

Locally Enhanced Service for Nursing Home Care

Reference: LES 04

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1. Financial Details

This agreement is to cover the 12 months commencing 1 April 2008.

On agreement with the PCT for the 12 months commencing 1 April 2008, the practices will receive:

An annualised payment of £100 per nursing home bed within the nursing home (or homes) for which the practice (or, potentially, individual GP) is contracted to provide the service. This will be paid on a quarterly basis at one-quarter the total payable for the year.

2. Service Aims

The purpose of this service specification is to ensure that a contractual framework is in place for the provision of enhanced general medical services for all nursing home residents within the borough. The scope of this LES is derived from the current level provision of services by general practitioners to local nursing homes, but acknowledges this is a patient group that exhibits a greater degree of need (and unmet need) than that of the general population of older people in the borough. This underpins the “enhanced” nature of the service, which the PCT will specify as including:

- A dedicated weekly session per nursing home including visits;
- A more comprehensive assessment of all new admissions;
- A yearly assessment of all residents;
- Demonstrably increased availability via telephone for medical advice and triage
- Lead responsibility for assigning appropriate aspects of service provision to other care professionals; e.g. medicine management and pharmacist support or preventative work carried out by nursing or health care assistants

The latter of these specific responsibilities in providing this locally enhanced service anticipates a more integrated approach to service provision across community nursing and local pharmacy services.

It is also expected there will be an enhanced level of support for those practices providing this Locally Enhanced Service from the Long-Term Conditions team, as one of the key aims of the service is to reduce A&E attendances and hospital admissions for nursing home residents. There is also a developmental requirement for the PCT to ensure adequate diagnostic and investigative support for providers of this service (e.g. phlebotomy).

The specification outlines a service that lies outside the criteria for essential or specialised services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The provision of this service will not be prejudicial to those Common Principles that underpin the GMS contract to ensure minimum standards are met and encourage high quality care. The range of standards includes:

- Minimum legal requirements, such as having effective clinical governance systems in place
- Complying with the NHS complaints system
- Record-keeping and providing information to the PCT
- Having suitable premises
- Producing patient leaflets.

This LES is time-limited for 12 months from April 2008 to enable the PCT to review performance, assess progress towards greater integration across service providers and to establish and commission a preferred model of care.

3. Criteria

Nursing Homes Coverage

This service specification outlines the service to be provided in borough-based nursing homes and for those homes on the periphery of the borough with large numbers of Barking and Dagenham residents. This means that Chase View is included within service coverage, although a large number of this home's residents are registered with Havering GPs, as will be Ryedale (in Redbridge) that has a large number of B&D residents. The following nursing homes will, therefore, be covered by this LES:

Nursing Home	Address	Private / Local Authority	Beds
Chase View Care Centre	Dagenham Road (Rush Green hospital site) RM7 0XY T: 0208 517 1436	Private	45
Alexander Court Care Centre	320 Rainham Rd South, RM10 7HU T: 0208 709 0080	Private	70
Chestnut Court Care Home	Frizlands Lane Dagenham, RM10 7YD	Private	62
Lisnaveane Lodge Care Home (formerly Dury Falls)	183 Lodge Ave, RM8 2HQ T: 0208 517 5782	Private	34
Hanbury Court Nursing Home	Dagmar Road, Dagenham RM10 8XP T: 0208 593 8000	Private	42
Park View Nursing & Residential Home	1-2 Morland Road, Dagenham RM10 9HW T: 0208 593 7755	Private	105
Ryedale Court Nursing Home	Victoria Road, Barking IG11 8PE T: 0208 514 2525	Private (Redbridge)	70
Cherry Orchard Nursing Home	Dagenham Avenue, Dagenham RM10	Private	40

Patient Definition

General Practices that sign up for the provision of enhanced general medical services within nursing homes will be expected to provide such services to all residents therein (this includes patients that may be in the home for respite care). These residents will be registered with the named GP / practice. The GP/practice will also be expected to see every new resident on admission to review medical condition(s), functional status, general health and medication.

Service Outline

The GP (or a designated deputy when not available) will set aside a dedicated weekly session, ideally three hours per week (dependent on size of home and number of beds assigned to GP), on a fixed day to visit the nursing home. This should allow them to see patients who may have fallen ill and to discuss patient management issues with staff, particularly with a view to prevent illness; e.g.

- immunisations, not only for influenza, but other vaccinations as required e.g. pneumococcal vaccine (n.b. Activity recording and payment for these and any other vaccinations to be covered by Flu and Pneumococcal DES and Ad Hoc Vaccinations LES specifications)
- ensuring adequate hydration of patients
- drugs and therapeutic monitoring

The enhanced service should provide a more pro-active, preventative approach to caring for nursing home patients. To reduce hospital admissions, this should include providing GP support in focusing on those people in the nursing care home:

- who are losing weight
- have swallowing problems
- are fallers needing referral to falls service

The service may also include support in planning future care for patients who are nearing the end of life. It is recognised that the initial monitoring and some of the clinical input may be more appropriately specified for the nurse role.

Policies and procedures will need to be developed to cope with contagious or common conditions and incidents such as:

- Possible outbreaks of gastro-enteritis,
- Management of febrile illnesses,
- potential critical incidents

Given the generic nature of many of these policies, it may be sensible to develop these on a PCT-wide basis. A process for assessing good practice and developing and agreeing written policies should be coordinated via the PCT.

The lead GP should also build into their workload a dedicated monthly meeting with the care home manager, community matron, pharmacist, and practice manager to review policy, procedures and strategy, dedicated to maintain patients' function and health. This will also include a review of all deaths and hospital admissions in that month.

The lead GP or practice will also be expected to provide assessment for new residents and an ongoing, annual health check for all residents to a standardised assessment template (for example, similar to the over 75 health check). This could be dedicated record to be held on computer and, thus, easily audited.

As a guide this assessment template should include:

Assessment of new residents

- Full medical history and dedicated, appropriate, examination; arrange appropriate investigations; review medication, particularly use of analgesia, laxatives, hypnotics, etc
- Appropriate primary, secondary and tertiary prevention strategies to be implemented with all patients

All residents annual review assessment

- Assessment of vision, hearing, and mental function as a minimum, with the potential to develop a falls assessment

Work with Pharmacists

During this financial year, the PCT would like to encourage GPs providing services under this enhanced specification to work closely with pharmacists under a complementary enhanced services specification as developed within the new Pharmacy contract. This could ensure that drug and appliances waste is kept to a minimum, and that policies for ordering are standardised and guidance shared (e.g. guidance on Calcium and Vitamin D).

The GP (or deputy) will undertake to respond positively and rapidly to any emergency request for visiting a patient (this is a basic GMS requirement) and be willing to provide a telephone opinion or triage in urgent circumstances. The practice staff will undertake to direct all calls from staff in charge of the Home straight to the GP, or deputy. The out of hours service arrangements for the individual GP/Practice will apply outside of core working hours and at weekends.

The GP will also undertake to review medication for all patients on a regular basis. This is an area where the development of a collaborative relationship with the local pharmacy (where they have been commissioned to provide an enhanced service under the new pharmacy contract) will be useful and this may lead to the balance of provision shifting to the pharmacist. Any medication reviews should be done with staff in charge.

The GP should also liaise with the local Community Geriatrician (or SpR) to ensure that both are regularly present at the nursing home when required to jointly review difficult cases or for more routine reviews of management of other cases.

4. Accreditation

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

In addition, each clinician should be attending approved training courses as part of their continuing professional development. A specific element of training relative to care of the elderly should be discussed at their annual appraisal and be present in their Personal Development Plans.

5. Ongoing Measurement and Evaluation

Practices will be expected to provide:

Criteria	Scrutiny
Register	A maintained register of patients cared for within the nursing home they are contracted to provide services for.
A Multi-disciplinary approach	The practice can demonstrate that it can and does work across disciplines and is committed to developing a more integrated approach to provision.
Evidence of Training	Each clinician can demonstrate attendance at approved training courses and an ongoing commitment to developing their skills via CPD.
Personal health plans	This is an aspirational criterion, for discussion and potentially development
Referrals and inquiries	Documented evidence of onward referrals and any relevant inquiries about the enhanced level of medical care may be required
Review.	The practice can provide an annual audit of the care provided to people included in the enhanced care programme
Feedback	The practice to demonstrate that they have undertaken a survey of patients included in the enhanced care programme, possibly with PCT support. Any proposed changes in service will be discussed with the PCT, and where appropriate, implemented.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

5. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this nationally directed enhanced service.

Practice Stamp

Name of Nursing Home:.....

Number of Beds:.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date