

East Lancashire Clinical Commissioning Group

Agenda Item No: 6.4

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	15 February 2016	
REPORT TITLE:	Residential Rehabilitation – Primary care support to Winter Beds at Lower Ridge Residential Home, Burnley	
SUMMARY OF REPORT:		
REPORT RECOMMENDATIONS:	The Primary Care Committee are asked to approve the funding to the GP Practice for an enhanced service to support any patients placed in these additional winter beds..	
FINANCIAL IMPLICATIONS:	Yes, maximum of £7,339.20. This is an estimate of 2 visits per patient and 4 telephone consultations per patient over the period of the contract.	
REPORT CATEGORY:	Formally Receipt	Tick x
	Action the recommendations outlined in the report.	x
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Alex Walker	
	Report supported & approved by your Senior Lead	Y/N
PRESENTED BY:	Alex Walker	
OTHER COMMITTEES/ GROUPS CONSULTED:	Operational Resilience Group – Pennine Lancashire	
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	Y
RISKS:	Have any risks been identified / assessed?	N
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report? - For Primary Care members	Y
PATIENT ENGAGEMENT:		N
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	x
2	Optimise appropriate use of resources and remove inefficiencies.	x
3	Improve access, quality and choice of service provision within Primary Care	x
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	x

NHS EL CCG – PRIMARY CARE COMMITTEE

15 February 2016

**Residential Rehabilitation
Winter Beds at Lower Ridge Residential Home Burnley**

1. Introduction

- 1.1 Additional capacity has been agreed with Lancashire County Council for 10 beds during winter at Lower Ridge Residential Home in Burnley. These beds are for step down patients from an acute setting that require some rehabilitation, recuperation, waiting for home of choice, awaiting assessment for long term residential care or awaiting a community care package to commence. The beds can also be used for those patients within the community (step up) to avoid an admission to hospital where the patients' health, social care and therapy needs cannot be met at home.

2. Purpose / Background

- 2.1 The purpose of this enhanced medical service is to provide the medical cover for patients entering Social Care Rehabilitation and Re-ablement beds in Lower Ridge Residential Home during the winter months.
- 2.2 The residential rehabilitation beds in Lower Ridge (10) are commissioned by East Lancashire CCG to deliver rehabilitation, recuperation and re-ablement for patients who are medically stable and this is additional capacity for the winter months to enhance the number of Intermediate care services available as part of winter resilience.
- 2.3 Patients will be stepped down from an acute setting or stepped up from the community for a period of rehabilitation.
- 2.4 Whilst these patients are assessed as medically stable they are often initially complex and require nursing, therapy and GP input to maximise their outcomes.
- 2.5 All patients will be assessed by Acute Hospital staff as requiring a recovery, rehabilitation or re-ablement pathway prior to discharge and there will be a confirmed assessment that the patient is medically fit for hospital discharge.
- 2.6 All admissions to Lower Ridge will be assessed by the Integrated Discharge Team at the hospital (Social Work) and Lower Ridge to confirm that they meet the access criteria for Lower Ridge. ICAT (the Intermediate Care Allocation team) and the Intensive Home Support Service (IHSS) will manage the patients on a day-to-day basis for their medical and therapeutic needs during their stay at Lower Ridge and will oversee any Social work support required for on-going discharge. Pharmacists from the East Lancashire Medicines Management Team will support the review of medicines and the home around management of medicines.
- 2.7 The patients will be supported by the patient's registered GP (if a Burnley resident) or the allocated temporary GP if the patient is out of area and community services according to assessed need.

- 2.8 All out of area patients will need to be registered equitably as a temporary resident with a GP practice in the Central Burnley Neighbourhood. Lower Ridge will need to contact one of the practices for acceptance of the patient.
- 2.9 A summary from the discharging hospital including diagnosis, treatment, medication, investigation results and any follow up arrangements need to be sent to the GP practice in advance. A medical summary from the patient's own GP would be helpful if the patient is a temporary resident.
- 2.10 The provider will receive payment based on £60 per visit and £15.87 for a consultation via telephone/skype/practice. The payments to practices have been set on the same level as the direct enhanced service for Out of Area Primary care.
- 2.11 The service will operate for 20 weeks over the winter months and patients are anticipated to have an up to 6 week stay within the service. This would therefore estimate that around 40 patients would flow through the service during its period of operation.
- 2.12 Overall costs to the enhanced service are estimated to be around £7,300 for Primary care support on the basis of 2 home visits and 4 consultation calls per patient during the duration of the enhanced service supporting this additional winter capacity. Payment to practices will be on the basis of actual call-outs and consultations.

3. Conclusion

- 3.1 In order to reduce the clinical risk of inconsistent medical cover ICAT will allocate where possible patients that are currently residents in Burnley. However, it is recognised from wider Intermediate care services that this is not always possible. If they are out of area then agreement must be sought equitably with a Central Burnley Neighbourhood GP Practice for temporary registration. Due to the enhanced complexity of Intermediate care patients, it is suggested that support to all patients placed at Lower Ridge whether in or out of area will be eligible for the enhanced service during the duration of their stay within an Intermediate care bed. Any patients switching into long-term placement at Lower Ridge would at that point be removed from the scheme and would require long term registration with a GP.

4. Recommendations

- 4.1 The Primary Care Committee are asked to approve the funding to GP Practices in Central Burnley Neighbourhood practices for any call outs, review and support to registered patients in these additional winters beds for the duration of the Intermediate care contract.

Alex Walker
Programme Director Urgent Care