

# Local Enhanced Services Service Level Agreement 1<sup>st</sup> October 2024

## Service Specification

<b>Service Name &amp; Number</b>	Enhancing Health in Care Homes (EHCH) Additionality EHCH01
<b>Population and/or geography to be served</b>	<p>The Provider shall ensure there is 100% population cover for the Service Users registered with a General Practitioner, within their Integrated Care Board (ICB), to which their Primary Care Network (PCN) belongs to. This is to recognise that most care homes cross several boundaries of the PCNs.</p> <p>The Provider is encouraged to work in partnership with neighboring PCNs across the ICBs to ensure 100% population cover is achieved and to try and avoid duplication of service delivery at the same home.</p>
<b>Service Aims and Desired Outcomes</b>	<p>The strategic aims of this service are to:</p> <ol style="list-style-type: none"> <li>1. Ensure health and care services are in place to enable people to stay in their own homes for as long as possible.</li> <li>2. Improve the overall quality of care provided to residents of care homes.</li> <li>3. Provide support to local care homes to ensure they are able to meet the health needs of their residents.</li> <li>4. Reduce avoidable admissions to hospital and ensure that care home residents live and receive care in an environment that is most appropriate for them.</li> <li>5. Ensure equitable access to health and care services.</li> <li>6. Work collaboratively with our local authority partners to support robust quality monitoring and improvement processes for care homes</li> </ol> <p>The provider shall deliver the following local outcomes;</p> <ul style="list-style-type: none"> <li>• A system-wide culture that recognises that for long term residents, a care home is first and foremost their home.</li> <li>• Reduction in avoidable non-elective admissions per home from the 2023/24 baseline</li> <li>• Reduction in the avoidable A&amp;E Attendances per home from the 2023/24 baseline</li> <li>• Equitable and consistent enhanced primary care service for all care home residents</li> </ul> <p>ReSPECT process and documentation to be embedded with all residents where this is applicable. (<a href="https://www.resus.org.uk/respect">https://www.resus.org.uk/respect</a>)</p>

<p><b>Service Description and location (s) from which it will be delivered.</b></p>	<p>The 2024-2025 PCN Direct Enhanced Service (DES) requires PCNs to deliver a service in line with the EHCH National Framework<sup>1</sup> including:</p> <ul style="list-style-type: none"> <li>• Agreement with the commissioner for which care homes the PCN is responsible.</li> <li>• Identifying a lead GP (or other senior clinician) with responsibility for implementation of the EHCH framework for the agreed care homes, and to provide continuity of medical care.</li> <li>• Co-ordinating an MDT meeting and associated actions, including the lead GP or clinician and care home staff.</li> <li>• Delivering a weekly care home round; and</li> <li>• Ensuring accurate coding of care</li> </ul> <p>The aim of this Local Enhanced Service (LES) is to compliment the DES and provide a level of additionality to enhance the care Staffordshire &amp; Stoke-on-Trent care home residents receive.</p> <p>This LES requires PCNs to deliver the following additional requirements:</p> <ul style="list-style-type: none"> <li>• Each PCN to provide a minimum of <b>one face-to-face</b> ward round a month, more where clinically necessary, and where a physical assessment is in the best interest of the patient.</li> <li>• On admission, a discussion with the patient/family regarding ACP or review of ACP if already in place</li> <li>• Advanced End of Life (EOL) care planning to include: <ul style="list-style-type: none"> <li>• Patients are <b>identified</b> and added to a palliative care register.</li> <li>• For patients identified as requiring end of life care (EOL) there is an expectation that the <b>assessment</b> review will be completed within shorter timescales, ideally within 24 hours of admission and no longer than 72 hours.</li> <li>• Every patient identified on palliative care register is offered ReSPECT discussions as part of the care <b>planning</b> process.</li> </ul> </li> <li>• Support prescribing anticipatory care medications where appropriate.</li> <li>• Each PCN is to promote the Stop &amp; Watch tool within each home it works with and support it clinically where appropriate.</li> <li>• Each PCN is to ensure each practice who provides care to a care home, attends at least 1 local training session on care planning per year.</li> <li>• Recognition that the tariff is paid per CQC registered bed, and therefore the turnover of patients is included within this. For Staffs &amp; Stoke ICB 19% of the beds are empty at any one time.</li> </ul> <p>The Provider shall ensure there is:</p> <ul style="list-style-type: none"> <li>• Increase continuity, familiarity and enable holistic care through multi-disciplinary team working within the Primary Care Network.</li> <li>• Increase pre-emptive proactive and anticipatory care; decrease unplanned admissions; decrease unplanned intervention, particularly Out of Hours.</li> <li>• Enable ready access to primary care advice for care home staff, ambulance service staff and Emergency Departments when an unscheduled care need is identified.</li> <li>• Promote a high quality consistent approach across Staffordshire and Stoke on Trent ICB whilst at the same time being flexible enough to be adopted by primary care networks or.</li> </ul>
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<sup>1</sup> [NHS England » Providing proactive care for people living in care homes – Enhanced health in care homes framework](#)

	<p><b>Exclusion Criteria:</b></p> <ul style="list-style-type: none"> <li>• Children and young people aged under the age of 18</li> <li>• Beds that are primarily commissioned (usually by the local authority) for respite care</li> </ul> <p><b>Inclusion Criteria:</b></p> <ul style="list-style-type: none"> <li>• Care homes in the ICB catering for people with a Learning Disability or Autism, or a Physical Disability, or people with Mental Health need may be included on an individual home basis to be agreed with commissioner.</li> </ul> <p><b>Interdependence with other services/providers</b></p> <p>The Provider shall work in an integrated way with the following partners:</p> <ul style="list-style-type: none"> <li>• Neighbouring PCNs / GP Alliance / Federations</li> <li>• Community Services Provider</li> <li>• Staffordshire Care Home Quality Assurance Improvement Group</li> <li>• Local Authorities</li> <li>• Voluntary Sector</li> <li>• 111</li> <li>• Out of Hours Provider</li> <li>• Acute Providers</li> <li>• Mental Health Providers</li> <li>• Health Watch</li> </ul>
<p><b>Tariff</b></p>	<p>The Provider shall be paid £130 per bed per year to provide this Local Enhanced Service this is in addition to the £120 per bed per year paid via the national Network Contract DES. Total payment to the PCN will be £250 per bed per year.</p> <p>You are required by the ICB to use UO resources provided by the MLCSU Data Quality Team to support the recording of patient data and reporting for the UO services.</p> <p>A clinical template written by MLCSU Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built into ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.</p> <p>Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and, where required, submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.</p> <p>For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates.</p>

	<p>For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</p> <p>Various guidance documents to support using the resources provided by the MLCSU DQT for the UO services are available from the GP365 website <a href="https://sharepoint.com">Universal Offer (sharepoint.com)</a> or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches &amp; reports.</p> <p>If the activity is not coded correctly, it will not be paid for.</p>
<b>Review Date</b>	March 2025
<b>Termination Notice Period</b>	3 months' notice shall be given to terminate delivery of this specification. This applies to both the Provider and the ICB.
<b>Applicable quality requirements and Accreditation Requirements</b>	<ul style="list-style-type: none"> <li>• The framework for enhanced health in care homes outlines a number of references which support this specification, the key documents are then outlined below: <a href="https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf</a></li> <li>• Home care: delivering personal care and practical support to older people living in their own homes <a href="https://www.nice.org.uk/guidance/ng21">https://www.nice.org.uk/guidance/ng21</a></li> <li>• Managing Medicines in Care Homes: <a href="https://www.nice.org.uk/Guidance/SC1">https://www.nice.org.uk/Guidance/SC1</a></li> <li>• Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition, NICE guideline [CG32]: <a href="https://www.nice.org.uk/guidance/cg32">https://www.nice.org.uk/guidance/cg32</a></li> <li>• Oral health for adults in care homes, NICE guideline [NG48] <a href="https://www.nice.org.uk/guidance/ng48">https://www.nice.org.uk/guidance/ng48</a></li> <li>• Malnutrition Universal Screening Tool (MUST), British Association of Parenteral and Enteral Nutrition [BAPEN] (2003) <a href="https://www.bapen.org.uk/pdfs/must/must_full.pdf">https://www.bapen.org.uk/pdfs/must/must_full.pdf</a></li> <li>• End of life care for adults <a href="https://www.nice.org.uk/guidance/gs13">https://www.nice.org.uk/guidance/gs13</a></li> <li>• Gold Standards Framework <a href="http://www.goldstandardsframework.org.uk/">http://www.goldstandardsframework.org.uk/</a></li> </ul>