

Avoiding unplanned admissions: proactive case finding and care review for vulnerable people

This paper provides the Read codes to support the delivery of this enhanced service (ES). This detail will be transferred in to the 'Technical requirements for 2014/15 GMS contract changes' when further information on the payment and management information counts is available.

READ and CTV3 codes

Practices are required to use the Read codes provided in this document to allow the Calculating Quality Reporting Service¹ (CQRS) to calculate achievement and payment, as well as to extract data on management information counts.

The General Practice Extraction Service² (GPES) will be used to extract the data as part of the process for providing payments to practices. In addition, GPES will extract relevant data for management information purposes to enable NHS England to monitor general practice delivery of service requirements.

Practices will need to re-code patients if they have used codes not included in this document.

The Business Rules supporting this ES will be published on the Health and Social Care Information Centre³ (HSCIC) website when available. Area teams and practices are advised to refer to the Business Rules for a full and up-to-date list of all available codes. Read codes are updated twice yearly in April and October.

¹ HSCIC. GPES. <http://systems.hscic.gov.uk/cqrs/index.html>

² HSCIC. GPES. <http://www.hscic.gov.uk/gpes>

³ HSCIC. <http://www.hscic.gov.uk/home>

READ codes

Table 1: Proactive case management Read codes

	Read v2	Read CTV3
Admission avoidance care started	8CV4.	XaYD1
Admission avoidance care ended	8CT2.	XaYD2
Informing patient of named accountable general practitioner	67DJ.	Xab9D
Admission avoidance care plan agreed	8CSB.	XabFm
Admission avoidance care plan declined	8IAe1	XabFn
Review of admission avoidance care plan	8CMG3	XabFo

The 'admission avoidance care started' code will be used to identify the patients on the 'case management register'. The 'admissions avoidance care ended' code will be used to remove patients from the register.

The three care plan codes above will be used to identify those patients on the case management register who have agreed or declined a care plan, as well as those who have had a review.

See section 2.i.ii 'proactive case management and personalised care planning' of the '*Avoiding unplanned admissions enhanced service: proactive case finding and care review for vulnerable people guidance and audit requirements*'⁴ for full details of the requirements for this element of the service.

The Read2 and CTV3 codes for 'informing patient of named accountable general practitioner' is the same code as per the contractual requirements for all patients aged 75 and over to have a named GP. Patients added to the register in the first quarter, should be informed of their named accountable GP by the end of July 2014. Any patients added to the register in-year should be notified within 21 days of entering on to the register.

Table 2: Emergency hospital admission Read code

	Read v2	Read CTV3
Emergency hospital admission	8H2..%	8H2..%

⁴ NHS Employers. Avoiding unplanned admissions enhanced service: proactive case finding and care review for vulnerable people guidance and audit requirements. www.nhsemployers.org/GMS2014-15

The 'emergency hospital admission' Read2 and CTV3 codes will be used to identify those patients who were admitted to hospital. These codes should be used to help identify any patients on the case management register, who have been admitted to hospital and who should be contacted to co-ordinate delivery of care.

See section 2.i.iii 'reviewing and improving the hospital discharge process' of supporting guidance¹ for full details of the requirements for this element of the service.

Table 3: At risk of emergency hospital admission Read code

	Read v2	Read CTV3
At risk of emergency hospital admission	13Zu.	XaXyq

The codes in table 3 can be used by practices to identify those patients who they may wish to consider including on their register. These patients may not require immediate case management, but practices may find this helpful for consideration of which patients would benefit from proactive care planning in subsequent quarters.