

## Local Enhanced Service for Care of Patients resident in Nursing/Care Homes

### Service Level Agreement

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### Financial Details

- i. In 2009/10 payment for this enhanced service will be based on the number of patients residing in each care home. An annual payment per bed of £125 per annum for residents in Nursing Home beds and £125 per annum for residents in Residential Home beds. Payments will be made based on the numbers of registered beds as at each financial quarter

And will be made using the appropriate claim form to the Primary Care Manager.

- ii. Payment will be separate from any private arrangements made between the health care providers and the Care Home provider. The intention is to ensure that residents are given enhanced support commensurate with their complex needs. It is not to replace private commercial arrangements or to change the responsibilities of the Care Home providers

### SIGNATURE

The practice will need to sign the signature sheet at the end of this agreement.

### 1 Introduction

All GP practices are expected to provide essential and those additional services they are contracted to provide to all their patients. Essential services are defined in Chapter 2 of "Investing in General Practice"\*. Pharmacists provide advice to residential and nursing homes under the pharmacy contract. This local enhanced service specification outlines the more specialised health care services to be provided to patients in care homes. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

### 2 Background

Evidence shows that Registrants in Care Homes have higher needs than other patients for essential medical cover because their medical needs are complex and changeable. They are also usually unable to attend the primary care centre requiring visits to the Care Home, frequent and multiple prescribing interventions and they have a higher than average use of Out of Hours Services.

### 3 Aims and Objectives

The aim of this LES is to maintain and enhance the quality of health care for the residents of Care Homes in association with pharmacy and nursing staff providing health care cover to each Home, so offering consistency, efficiency and a higher quality of service. It is expected that this will reduce unnecessary admissions to Acute Hospitals and the inappropriate use of Out of Hours services by Care Home staff. The key areas include:

- Medication review
- NSF and QOF
- Care Plan
- Root Cause Analysis

### 4 Service outline

This local enhanced service will provide:

- Initial assessment upon admission of new residents, including temporary residents, by completion of the assessment document (Appendix 1) and the development of an appropriate care plan. The care plan should be agreed between the GP, family members and the care home staff, with an additional document detailing the agreed actions in nominated care circumstances, eg: Palliative care; DNR instructions.
- Include care home residents in all relevant audits in support of NICE guidance implementation, National Service Frameworks and Quality & Outcomes Framework.

- *The practice will undertake Root cause analysis for any patient who is admitted into an acute hospital bed from a nursing/care home setting*
- Work with the staff and family to meet the needs of residents who have mental health or learning disabilities needs ensuring details are on the practice register and that care plans are in place.

## 5 Accreditation

Those health care practitioners who have previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

## 6 Termination

This will be by agreement by either the GP practice or the PCT giving one month notice. During the notice period the PCT will work to replace the current practice with a new LES partner or will provide the LES by appropriate alternatives as are identified by the PCT.

In the event of contractual issues failure outside of the formal notification by either partner this will be covered by the PCT disputes procedure as per nGMS.

The exception to this agreement would be in the event of removal of accreditation of the practice whereby the PCT will make immediate temporary cover arrangements to ensure the GMS and pharmaceutical advice needs of the residents in the Care Home continue to be met.

## 7 Monitoring

*The practices will submit Root Cause Analysis and anonymised care plans on a quarterly basis to the PBC Lead*

## Criteria

The guidelines below refer to care in nursing homes. A similar standard would apply to residential homes but frequency of visiting may be less with a patient group who should have less medical needs.

- 1) Element One
  - Continuing Care
    - For those with chronic conditions, all Quality Framework criteria should be met, Details of all residents reviewed should be kept
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- 2) Element Two
  - New Admissions
    - Residents to be seen within *one month (even if records from previous GP have not been received)* of admission for initial examination, assessment

3) Element Three

Root Cause Analysis

- To *review ALL* patients per year who have been admitted into secondary care. See Appendix 2 Please note that Root Cause analysis should be *returned to the PBC Lead each quarter. Any practice who has had no admissions for their patients should send a nil return*

## Nursing/Residential Home Care Plan

Name of patient	GP
Date of birth	GP contact details

Medical condition(s)	Treatment including aims of treatment
Aims of Nursing Interventions	Interventions
Likely medical problems that the patient may develop, eg. UTI.	Preferred management and treatment for those problems
Agreed with nursing home staff?    YES/NO	Agreed with family/relatives?    YES/NO
Signed by GP	Date

## CONTACT DETAILS

Name	Tel number
GP	
Out of Hours contact	
Next of Kin	
Pharmacy	
Social worker (if appropriate)	





## ROOT CAUSE ANALYSIS

Root Cause analysis is a way of understanding why events happened as they did.

Taking into consideration the patients condition, diagnosis and the process that occurred it is important to understand the following factors

- Communication factors
- Team and social factors
- Education and training factors
- Equipment and resources factors
- Working conditions
- Organisational and strategic factors

The analysis should be undertaken by the team involved including the care home staff.

A useful tool when considering an incident is the Five Whys?

1. Why was this patient admitted to hospital?
2. Why?
3. Why?
4. Why?
5. Why?

By the time you have answered the last why you should have a clearer understanding of what the root cause was.

After the completion of the root cause analysis with the home this should be documented and feedback provided to the consortium

Practice .....Date of Incident.....

Residential/Care Home.....

No	Question
1	Causative medical problem or symptom if known.
2	Prior diagnosis
3	Patient on relevant best treatment?
4	Pre existing care plan in place for this situation?
5	Has a similar admission occurred in the preceding year and did any changes in care follow from this?
6	What was found to be the root cause of the admission?
7	Do you feel that the admission was appropriate or could local resources have prevented this?
8	If local resources are available what prevented them being used
9	What further resources could have prevented the admission?
10	Any other comments

South Staffs PCT

Nursing Home Local enhanced Service

Quarterly Return

Please return to .....PBC Lead by the following dates

Practice \_\_\_\_\_

Completed by \_\_\_\_\_

<b>Criteria</b>	<b>Number claimed for</b>	<b>Number of attached records</b>
No of patients claimed for		
No of new patients admitted to the nursing/care home		
Number of patients admitted into secondary care during the quarter		

Practice Name:
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**LOCAL ENHANCED SERVICE FOR  
CARE OF PATIENTS RESIDENT IN NURSING/CARE HOMES**

This document constitutes the agreement between the practice and the PCT in regards to this local enhanced service, as specified.

The practice needs to sign and to agree to the following as set out in this protocol.

**Signature on behalf of the Practice:**

Signature	Name	Date	Job Title/Position

**Signature on behalf of the PCT:**

Signature	Name	Date	Job Title
	Darrell Jackson		Primary Care Manager

The agreement is to cover the 12 months commencing 1st April 2009.

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF PRACTICE SIGNATURE SHEET**