

Plan for investment of retained marginal rate payment for emergency admissions in Gloucestershire

1. Purpose of document

This document summarises and explains how Gloucestershire CCG has used the funds retained under the marginal tariff arrangements for urgent care. It explains how they have been spent, why they have been prioritised in these areas and how the CCG will ensure maximum impact from this investment to ensure the best possible patient experience of urgent care.

2. Amount invested as a result of the marginal rate rule

In 2015/16 NHS England Planning Guidance indicates that 30% of the value of the increase in emergency admissions over those seen in 2008/9 should be withheld by the CCG and used to fund services that support delivery of safe and timely urgent care. The value of this is £1.049m for 15/16 for all providers Gloucestershire CCG commissions relevant services from.

Gloucestershire CCG sees urgent care as one of its top priorities and as such it has added to this marginal rate investment with significant additional investment in a comprehensive range of urgent care schemes designed to improve care, provide care outside of hospital where safe and feasible, and to improve timeliness of services. Despite the reduction in the marginal rate from 70% to 30%, the CCG has maintained existing recurrent investments at the same rate by increasing its contribution in addition to funding new schemes in 15/16.

3. Details of evidence used in considering investment proposals

In developing the investment proposals and interventions outlined below, the CCG has made use of a wide range of diagnostics and best practice guides including:

- Benchmarking of standardised admission ratios to understand how Gloucestershire compares to other counties
- Locality-specific analysis to see where best practice within Gloucestershire can be rolled out more widely and to identify variation that can be tackled
- Use of Kings Fund and other national body guidance documents on the most effective urgent care interventions
- Reviews of previous investments in Gloucestershire and by neighbouring CCGs to identify what worked and can be built upon, and what did not work

- Extensive stakeholder discussion involving particularly Gloucestershire Hospitals NHS Foundation Trust, 2gether NHS Foundation Trust, South West Ambulance Service NHS Foundation Trust and Gloucestershire Care Services NHS Trust
- The views of patient representatives sitting on key decision making and informing groups

The combined findings from all these sources have resulted in a comprehensive set of urgent care interventions deployed as part of the CCG’s overall urgent care strategy.

4. Details of targeted service redesign initiatives for managing demand for emergency admissions

Key schemes invested in as part of the CCG’s investment in urgent care are outlined below. Total investment shows the total currently being invested in the scheme by the CCG with new investment 15/16 showing the additional investment added to the recurrent expenditure in 15/16.

Programme and detail	Total Investment £'000	New Investment 15/16 £'000
Assistive Clinical Technology A revised contract has been issued for remote monitoring focussing on enabling patients with long term conditions to safely manage and monitor their care at home.	1,039	173
Older People Advice & Liaison Service The OPAL service sees Consultants in Old Age Medicine working at the front door of the hospital to ensure old or frail patients receive expert review and where it is best for their care are enabled to avoid a hospital admission.	500	
Risk Stratification tool This tool identifies those patients most at risk of admission in Gloucestershire and enables specialist community teams to target these patients to ensure their care needs are supported proactively and unexpected admissions avoided.	270	
Mental Health Liaison in community and acute The mental health liaison team provide expert advice for patients attending the Emergency Department and some community facilities to ensure they get the best care for their mental health	260	

condition. This investment will see these teams increase their coverage and hours.		
Oxygen Assessment Service The oxygen assessment service provides review and oxygen equipment to patients in the community.	176	
Rapid response team The rapid response team are available to respond to patients within one hour where they have an urgent health need at home. By responding rapidly with nursing and therapy support, patients are enabled to stay at home and avoid admission	3,900	1,800
Integrated Discharge team The integrated discharge team support hospital discharge through managing the complex processes sometimes involved with wards and patients. This investment increases the number of wards in the hospital covered by the service and increases their weekend coverage.	313	
Care homes service & enhanced medication review This service ensures care homes are supported effectively with GP input to ensure good medical care for their residents and reduced chance of admission.	1,034	336
Right care right place initiative This scheme sees significant investment in the ambulance service to support demand reduction by treating more patients in their home rather than bringing them to hospital and by triaging where safe over the phone.	234	
Investment in £5 per head of population This investment will increase primary care services accessible to patients across Gloucestershire.	1,000	
Additional community hospital investment to increase staffing levels This investment builds on the excellent community hospital services available in Gloucestershire by ensuring increased and enhanced staffing to support patient flow.	600	
Paediatric emergency admissions GP telephone advice This scheme sees dedicated advice from Consultant Paediatricians to GPs who have questions about children's care to ensure effective prompt care and reduce unnecessary admissions.	107	

Ambulatory Emergency Care Unit Following national best practice, this funding will develop an AEC at both Cheltenham and Gloucester where patients who would previously have been admitted can be seen and treated on the same day.	1,500	180
Primary care in Emergency Department This investment places a GP and primary care nurse within the Emergency Department for those patients with non-acute needs reducing demand on the Emergency Department.	296	262
Additional patient transport service vehicle for health care professionals This scheme provides a dedicated vehicle for patients that GPs wish to attend the Emergency Department but who require a non-urgent ambulance to get there. It frees up 999 ambulances to respond to immediate needs such as heart attacks.	170	170
Other smaller investments, dementia investments, COPD Screening tool, expert patient programme	122	
Total	11,521	2,921

5. Expected change in demand patterns as a result of the investment

The schemes outlined above are intended to improve the quality of care patients get and often the accessibility of services so they are nearer to where they live. They are also intended to reduce demand on hospitals and the key changes are expected in Emergency Department attendances and emergency admissions. The CCG expects to see Emergency Department attendances drop from 115,147 attendances per year to 103,831 attendances per year. For emergency hospital admissions, the CCG expects to see a drop from 42,245 to 37,763 per year.

6. How progress of the targeted initiatives will be measured and rectified where appropriate.

The schemes outlined above are all monitored via the CCG's Programme Management Office who monitor delivery against milestones and Key Performance Indicators on a monthly basis.

To ensure senior oversight, the Clinical Chair of the CCG (a GP) chairs a System Resilience Group involving Executive representatives from all major care and health organisations in Gloucestershire once per month. This meeting reviews on an exception basis delivery for these schemes and agrees corrective action where needed.

Finally, an Urgent Care Delivery Group meets fortnightly chaired by the CCG's Director of Commissioning Implementation to review the detailed implementation with lead managers for each project. This ensures a more thorough examination of progress and provides assurance on scheme delivery.

Author: Simon Sethi, Programme Director, Urgent Care

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