NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

RESIDENTIAL HOMES SERVICE 2019-20

1. Aim of this Agreement

The aim of this Local Commissioned Service is to improve through good working relationships the quality and continuity of care provided to residents in residential homes across Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). This local service also seeks to promote alignment of GP Practices to these residential homes.

The term 'enhanced care' encompasses those activities, relating to patients in residential homes that have been identified as being activities over and above those that General Practitioners would normally provide under General Medical Services (GMS). This local service is designed to compliment the GPs responsibility for the long term health care needs and chronic disease management for patients' residential homes. It further relates to the coordinating role of the General Practitioner in supporting enhanced liaison between health professionals and other organisations in the management of such conditions.

The intention of this local commissioned service is to improve input, communication and care planning between GP practices and residential homes and to ensure admissions to hospital are appropriate.

2. Duration of Agreement

The CCG will commission this service for a period of 6 months, commencing **1st April 2019** and ending on **30th September 2019.**

3. Service Requirements under this service

GP practices will be required to adopt a systematic, pro-active and preventive approach to the assessment of the needs of older people who are residents in a Residential Home.

In order to achieve compliance with this agreement Practices who are commissioned under this Local Commissioned Service will be required to meet the following criteria:

1. Ceilings of Care	Practices are encouraged to work towards achieving 'ceilings of care' to avoid admissions where appropriate.
2. Nominate a Lead GP	The Practice is required to nominate a Lead GP responsible for each allocated Residential Home. This GP (or nominated deputy in his/her absence) will be required to deliver general medical care to permanent residents and respite patients in the specified Residential Home. He/she will also act as the interface between the Commissioner, Primary/Secondary Care, Community Services and relatives, to ensure that decisions are made in the individual patients' best interests.
3. Assessment of new admissions and those recently discharged from	An initial assessment which must include a medication review should be completed for ALL patients within a reasonable timescale (ideally within 2 weeks) and a copy retained in the medical records**.** The GP should work pro-

Hospital	actively with the mental health services to ensure assessment of patients needs and follow up in a timely manner. **Required Target 100%** **(A sample assessment template is provided as Appendix A but this does not preclude Practitioners from adopting their own template to meet the needs of the Patient and the individual completing the assessment. Assessment tools should be viewed as a working document given that some information may not be known at the point of the initial assessment. If the Practice is unable to complete within the initial 2 week time period then the reason for this must be documented in the patient's medical records)**
4. Regular Visits	The nominated GP or deputy will commit to undertake a fortnightly visit to the assigned residential home to undertake a "ward round" and to meet with the Care Manager or deputy to offer general support and advice to residential home staff on clinical issues and ongoing care which should also include a review of hospital admissions and discharges. The focus of the "ward round" element of these visits should be on new patients and those in need of clinical review. Notes from these meetings will need to be retained as evidence. In addition the nominated GP or deputy is also required to respond to any contacts from the residential home that fall outside of the fortnightly visit.
5. Maintain Clinical Records	The nominated GP or deputy is responsible to ensure clinical records for all patients are maintained and kept up to date on the Practice clinical system using approved read codes. All key clinical decisions and medication changes should be communicated and recorded by Residential Home Staff. All Clinical records must remain accessible to visiting clinicians and where appropriate shared with others i.e. OOH
6. Medication Reviews	The nominated GP or deputy will be responsible for prescribing in the allocated residential home and will be required to liaise with the local medicines management team and care home staff. A full review of medication for each patient in the Residential Home must be carried out within a 2 weeks of admission to the home and every 6 months thereafter. The reviews should be documented and retained at the Practice and Residential Home. **Required Target 100%** ***This can be demonstrated and evidenced by Practices using the suggested Read Code for each relevant patient***
7. End of Life Care Plans	Individuals should be supported to die in their place of choice. This can be reinforced through advance care planning, personalised care plans and treatment escalation plans. The GP is required to work collaboratively with MDT Co-ordinators, residential home staff, families, Out of Hours, NHS 111 and Older Peoples Specialist Team colleagues to ensure appropriate palliative and terminal care is provided at the end of life for their patient in their preferred place of care/death. This should be achieved through the implementation and maintenance of End of Life Care Plans for all patients considered appropriate. End of Life Care Plans should meet relevant guidelines i.e. Gold Standards Framework and should be updated every 3 months. **Required Target 100%** ***This can be demonstrated and evidenced by Practices using the suggested Read Code for each relevant patient***
8. Dementia Care	a) A timely diagnosis of Dementia is important as is the support required following a diagnosis. Practices to consider if an assessment is required

	and whether after an assessment, a confirmed Dementia Diagnosis should be recorded for the patient. b) Shared care planning is important in delivering high quality personalised care planning and life planning, and for ensuring timely access to secondary care and to specialised mental health services c) Education, training and professional development help ensure that carers, families and staff employed by social care feel supported. d) Medication reviews are particularly important for people with Dementia and should focus on reducing polypharmacy and optimising antipsychotic medication

4. Residential Home Responsibilities

Practices are required to share this service specification with the relevant residential homes so that they are aware of the service and the responsibilities of all parties involved.

The unit manager has the responsibility to Care Quality Commission (CQC) to ensure that they meet the needs of individual patients before admission or readmission after hospital stay.

5. Pricing and Payment Arrangements

- **Pricing**

Practices will receive **£130.00 per Residential Home bed per annum.**

Practices will be commissioned against commissioned levels of activity based on the number of Residential Home beds that the practice provides GP/cover support to in each Residential Home and an indicative budget will be set for the provision of this service.

- **Payment Arrangements**

Practices will be commissioned in the first instance against their commissioned levels of activity and the indicative budget for the provision of each service for the forthcoming year. Practices will receive monthly payments based on the total indicative budget for the year with any adjustments to be made at year end if necessary.

If a practice performs within their indicative budget for that service they will be paid at the full rate. However, payment for over performance will only be paid the full rate for activity above their budget if there is sufficient funding in the enhanced services cash pool.

Practices may be paid a marginal rate for activity above their budget if there is insufficient funding in the Enhanced Services cash pool to pay the full rate. The marginal rate for excess activity may be between 0-99% of the full rate depending on level of over performance across all practices.

Exclusions

This service does not apply to 'extra-care' facilities which include designated intermediate care beds and interim beds under the Winter Pressures fund where GPs are employed directly to provide cover by alternative arrangements.

6. Activity Reporting

Practices are required to submit their activity on a quarterly basis on the number of registered patients in Residential Homes for monitoring purposes only and submit via the Practice Commissioning Statement to capccg.enhancedservices@nhs.net by the 15th day of the following month, following Quarter end.

In addition, Practices must ensure that they are able to provide evidence that they have met the criteria of this commissioned service by undertaking a quarterly review (Appendix C) and make the information available to the commissioner on request.

N.B - Patients in extra care facilities are excluded

If Practices require help or advice on clinical recording, coding and reporting, please contact The Primary Care Information team via the following email address: capccg.primarycareinformation@nhs.net

8. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the CCG and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

9. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

10. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

11. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

12. Serious Incidents (SIs) & Significant Events (SE)

Practices should identify and act on significant events occurring during the delivery of the local commissioned service, in the same way as they do within their other functions. In the case of Serious Incidents (SIs, as defined by the National Patient Safety Agency), practices are required to report the incident to the Commissioner. The practice must lead the investigation of the incident together with other stakeholders, and develop and implement an improvement action plan. SIs requiring investigation include allegations of abuse leading to serious harm, or grade 3 and 4 pressure ulcers.

13. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

14. Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration.