Londonwide LMCs
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22 January 2020
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Enhanced Care Homes Review (ECHR) of Workload

Headlines

Workings indicate that a PCN covering 50,000 patients with average instances of reported incidents (based on nationally provided figures) would have the following weekly resource needs to deliver the ECHR:

- MDT to monitor personalised care and support plans: current system of integrated case management (ICM) requires each practice to have monthly review meeting to discuss high service users, End of Life, frail etc.
- **Requirement to cover this ECH Specification for a weekly MDT:**
    - **Lead GP present =1 session**
    - **Administrative support = 2 sessions**
    - **Additional clinician = 1 session**
    - **Community services =not a cost to the PCN**

- Weekly ward round (GP fortnightly); a number of practices currently have agreements to do weekly ward round for private nursing homes.
- An aim of seeing 33% of patients each week would require an indicative 123 appointments per week. Allowing for 15min appointments = 30.75 consulting hour per week plus 10h administrative time, and not including travel time etc.
- **Requirement to cover the weekly ward round:**
    - **GP= 20.5 hrs/week = 5 sessions per week**
    - **Other clinician every week = 20.5 hrs/week = 5 sessions per week**

- Personalised care plan (PCP) within 7 days of admission or re-admission to home and review when appropriate; in 2015/16 there were approximately 8 million hospital admissions for >65 year olds. On average each patient was admitted 0.87 times.
- Based on this, PCNs would need to do 370 times 0.87 = 322 re-admission care plans per PCN per annum or = 6 per week at 30m per review.
- **Requirement to deliver PCPs: 1 GP session**

- Oversight from clinical lead.
- **Requirement to deliver = 1 session per week**

Additional un-resourced requirements / confounding facts

- Named clinical team including staff from PCN and relevant provider of community services.
- Every care home aligned to PCN and its MDT.
- Protocols for information sharing, shared records;
    - This is not feasible to do on an individual PCN basis and will need national DSA plus implementation of the IT that enables the different systems to share information. Will require care homes to have secure IT to log onto the relevant clinical systems.

- Consistent group of staff in MDT;
    - Causes difficulty if covering leave, sickness, resignation as would require so duplication of the staff to ensure consistency.
- Deliver urgent response (2hrs);
    - Would require commissioning a separate rapid response service undeliverable by the PCN practices.
- Support the care home (CPD, vaccinate staff, co-ordination with wider system);
    - Unknown workload, if staff were just able to attend existing CPD activities no additional workload.
- Administrative support for ward rounds.

Negotiations are ongoing (22/1/20).

Evidence utilised in calculations:

UK population

56,075,912 2011 census data

Current England only estimated around 55million

Population over 65years =9,240

This equates to 1122 PCNs each with a 50,000 patient population

Includes all people living in care homes (residential and nursing)

416,000 people in UK in care homes, (4%>65yrs population rising to 16%>85years population)

Equates to 370 patients in care homes per PCN

London population approx. 8.8million

>65years approx. 1million

Estimate 40,000 in residential care

Hospital admission rates

Hospital Admitted Patient Care Activity, 2015-16 (ONS)

Emergency admissions to hospital from care homes: how often and what for?

Specification does not state responsibility for this, assuming would be done either on the WR or during MDT but either would increase the time requirements of these activities.