

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
ENHANCED FRAILTY SERVICE UPDATE REPORT**

Date of the meeting	04/10/2017
Author	E Wilson, Senior Primary Care Lead
Purpose of Report	The purpose of this report is to provide an update on the work to review the existing Over 75 schemes and to seek the Committee's approval to progress with the commissioning intentions for the Over 75s scheme in line with the draft specification which focuses on the provision of an Enhanced Frailty Service
Recommendation	The Committee is asked to approve the recommendation of the Primary Care Reference Group to progress with the commissioning intentions for the Over 75s scheme in line with the draft specification.
Stakeholder Engagement	Engagement via Primary Care Reference Group, Task and Finish Group and four week consultation period with practices.
Previous GB / Committee/s, Dates	Primary Care Reference Group on 11 January 2017, 22 March and 13 September 2017.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
		Any action required?	
	Yes [e.g. ✓]	Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : EW

1. Introduction

- 1.1 The purpose of this report is to provide an update on the work to review the existing Over 75 schemes and to seek the Committee's approval to progress with the commissioning intentions for the Over 75s scheme in line with the draft specification which focuses on the provision of an Enhanced Frailty Service, to commence from April 2018. The Enhanced Frailty Service specification (Appendix 1) replaces the current Over 75 Local Enhanced Service (LES) Specification.

2. Report

Background

- 2.1 In 2014/15 the NHS paper 'Everyone Counts' stated that Clinical Commissioning Groups (CCG) shall be expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding to practices to develop schemes to deliver this. The additional funding from NHS England (NHSE) was given to Dorset CCG to invite practices to produce a business case that identified extra service provision either collaboratively or individually, and increase support to the accountable GP, in improving quality of care for older people.
- 2.2 Dorset CCG Governing Body voted at the meeting held on 21 May 2014, for applications for this funding to be made at either individual Practice level, collaborative level, or on a wider locality basis. Member practices, via their Locality leads, submitted business plans to support their applications for this funding. Individualised specifications were developed for each approved scheme.
- 2.3 Evaluation of the schemes commenced in September 2016 which informed an options paper which was presented to the Primary Care Reference Group (PCRG) in January and March 2017. This included the following core principles and recommendations for future Commissioning Intentions for 2018/19:
- Dorset's health and care system will work together to meet the needs of the population by developing integrated community and primary care services (ICPS);
 - The community model developed will be based on stratifying the needs of the local population and delivering services in the most appropriate way. This is not specifically age related;
 - The needs of frail and older people should be delivered by multidisciplinary teams of health and care professionals, working together to provide specialist support, rapid response and proactive care, as well as routine care and urgent unplanned care;

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- It is recommended that 2018/19 is a period of transition allowing Practices to collaborate within their locality in line with the strategic direction and to support primary care delivered at scale, supported by a contract variation.
- 2.4 The funding allocation will be remaining the same as that of the previous Over 75 LES and be available at practice level. Where practices are in a position to pool resources, contracting out at scale is also possible.
- 2.5 There is recognition that the funding (which remains on Over 75 population) may not account for frailty associated with deprivation. Furthermore the current funding does not take into account the increase in Over 75 population over the years. For 2018/9 the PCRG agreed to maintain the available funding with additional work on financial modelling to explore how this gap may be addressed.
- 2.6 The national Avoiding Unplanned Admissions (AUA) Directed Enhanced Service (DES) ceased on the 31 March 2017 and the funding of £156.7 million was transferred into the global sum, weighted and without the out-of-hours deduction applied, and used to support the new contractual requirement of Identification and Management of Frailty from 1 July 2017.

Progress

- 2.7 A Task and Finish Group was formed to develop one specification that could be used across Dorset going forward.
- 2.8 The Task and Finish Group comprised of the following:

Membership Confirmed:	
• Karen Kirkham – Clinical Lead	• Sarah Austin – Care Home Quality Assurance Manager
• Craig Wakeham – GP	• Emma Winterburn – Community Matron
• Rachael Stow – GP	• Jane Thomas – Programme Officer
• Nikki Long – Practice Manager	• Rob Schuster Bruce - GP
• Janet Newman – Practice Manager	• Matt Prowse – BI
• Penny Tap – Over 75 Project Manager	• Carmen Taylor - BI
• Emma Wilson – Senior Primary Care Lead	• Debbie Howard – Finance
• Sarah Howard – ICS Senior Lead	• Karen Howlett - invited
• Karen Payne – Quality	• Katherine Gough – Medicines Management
• Dave Way – Procurement	• LMC invited
• Adelle Weir – Medicines Management	

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- 2.9 The proposed specification enhances the new contractual requirement from the 1 July 2017 on Identification and Management of Patients with Frailty, by developing a meaningful and accurate frailty register, providing proactive holistic assessment and completion of 'The Dorset Care Plan'.
- 2.10 The key difference between the new specification and the previous scheme is that the previous scheme was based on 59 business cases which allowed for duplication and inconsistencies of services across Dorset. The new specification aligns to best practice from evidence of the previous schemes ensuring quality and equity.
- 2.11 The specification incorporates the core principles and recommendations as listed in 2.3 through:
- Integrated Primary and Community Services, Community Care Model: Key Features, Functions and Outcomes;
 - The Frailty Framework;
 - The Dorset Care Plan Toolkit.
- 2.12 It is not expected that individual General Practices deliver all of the service model within the specification. The specification asks practices to work with each other and partners within their health community to form the multi-disciplinary, sustainable and resilient health and care teams needed to support their population, making the best of the resources available.
- 2.13 There was recognition that one size does not fit all and frailty schemes will need to be tailored to meet population need, for example support for care homes may be the main requirement for one area but not another. Clear rationale behind choices of service delivery will be required to be demonstrated in relation to the relevance to the locality population.
- 2.14 GP Practices were given opportunity to engage in the development of the specification by:
- Invitation to take part in the task and finish group;
 - 3 task and finish group meetings;
 - Via the PCRG;
 - A focus on frailty at the July 2017 Membership Meeting;
 - Four week consultation process whereby practices had opportunity to provide feedback and comments on the draft specification.
- 2.15 Based on the above, the specification was revised and presented to the PCRG held on the 13 September 2017. Following consideration of the revised specification members of the PCRG, are recommending approval by the Primary Care Commissioning Committee.

- 2.16 Work on the refining of the requirements under the specification (example: read codes) will continue under the guidance of the PCRG to ensure readiness for implementation in April 2018.
- 2.17 It is expected that practices will be at different points of readiness in the implementation of the new specification. A period of transition is expected with support from the CCG to ensure practices and localities move to fully deliver the specification by 2019.

3. Conclusion

- 3.1 The Committee is asked to **approve** to progress with the commissioning intentions for the Over 75s scheme in line with the draft specification which focuses on the provision of an Enhanced Frailty Service.

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Date : 18 September 2017

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APPENDICES	
Appendix 1	Enhanced Frailty Service Specification and associated appendices