Unplanned admissions enhanced service:

Practical examples for practices

The table below sets out the requirements of the enhanced service, along with practical guidance and examples of how practices can meet them. Many practices will already have many of these examples in place.

Key Area	Practice requirement	Guidance / Examples for practices
Practice availability	Provide same-day telephone consultation for patients on the case management register with urgent enquiries and follow-up arrangements where required.	Allocate time for telephone enquiries after morning and afternoon surgeries Free up on-call doctor to deal with these enquiries.
	Provide timely telephone access to healthcare staff and providers to discuss patients requiring a potential hospital admission e.g. ambulance staff, A&E clinicians, care and nursing homes, mental and social health teams.	Could be done by providing different extension options to callers, as long as this gets the caller straight through to the practice as a priority call. On-call GP available to respond to this number, particularly at busy times in the day. Train staff to answer calls and share key information with those using the number, to ensure that only calls that need to be dealt with by a clinician reach a clinician. Develop phone protocols with those who have access to the number, including that the number should only be used in emergency situations and the best time to call the practice for non-urgent cases.
Proactive case management for vulnerable older people, high risk patients and patients at end of life	Use risk stratification tool or alternative method to identify people at risk of unplanned admission to hospital and establish case management register with minimum of two per cent of adult	CCGs should provide a risk stratification tool for practices to use but if a tool is not available, practices should use their clinical judgement in creating the list.

	patients.	
	Inform relevant patients they are on case management register and what they can expect from the enhanced service.	Use optional template letter (Appendix A) or own method of communications. The template letter makes reference to reviewing the patient's health needs every three months. This is seen as best practice rather than a requirement of the enhanced service, and practices should not include this in their letter if they will not be carrying out reviews within this timeframe.
	Conduct monthly reviews of case management register.	This refers to a review of the register as a whole rather than every patient on the register. Reviews may consider whether patients requiring multi-disciplinary input are receiving it or that the practice is receiving appropriate feedback from the district nursing team.
	Implement proactive case management for patients on case management register, including development of care plans. Care plans should be in place for all patients initially added to the register by end of September 2014. Thereafter, any new patients coming onto the register in year should have their care plans created and agreed no later than one month after	A national template for the care plan (Appendix B) is available. This is optional, but there are minimum requirements for the content in the joint official enhanced service guidance. GPs should decide with the patient whether their care can be supported by sharing the care plan. GPs should also agree with these other bodies how they will safely hold this clinical information.

	entry onto the register.	
	Appoint and inform patients of named accountable GP and care co-ordinator.	Use optional template letter (Appendix A) or own method of communications. Patients can be informed at the same time as being informed of inclusion on the register. By being appointed, the named GP will not: - Take on vicarious responsibility for the work of other doctors or health professionals. - Take on 24 hour responsibility for the patient, or have to change their working hours - Be the only GP or clinician who will provide care to that patient. Care co-ordinator could be a clinician, practice nurse or healthcare professional from outside the practice team (eg a district nurse or community matron). Where appropriate for the patient, a social worker could also act in this capacity.
	Where patient has had review undertaken by a member of the multi-disciplinary team (i.e. outside of their practice), professional conducting the review to inform the practice and the patient's record to be updated.	We would expect CCGs to commission this requirement from other providers. However, practices may want to set up a protocol with other providers to inform the practice about reviews.

Reviewing and improving the discharge process	Contact the patient after being discharged from hospital. Contact will usually be made within three days of the discharge notification being received, unless there is a reasonable reason for not doing so.	Have a system in place to flag up patients discharged from hospital and on case management register. Speak to local hospitals, or invite the LMC to do so on their behalf, about these information flows. GPC has produced an optional discharge process template (Appendix C) to ease the process for providing evidence on this discharge process to Area Teams. Contact can be made by a GP or member of the practice / community staff, as appropriate.
	Share commissioning action points and recommendations identified as part of this process with CCG and, if appropriate, Area Team.	Optional templates produced by GPC (Appendix C) will help with this.
Internal practice review	Review emergency admissions and A&E attendances of patients from care and nursing homes	An optional GPC care home patient admissions template (Appendix C) has been produced to help practices with this. Where a practice has a large percentage of its patients in care and nursing homes, reviews should be focused on emerging themes from a sample of patients and on any patients who have regular avoidable admissions or A&E attendances. Practices will be required to agree this process with their Area Team at the start of the year.
	Carry out monthly reviews of unplanned admissions and readmissions and A&E attendances for patients on register	An optional GPC patient admissions template (Appendix C) has been put in place to help practices with this.

	Report serious incidents to Area Team and CCG	GPs already report such incidents to Area Teams / CCGs when appropriate.