were set up for those practices. A total of 26 practices attended the events. Due to the limited attendance a further event is planned for February 2020. This event will be open to all practices across BNSSG.

a. Current delivery as at Quarter 2

	Forecast Activity 19/20	Quarter 1	Quarter 2	Spend to Date
Diagnoses	1,352	306	469	£130,975
Reviews	2,856	634	1056	£69,713

Practices are paid for the number of diagnoses and the number of reviews they undertake in the quarter. For quarter 1 practices were asked to submit a manual claim form. A total of 306 diagnoses were claimed and a total of 634 reviews were carried out.

For quarter 2, data has been extracted automatically from EMIS. This shows a total of 469 diagnoses and 1056 reviews. The plan for this enhanced service was set at 1,352 diagnoses and 2,856 reviews. If the current volumes continue it is estimated that the rates for both will be greater than originally estimated.

b. Update on Outcomes

Current data shows an increasing level in the number of dementia diagnoses and reviews being undertaken. This will support delivery of the aims of the enhanced service. A repeat of the GP education events will further support this increasing trend.

When published (in 2020) it is hoped that there will be an improvement against the measure DEM005: The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the register.

7. Insulin Initiation

This enhanced service is intended to improve the quality of life for patients with Type 2 Diabetes Mellitus, improve the patient's understanding of his or her condition and reduce referrals to secondary care which will make the service more local and accessible to patients.

Under this enhanced service practices are required to provide an insulin initiation service for patients with type 2 diabetes which is convenient to the patient and provides safe, high quality, evidence based effective care. The service must have a designated lead within the practice/locality. In usual circumstances routine insulin initiation and other non-insulin injectable diabetes treatment initiation must be provided by the practice and its employed clinical staff and not by community or specialist nurses.

71 practices are signed up to provide the insulin initiation enhanced service.

a. Current delivery as at Quarter 2

Forecast Activity	Quarter 1	Quarter 2	Spend to Date
340	100	49	£26,075

In quarter 1 2019/20 100 patients were claimed as being initiated onto insulin under this enhanced service. In quarter 1 practices submitted a manual claim to inform us of their activity. For quarter 2 this has moved to an EMIS automatic extract. This extract shows that 49 patients have been initiated onto insulin under the enhanced service across quarter 2. The plan for this enhanced service was set at 340 initiations for the year and therefore based on current figures the forecast is under the initial plan.

b. Update on Outcomes

Data to demonstrate an improvement in the national diabetes audit score will not be available in this contract year. It is expected to be published in June 2020.

Data to establish the number of emergency admissions to acute hospital trusts with a primary diagnosis of 'diabetes mellitus' is being sourced for quarter 1 and quarter 2 and will be presented when available. It is anticipated that a reduction in emergency admissions is an indicator of the success of the enhanced service.

Data is being requested to establish if practices signed up to the LES are continuing to refer patients to Diabetes Specialist Nurses for a GLP1 start. Bristol Community Health has raised this as an issue and has requested permission to refuse such referrals.

8. GP Practice Support to Care Homes

This enhanced service is designed to improve the care and lives of people living in care homes – such as reducing inappropriate admissions and ensuring care is received where they need it and request it.

The GP Practice Care Homes Support Local Enhanced Service specification is a practice led initiative that requires GP practices to work together to rationalise the number of patients each has within each care home with the vision of having one GP Practice per care home or per unit/floor for the larger care homes.

To provide pro-active care effectively the frequency of the ward rounds should be at least fortnightly, in addition the GP or appropriate clinician should attend with the care home manager a quarterly shared learning and practice review of emergency admissions.

64 practices are signed up to provide GP practice support to Care Homes covering a total of 3,411 nursing beds and 1,935 residential beds.

a. Current delivery as at Quarter 2

	Forecast Activity 19/20	Quarter 1	Quarter 2	Spend to Date
Nursing	3,411	2,624	1,926	£259,728
Residential	1,935	1,970	995	£86,549

Across quarter 1 practices submitted claims against 2,624 nursing beds and 1,970 residential beds. For quarter 2 this has dropped to 1,926 nursing beds and 995 residential beds. Not all practices have submitted claims so therefore this figure is anticipated to rise. Currently the activity being claimed is under the anticipated plan.

b. Update on outcomes

Early analysis shows that for care homes with the enhanced service in place Emergency Department attendances and non-elective admissions have not reduced compared to the same period last year. There are a number of caveats associated with the data and therefore this cannot be viewed in isolation as a measure of success for the enhanced service.

Data is being analysed to assess the number of patients admitted to hospital from a care home who then go on to die in hospital. This figure was anticipated to reduce for care homes with the LES in place due to the advanced care planning featured as part of the standard operating procedure.

9. DVT Pathway for Patients Presenting in General Practice

This enhanced service is to provide phase 1 of the overall DVT pathway across BNSSG CCG. The remainder of the pathway is provided by GP Care. The specification sets out a model for the service of initial assessment of people presenting at the practice with a suspected DVT and facilitates onward referral to GP Care for a direct access ultrasound.

For the enhanced payment applicable to phase 1 of the pathway the GP practice can either, perform a point of care d-dimer test using kits from practice stock, or, undertake a d-dimer test by drawing venous blood and sending this to the laboratory for assay. The GP practice are responsible for reviewing and informing the patient of the d-dimer results as well as anticoagulating the patient until the d-dimer result is available and a GP can act on the result.

a. Current delivery as at Quarter 2

Forecast Activity	Quarter 1	Quarter 2	Spend to Date
1,100	331	546	£30,430

Across quarter 1 practices submitted manual claims for the number of point of care d-dimer tests carried out and the number of tests carried out by sending off a blood sample. A total of 331 tests were claimed (162 using kits / 169 venous samples). For quarter 2 the claim process has moved to an EMIS automatic extract. The extract is showing a total of 546 tests were carried out (250 using kits / 296 venous samples) which represents an increase in activity. The plan for this

enhanced service was set at 1,100 tests across the year, but with current rates this enhanced service is forecast to be in excess of that plan.

b. Update on Outcomes

GP Care are responsible for the onward management of patients referred through this enhanced service. It was reported that a number of patients were being referred to GP Care without the patient being anticoagulated, GP care conducted an audit and identified an issue with the recording of patients that are already on long term anti coagulation, this resulted in a refresh of the data. GP Care have not flagged any specific concerns relating to phase 1 of the pathway.

The BNSSG CCG transformation team will conduct an evaluation into the new pathway in January 2020. This will include a review of secondary care expenditure, any costs as a result of the enhanced service will be factored in to this review.

10. Specialised Medicines Monitoring

This enhanced service outlines a specialised monitoring service for certain immunosuppressant and anti-inflammatory treatments. Appropriate and vigilant monitoring during therapy is required to minimise the risk of adverse effects and maintain patient safety.

The medicines currently requiring monitoring as part of this LES are:

- Azathioprine
- Denosumab (Prolia) 60mg/ml
- Leflunomide
- Mercaptopurine
- Methotrexate
- Penicillamine
- Sodium aurothiomalate
- Sulfasalazine

GP practices are required to ensure that the correct monitoring and investigations are done, at the correct frequency according to the SCP and/or specialist advice, and the results of the investigations are reviewed and appropriate action is taken as required, including amendment of the current prescription.

80 practices are signed up to provide specialised Medicines Monitoring.

a. Current delivery as at Quarter 2

Forecast Activity	Quarter 1	Quarter 2	Spend to Date
8,101	7,233	7,402	TBC

As at quarter 1 7,233 patients were identified as receiving the medicines that require monitoring under this enhanced service. The level of monitoring and associated tariff varies depending on the drug. As at quarter 2 this number has increased to 7,402. It was estimated that 8,101 patients would be eligible for this enhanced service and therefore against current estimates are that this enhanced service is in line with plan.

b. Update on Outcomes

Practices are required to submit an audit template by 1 December 2019. The purpose of the audit is to ensure that GP practices are delivering the correct monitoring and investigation, at the correct frequency according to protocol and / or specialist advice, and that the results of the investigations are reviewed and appropriate action is taken as required, including amendment of the current prescription. An update on the results of this audit will be available in February 2020.

11. Reporting

As identified in appendix 1, there are a number of data lines that will be available for reporting during quarter 4. Some data will not be published until after April 2020 and therefore will not be useful in assessing the impact of the associated enhanced service in the current financial year.

12. Review of Local Enhanced Services and Introduction of national Network Services from April 2020

The 2020 Improved Access design group will evolve to become the Local Enhanced Service review group in January 2020 and has cross CCG cross directorate representation. The purpose of this group will be to review the current suite of enhanced services that are all due to expire on 31 March 2020. The review will be undertaken using data and information available and ensure that future commissioning of enhanced services aligns to CCG strategic priorities in line with the NHS Long Term Plan. Consideration will also need to be given to the emerging network service specification. Following the establishment of Primary Care Networks one of the core duties of every network will be to deliver seven national service specifications:

- Structured Medications Review and Optimisation
- Enhanced Health in Care Homes
- Anticipatory Care Requirements
- Personalised Care
- Supporting Early Cancer Diagnosis
- CVD prevention and Diagnosis
- Tackling Neighbourhood Inequalities

CVD and inequalities commence in 2021/22 with all others beginning in 2020/21. The content of the specifications in currently in review and BNSSG CCG are working with colleagues at NHS England to support the development where appropriate. The final specifications are due for publication in February 2020. Commissioners will need to ensure that any local enhanced service offer for 2020/21 does not duplicate or contradict the aims of the national specifications.

13. Financial resource implications

There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.

14. Legal implications

There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.

15. Risk implications

There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers.

16. Implications for health inequalities

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

17. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

18. Consultation and Communication including Public Involvement

Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

19. Recommendations

PCCC is asked to recognise the: -

- update against the intended outcomes of each Locally Enhanced Service (LES)
- current activity data, and associated spend

**Report Author: Louisa Darlison, Senior Contract Manager
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Report Sponsor: Lisa Manson, Director of Commissioning

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

APMS	Alternative Provider of Medical Services - Type of GP contract
GMS	General Medical Services – Type of GP contract
PMS	Personal Medical Services – Type of GP contract

Appendix 1 Primary Care LES Outcomes Reporting

Appendix 1 Outcomes of LES Schemes

1. Dementia

Links to Outcomes Framework	Dementia Outcomes	Proposed Reporting	Notes / Issues date data expected
Domain 1 Preventing people from dying prematurely			
Domain 2 Enhancing quality of life for people with long-term conditions	✓ There is a culture in primary care of dementia being viewed and managed as a long term condition	Number of dementia annual review templates completed.	April 2020
Domain 3 Helping people to recover from episodes of ill-health or following injury	✓ There is a sustained level of diagnosis of dementia and on-going management in primary care, with appropriate signposting to post diagnostic services	Number of visits to REMEDY Dementia page; Improvement in QOF score DEM005 *	Assessing if it is possible to monitor 'remedy' website traffic QOF data only available annually. Most practices already achieve a high score data available May 2020
Domain 4 Ensuring people have a positive experience of care	✓ People with dementia and their family/carers are highly satisfied that their GP practice understands their dementia and that they gain relevant information about their dementia; Carers receive appropriate information and are signposted to support, to enable them to take a break BNSSG has an appropriately trained workforce of health professionals who are highly competent in supporting people with dementia	Patient and carer questionnaires Number of primary care staff attending training courses	CCG resource to undertake questionnaires being explored Data available from quarter 1 and following subsequent events in quarter 4

Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm	✓ An increased number of people with dementia receive a timely diagnosis in primary care	Payment data collection monitoring re dementia diagnoses / templates completed	Available quarterly Data not available, from EMIS search and report at present
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*DEM005: The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the register

2. Anticoagulation basic and advanced

Outcomes Framework	Antocoag Outcomes	Proposed Reporting	Notes / Issues date data expected
Domain 1 Preventing people from dying prematurely	✓ To safely initiate and maintain suitable patients on vitamin K antagonist therapy. Providers work together and share anticoagulation data to support safe and effective care.	Payment data collection, audit	Payment data available quarterly Audit is due for return at end of December, data available for publication February 2020
Domain 2 Enhancing quality of life for people with long-term conditions	✓ To improve patient education in relation to their treatment, target INR range, the effects of over or under anticoagulation, the effect of diet and lifestyle and the importance of medication interactions.	No data source identified	
Domain 3 Helping people to recover from episodes of ill-health or following injury	✓ To ensure that patients who do not regularly achieve therapeutic INRs are reviewed and appropriate action is taken for improvement	6 monthly audit	Audit is due for return at end of December, data available for publication February 2020
Domain 4 Ensuring people have a positive experience of care	✓ To provide patients with the information they need to safely manage their treatment.	6 monthly audit	Audit is due for return at end of December, data available for publication February 2020

Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm	✓ To monitor the safety and effectiveness of vitamin K antagonist treatment by ensuring the INR is measured at appropriate regular intervals GP practice to collaborate with specialists when necessary to assist in the management of patients with very high INR results.	Payment data collection monitoring 6 monthly audit reports	Payment data available quarterly Audit is due for return at end of December, data available for publication February 2020
Other	✓ To improve patient compliance with medication To reduce adverse side effects	No data source identified	

3. Insulin Initiation

Outcomes Framework	Insulin Outcomes	Proposed Reporting	Notes / Issues date data expected
Domain 1 Preventing people from dying prematurely	✓ Diabetes Insulin initiation occupies an important place in the management of type 2 diabetes . The National Diabetes Audit has shown BNSSG as outliers for 'diabetes treated to target'. Skilled clinicians are required in general practice for recognising insulin as the clear next step and initiating it with confidence as part of normal work	Improvement in National Diabetes Audit score 'diabetes treated to target'	National Diabetes Audit is available annually 2017-18 data was published in June 2019
Domain 2 Enhancing quality of life for people with long-term conditions	✓ To reduce the long term complications of diabetes To reduce non-elective hospital admissions in patients with diabetes	Change in emergency admissions with a primary diagnosis of diabetes mellitus	Data available from January 2020 Also used to measure effectiveness of anti-coagulation LES
Domain 3 Helping people to recover from episodes of ill-health or following injury			
Domain 4	✓ To improve the quality of care provided in the		

Ensuring people have a positive experience of care	community to patients with type 2 diabetes by making the service more accessible and responsive. This is facilitated by the shift from secondary to primary care and removing the need for patients to travel to acute trusts to undergo Insulin Initiation	Reduction in diabetes first outpatient appointments	Data available from January 2020
Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm	✓ To reduce the long term complications of diabetes	Reduction in referrals to community podiatry services Reduction in referrals to ophthalmology diabetes services	Data available from January 2020 Data available from January 2020 Reduction in long term complications may take some years to become apparent

4. DVT

Outcomes Framework	DVT Outcomes	Proposed Reporting	Notes / Issues date data expected
Domain 1 Preventing people from dying prematurely	✓ To ensure patients are clinically assessed appropriately by their GP and suitable patients are referred for a direct assess scan as per NICE guidance	Number of DVT risk assessment templates completed	Data cannot be extracted but proxy would be the number of D-dimer tests assuming the appropriate risk assessment process has been followed as per the specification
Domain 2 Enhancing quality of life for people with long-term conditions	✓ To improve patient care and experience by minimising the number of hand offs between clinical teams, to direct access scans	% DVT risk assessment not referred for direct access scans	Data available from January 2020, GP Care will provide this through contract monitoring for the wider pathway.
Domain 3 Helping people to recover from	✓ To enable patients with low risk for DVT to have DVT ruled out at their GP surgery	% DVT risk assessment not referred for direct access scans	Data available from January 2020, GP Care

episodes of ill-health or following injury			will provide this through contract monitoring for the wider pathway.
Domain 4 Ensuring people have a positive experience of care	<p>✓ To reduce unnecessary referrals, investigations and treatment</p> <p>To ensure clear communication between the patient and the clinician in relation to DVT care</p>	Patient feedback for DVT service	Note that this will relate to whole service, not just GP element. Patient feedback to form part of the evaluation of the service due to begin from January 2020.
Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm	<p>✓ To reduce variation in DVT assessment and management, and provide a consistent approach</p>	Emergency admissions for DVT	Data available from January 2020.

5. Specialist Medication Monitoring

Outcomes Framework	SMM Outcomes	Proposed Reporting	Notes / Issues date data expected
Domain 1 Preventing people from dying prematurely			
Domain 2 Enhancing quality of life for people with long-term conditions	<p>✓ To improve patient engagement through a regular monitoring service for their long-term condition that is provided in an organised manner in a convenient location. Appropriate and vigilant monitoring during therapy is required to minimise the risk of adverse effects</p>	<p>Reduction in rheumatology and gastroenterology outpatient appointments</p> <p>6 monthly audit</p>	<p>Data available from January 2020</p> <p>Audit is due for return at end of December, data available for publication February 2020</p>
Domain 3 Helping people to recover from			

episodes of ill-health or following injury			
Domain 4 Ensuring people have a positive experience of care	<p>✓ To provide a monitoring service in collaboration with specialists that is close to the patient</p> <p>To provide patients with the information that they need to safely manage their treatment</p>	<p>Patient questionnaires</p> <p>6 monthly audit</p>	<p>CCG resource to undertake questionnaires being explored</p> <p>Audit is due for return at end of December, data available for publication February 2020</p>
Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm	<p>✓ To monitor the safety and effectiveness of treatment by performing defined investigations monitoring at defined regular intervals</p> <p>To evaluate the quality of care delivered through an annual review process and to effect change when required to improve the service provided</p>	<p>Outcomes from annual review</p> <p>6 monthly audit</p>	<p>Only available annually post April 2020</p> <p>Will require Meds Management support to identify issues</p>

6. Care Homes

Outcomes Framework	Care Home Support Outcomes	Proposed Reporting	Notes / Issues date data expected
Domain 1 Preventing people from dying prematurely			
Domain 2 Enhancing quality of life for people with long-term conditions	<p>✓ To maintain care home residents' good health and well being</p>	<p>Reduction in emergency admissions to hospital for care home residents</p> <p>Will split between homes with /</p>	<p>Data due for reporting from December 2020.</p>

		<p>without coverage. Homes who have lost coverage between 18/19 and 9/20. Homes that have gained coverage in 19/20. Split out homes for patients with learning disabilities.</p> <p>Review admissions data and give considerations for predicted growth.</p>	
<p>Domain 3 Helping people to recover from episodes of ill-health or following injury</p>			
<p>Domain 4 Ensuring people have a positive experience of care</p>	<p>✓ To ensure care home residents can choose their place of death</p> <p>To ensure care is received where care home residents need and request it.</p> <p>To ensure all residents have a registered GP of their choice.</p>	<p>Patients with 'patient escalation plan in place' per the care homes template</p> <p>Patients with 'personal care plan completed' per the care homes template</p>	<p>BI exploring whether an EMIS search is possible</p>
<p>Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm</p>	<p>✓ To reduce inappropriate admissions to hospital through the End of Life pathway, Advance Care Planning and case management support</p>	<p>Reduction in patients admitted from a care home dying in hospital</p>	<p>Data available from January 2020.</p>