

**[Name] Area Team / CCG**  
**2014/15 Avoiding Unplanned Admissions Enhanced Service – Reporting Template**

**Practice Name:**

**Practice Code:**

**Signed on behalf of practice:**

**Date:**

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SECTION ONE - practice availability	<i>Achieved</i> (Y/N)
<p>1. <u>Supporting timely telephone access to A&amp;E and ambulance staff decisions relating to hospital transfers and admissions relating to any patient on the practice's registered list.</u></p> <p>a. Please specify the practice's ex-directory or bypass telephone number given to A&amp;E clinicians and ambulance staff, as well as the hours it is available.</p> <p>b. Please provide any information or feedback on the type of reasons for the number being used (if it has been used)?</p>	
<p>2. <u>Supporting timely telephone access to care and nursing home</u></p> <p>a. Please specify the practice's ex-directory or bypass number telephone number given to care and</p>	

nursing homes (if different to the above), as well as the hours it is available.

b. Please provide any information or feedback on the type of reasons for the number being used (if it has been used)?

3. Supporting timely telephone access to other care providers (e.g. mental health and social care teams)

a. Please specify the practice's ex-directory or bypass number telephone number given to other care providers (if different to the above), as well as the hours it is available?

b. Has the practice provided timely telephone access to other care providers who have any patient in crisis (who is registered with the practice) and at risk of admission, e.g. mental health providers, crisis teams, social care etc.?  
YES / NO

c. Please provide any information or feedback on the type of reasons for the number being used (if it has been used)?

4. Same day telephone access for urgent enquires for patients on the register

a. Has the practice a system in place to enable vulnerable patients, identified through risk profiling (i.e. on the register), who have urgent enquiries, to receive same day telephone consultation?  
YES / NO

b. Please provide details of the system in place?

c. Please provide any information on the type of reasons for patients requesting a consultation and whether or not it helped to avoid an A&E attendance or admission

## SECTION TWO - proactive case management

### 1. The case management register

#### **Quarter two register**

a. What was the percentage of eligible patients (aged 18 and over) on the register on 30 September 2014 as a proportion of list size taken on 1 July 2014?

b. If this percentage was below 1.8%, please provide reasons as to why.

c. Have all the patients on the register been informed of their named accountable GP and where applicable, their care co-ordinator?

YES / NO

#### **Quarter three register**

d. What was the percentage of eligible patients (aged 18 and over) on the register on 31 December 2014

as a proportion of list size taken on 1 October 2014?

e. If this percentage was below 1.8%, please provide reasons as to why.

f. Have all the patients on the register been informed of their named accountable GP and where applicable, their care co-ordinator?

YES / NO

**Quarter four register**

g. What was the percentage of eligible patients (aged 18 and over) on the register on 31 March 2015 as a proportion of list size taken on 1 January 2015?

h. If this percentage was below 1.8%, please provide reasons as to why.

i. Have all the patients on the register been informed of their named accountable GP and where applicable, their care co-ordinator?

YES / NO

**Minimum register size across quarters two, three and four**

j. What is the average percentage across the last three quarters of the financial year (Q2 % + Q3 % + Q4

% divided by 3)?

2. Proactive case management of patients on the register

- a. Have personalised care plans\* been produced by the practice for all patients on the register (this must be for a minimum of 2% of the practice's adult population)?
- b. How many patients have refused to have a personalised care plan?
- c. Using relevant codes for patient care reviews, how many patients have had a proactive planned review?
- d. In addition to the minimum 2% of the adult population, how many children are being proactively case managed\*\*?

\*Area teams may request to audit some of the care plans to determine if they meet the minimum requirements as set out in the supporting guidance.

\*\*For management information purposes only and not linked to any payment.

**SECTION THREE - hospital discharge process**

1. Timely patient contact post hospital discharge for patients on the register or newly identified as vulnerable

- a. Have patients on the register been contacted post hospital discharge? Please provide evidence, including how long after the notification was received.

b. What recommendations has the practice made to the clinical commissioning group (CCG) and the area team to support whole system commissioning? Please provide brief details.

#### **SECTION FOUR - internal practice reviews**

1. Practice reviews of emergency admissions and A&E attendances for their registered patients living in care and nursing homes

a. How frequently has the practice undertaken the reviews? Please provide evidence (e.g. minutes / notes of meetings etc.).

b. What actions have been taken and lessons learnt to ensure co-ordination and delivery of care post hospital discharge for these patients?

c. Where relevant, what lessons have been learnt or changes made as a result of the practice reviewing emergency admissions and A&E attendances? Please provide details of any improvements been identified to processes and/or practice availability?

d. Have any patient care plans been amended as a result of these reviews?

YES / NO

e. What recommendations has the practice made to the clinical commissioning group (CCG) and the area team to support whole system commissioning? Please provide brief details.

2. Practice monthly reviews of all unplanned admissions, readmissions and A&E attendances for patients on the register

a. Has the practice undertaken monthly reviews of the register to consider what action can be taken to prevent unplanned admissions or A&E attendances of patients on the register?

YES / NO

b. What actions have been taken?

Please provide details and evidence, having regard to the list of considerations in the supporting guidance. (i.e. practice processes, factors that could have avoided the admission(s) and A&E attendance, rectifying any deficiencies in patient care plans, amending or improving the hospital discharge process and identifying any gaps in community or social care provision)

c. What recommendations has the practice made to the clinical commissioning group (CCG) and the area team to support whole system commissioning? Please provide brief details.

## Notes

**Reports are required to be submitted, to the area team and CCG, on a quarterly basis by no later than the last day of the month following the end of the relevant quarter. The final end year report (i.e. that for quarter four) should take account of the entire year and are due for submission to the CCG and the area team on or before 30 April 2015.**

This reporting template should be read in conjunction with the specification and guidance.

It is the practice's responsibility to ensure that they are familiar with the guidance set out nationally and that they fully understand the ES requirements for the completion of reporting submissions. Failure to understand the requirements of this ES may result in components not being met and payments being withheld – see section on payment and validation in the guidance.

It is essential that practices engage with their CCG throughout the process. We will be working closely with the CCG leads throughout the year and it is anticipated the CCGs will be engaged in the initial assessment of the quality of submissions.

The reports should be submitted electronically and any additional documents should be scanned in where possible to minimise paper requirements. The submission email address [is...to be added by area team / will be confirmed closer to the deadline date]. Please contact your contract manager if you have any queries in the meantime.