

## **GMS Contract in Wales 2008-09 Enhanced Service for Care Homes Specification**

### **1. Introduction**

Many older people enter care homes to receive supportive care and these populations have increasing dependency levels. While growing older does not necessarily equate with increased morbidity and dependency, ageing is often associated with increased needs for care and support. It is important that residents receive a regular and more comprehensive routine health assessment than one which is focussed on functional “activities of daily living.” This ensures better care planning and intervention.

The General Practitioner Committee guidance for GPs on “*Treating patients in private hospitals nursing and residential homes*” states that “All UK residents have a right to be registered for primary medical services with an NHS practice... (GPs) would be expected to attend residential and nursing homes as appropriate.” Global sum calculations take account of additional work associated with caring for an older population. This enhanced service is not intended to be a supplementary payment for primary medical services already paid for within essential and additional services.

This enhanced service will allow practitioners to take a proactive approach to caring for people registered with their practice currently living in care homes. The service will remunerate practices for implementing a programme of assessment and regular review of the mental and physical health of their care home population, to include, where appropriate, end of life care planning. It will encourage the effective use of agreed local care pathways and local health economy resources to reduce inappropriate admissions to secondary care.

The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential services or additional services.

### **2. Definition of Care Home**

The Definition of a Care Home is outlined in the Care Standards Act 2000. This abolished the distinction between nursing and residential homes under the term ‘Care Home’. This states:

3.(1) For the purposes of this Act, an establishment is a care home if it provides accommodation, together with nursing or personal care, for any of the following persons. They are-

- a) persons who are ill or have been ill
- b) persons who have or have had a mental disorder

- c) persons who are disabled or infirm
- d) persons who are or have been dependant on alcohol or drugs

But an establishment is not a care home if it is-

- a) a hospital
- b) an independent clinic
- c) a children's home

or if it is of a description excepted by regulations.

121 (9) - An establishment is not a care home for the purposes of this Act unless the care, which it provides, includes assistance with bodily functions where such assistance is required.

This includes both short-term and long-term patients

### **3. Aims**

In line with the NSF for Older People this service aims to:

- ... provide patients with 6 monthly medication reviews thus ensuring that prescribing is appropriate for the patient minimising risk to the patient
- ... build effective communication links between Primary Health Care Teams and nursing and residential care staff
- ... ensure, where appropriate, that patients have the opportunity to record their end of life care plans and to ensure such plans are available when required
- ... reduce inappropriate admissions
- ... improve this vulnerable group's overall health by providing a more holistic service

### **4. Service Outline**

All patients who move into a care home, whether newly or already registered with the practice, will require a full medical assessment. The practice will, within 14 days of admission, undertake a comprehensive assessment of the patient's mental and physical health including sensory status, nutritional status, activity, medication and preventative health measures. The assessment should be recorded on the pro-forma attached at Appendix 1. The practice will contribute to the development of the relevant care plans and medication schedules through the provision (with the patient's consent) of copies of the outcomes of the assessment.

The practice will provide an annual health review for all their registered patients residing in nursing and care homes.

In addition, the practice will provide the full range of General Medical Services that it already provides within its contract with the Local Health Board. This includes Directed, National and Local Enhanced services where appropriate and compliance with Quality and Outcomes Framework standards unless patients are exempted (place of residence is not an acceptable cause for exemption).

The practice must ensure that each patient receives two medication reviews per year and these are recorded in the patient's notes.

In addition the practice will ensure that unused medication is reviewed and formally discontinued where appropriate.

Practices will provide a regular surgery/ward-round at the home including face to face contact with residents, the frequency to be agreed with the LHB.

Attending General Practitioners will provide a copy of the patient assessment as a contribution to the written documentation held in relation to patients receiving care under this Enhanced Service. This will include making an appropriate contribution to the documentation held by the care home. Other agencies may access the recorded assessment with the individual patient's permission.

The practice will work with nursing home staff and patients, where the clinician feels it is appropriate, to develop end of life care plans with patients and their relatives (see Appendix 2). Such plans will be held both in the patient's notes and by the care home staff and must be available when required. End of life care plans should be reviewed annually as a minimum.

The practice will work proactively with nursing and care home staff to facilitate effective communication and to ensure the staff giving care are aware of the range of health services available to their residents within core and out of hours. The practice will ensure that effective communication is maintained with OOH services to ensure continuity of care.

The practice will provide telephone advice and support for nurses employed in the care home within core hours.

The practice will ensure that there are robust lines of communication with other support workers such as a care home support team, intermediate care, community pharmacists and other necessary therapists

## **5. Accreditation**

The practice will ensure all staff delivering the enhanced service are appropriately trained, qualified, competent and supervised.

## **6. Funding**

All agreements to enter into these arrangements must be in writing. LHBs may commission this enhanced service at any time from the date the DES Directions have come into force. Until such time as the Directions are in place LHBs may, if they wish, commission this service as a local enhanced service.

A payment will be made at the rate of £150 per patient in respect of each financial year. These payments should be made quarterly upon the

submission of a claim to the Local Health Board by participating medical practices. These claims must be accompanied by a list of patients residing in the Care Home on the last day of the quarter to which the claim relates, and who are registered as patients with the claiming medical practice.

LHBs, liaising with contractors, will need to determine the duration that the enhanced service is commissioned for and the timing for undertaking a review of the service.

Practices are required to agree that they will no longer receive a retainer from the care home if they opt to offer this service provision outlined by the LHB. Signed completion of the application form attached serves as confirmation of this agreement.

## **7. Monitoring and Payment Arrangements**

The practice must provide the LHB with a brief annual report of the services provided. The LHB may make contact with care homes in order to appraise their satisfaction with the services throughout the course of the year.

## **8. Disputes**

Any disputes arising will be dealt with in the prescribed way. LHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure

### **Practice declaration:**

The practice has understood the terms of the scheme and is seeking to provide a service on this basis. If commissioned the practice will adhere to the terms of the scheme.

Signed: \_\_\_\_\_  
As GP principal representative of the practice

Date: \_\_\_\_\_

**ENHANCED SERVICE PROFORMA FOR RESIDENTS IN NURSING & RESIDENTIAL HOMES**

Patient Name:

D.O.B.:

Nursing/Residential Home:

Lead GP:

Date of assessment:

**Mental State Assessment:**

Mini Geriatric Depression Score

/ 4

Mini 6 point cognitive assessment

/ 6

**Current Medical Problems****Systems Review - problems identified****Examination findings****Specific additional areas**

<b>WEIGHT</b>	
<b>MOBILITY</b>	Unaided / stick or zimmer / wheelchair / bed bound
<b>Pressure area review (Barlow pictogram)</b>	
<b>DIET</b>	Normal / soft / supplements / PEG
<b>DIETICIAN REVIEW REQUIRED?</b>	Yes / No
<b>HEARING</b>	Normal / hearing aid / Other problem (please specify):
<b>EYESIGHT</b>	Normal / glasses / Other problem (please specify):
<b>OSTEOPOROSIS RISK ASSESSMENT (Using local agreed clinical pathway)</b>	Hx of recent falls: Y / N On calcium & vit D supplements: Y/N On bisphosphonate: Y/N Requires Dexa: Y/N

**Investigations**

**Medication Review**

Y / N

Any Recommended actions:

**Recommended Frequency of  
full holistic review**

Annual / Quarterly

Name of person completing review:

Date

