



Item: 11

Report to:	Primary Care Commissioning Committee				
Date of Meeting:	25 th October 2019				
Subject:	Community Frailty Programme - Local Quality Premium Scheme 4 - 2019/2020 Extension				
Presented by:	Estelle Butters, Head of Performance & Programme Delivery Lucy Pitt, Programme Delivery Lead				
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STATUS OF THE REPORT:					
To approv	ve √ To endorse				
To ratify	To discuss				
To consid	ider For information				
To note					
PURPOSE OF REPORT: The purpose of this report is to request the Community Frailty follow up scheme be extended to the end of March 2020 to allow further GP practices to complete the initiative. RECOMMENDATION: It is recommended that the Primary Care Commissioning Committee approve the continuation of the Local Quality Premium scheme 4: Primary Care Follow-up Assessment post Comprehensive Geriatric Assessment until the end of the financial year (31st March 2020).					
REPORT EXEMPT FROM PUBLIC DISCLOSURE No Ves					
If yes, grounds for exemption (FOIA or DPA section reference)					

CCG STRATEGIC OBJECTIVE	ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE
The report links with 21st Century Primary Care and to ensure that patients receive clinically commissioned, high quality services.	 21st Century Primary Care Patients receive clinically commissioned, high quality services

IMPLICATIONS:				
Finance	Financial implications of the Local Quality Premium are included within the CCG's 2019/2020 financial plans.			
HR	None specific to this report.			
Quality	It is anticipated that the Local Quality Premium scheme will improve the quality of care received by patients across a range of areas.			
Safety	None specific to this report.			

ENGAGEMENT:

The Community Frailty Programme team have developed this scheme with community Geriatricians and primary care GPs as part of the phase 1 implementation.

The scheme was implemented in June 2018 of 1 year and an extension was previously approved by PCCC from June 2019 until 30 September 2019. During this time, practices have been involved in testing the operating model and have provided feedback to which the CCG have responded around the operational process.

LEGAL ISSUES:		
None.		

EQUALITY AND DIVERSITY ISSUES:

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	$\sqrt{}$
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

COMMUNITY FRAILTY PROGRAMME – LOCAL QUALITY PREMIUM SCHEME 4 - 2019/2020 EXTENSION 1. INTRODUCTION

The purpose of this report is to present the Primary Care Commissioning Committee with an overview of the work being conducted as part of the Integrated Delivery Framework specifically the completion of the Local Quality Premium Scheme to conduct primary care follow up assessments in support of the Community Frailty Pathway across all primary care providers.

2. BACKGROUND

Following the completion of the 2018/19 local quality premium schemes in June 2019, an extension to 'Scheme 4: Primary Care Follow-up Assessment post Comprehensive Geriatric Assessment at the Jean Bishop Integrated Care Centre', was approved to continue until September 2019 to ensure practices had the opportunity to follow up their patients 3 months post CGA, as it is recognised that there is significant benefit to the patient being followed-up in a primary care setting. The specification is attached as Appendix 1.

Benefits of primary care follow-up identified include:

- Providing the opportunity to monitor impacts of medications reviews:
- Ensuring onward referrals have been processed and, in some cases, supporting
 the patients and their carers following the intervention from social care and
 Carers Support as part of the CGA through a multi-disciplinary approach;
- Ensuring that care plans are reviewed;
- Enhancing patient experience.

Due to the time lapse of approximately 3 months between CGA and follow-up including the referral process, some practices have not had an opportunity to undertake the follow-up assessments. As such a further extension is requested to enable practices to continue to carry out follow-up assessments, supporting the cohort of patients who have received CGA.

The intention is that during the time of the extension the service will review and modify the follow-up assessment model with input from the Consultant Physicians to improve it and also ensure that it is aligned to the PCN national service specification for Anticipatory Care (1st draft expected February 2020).

The funding will be sourced through uncommitted PMS Premium funding. It is anticipated that based on a cost of £23 per patient and on a trajectory of patients who will be assessed between 1st October 2019 and 31st December 2019 (and therefore reviewed by 31st March 2020), plus practices yet to claim for reviews undertaken (estimated to be approximately 2,150) the cost of the extension will be a maximum of approximately £49,450 non-recurrently.

3. RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee approve the continuation of the Local Quality Premium scheme 4: Primary Care Follow-up Assessment post Comprehensive Geriatric Assessment until the end of the financial year (31st March 2020).