

**Older Persons Funding – Healthchecks project**

**1. Introduction**

1.1. At the North East Hampshire and Farnham Clinical Commissioning Group Governing Body on the 8<sup>th</sup> October the recommendation of the Primary Care Review Panel to consider the advantages of agreeing a consistent approach to the delivery of healthchecks for patients aged 75 and over was agreed.

**2. Engagement**

2.1. This project was discussed at the Practice Council meeting and the GP Practice Forum on the 9<sup>th</sup> October. In addition the project was discussed at the Clinical Leads meeting on the 22<sup>nd</sup> October.

2.2. Dr Ed Wernick has provided clinical leadership on the development of a consistent approach to the implementation of the healthchecks project.

2.3. A proposal for the implementation of a consistent approach to the healthchecks project was circulated to GP Practices on the 27<sup>th</sup> October for comments. This proposal is contained in Annex A of this paper.

2.4. Only one GP Practice has provided comments on the proposals. These comments were:

| Comment  | Response   |
|--|--|
| Request for clarity on what each of the core components of the healthchecks should include | <p>Healthchecks project document to contain additional information on what each of the core components of a healthcheck should contain e.g. the question to be asked or the literature to be provided</p> <p><b>It is recommended that further information is included in the healthchecks project document</b></p>  |
| Clarity of funding mechanism requested   | <p>The proposal for the provision of funding is:</p> <ul style="list-style-type: none"> <li>• 50% of the funding is to be provided up-front at project commencement</li> <li>• 50% of the funding is to be provided upon receipt of an interim report in March 2015</li> </ul> <p>The proposal allows for: <i>If the activity falls below that expected as set out (66% of eligible patients to receive a healthcheck) then the Clinical Commissioning Group reserves the right to</i></p> |

|  |  |
|--|--|
|  | <p><i>discuss fair return of unused monies</i></p> <p><b>It is recommended that no change is required</b></p>  |
| <p>Whether the 66% achievement should apply to each individual target group or just to the total number of eligible patients</p> | <p>This was included so that efforts are made to ensure each individual target group is included in the project rather than focussing on the ambulant patient cohort.</p> <p><b>It is recommended that no change is required</b></p> |

### 3. Recommendation

- 3.1.** The Governing Body are asked to support the implementation of the proposed consistent approach to the healthchecks project as contained in Annex A and to approve the release of funding to the participating GP Practices.

## **Older Persons Funding Healthchecks proposal**

### **1. Healthchecks core contents**

The aim is for a holistic approach with the content tailored to this age group and including nutritional, lifestyle, psychological, social and medical aspects.

The contents have been developed based on the applications submitted by GP member practices, which were largely aligned. The indicators chosen are evidence based and have been agreed by the Clinical Leads.

The proposed healthcheck core contents are:

- Nutritional assessment
- CVD disease screening
  - Diabetes - HbA1c
  - Chronic kidney disease - eGFR
  - Hypercholesterolaemia - Lipid profile
  - Hypertension - BP
- CVA prevention - pulse
- Medication review
- Smoking - advice & signposting
- Alcohol - advice & signposting
- Falls risk Assessment
- Hearing Assessment
- Sight - signpost to eye test
- Dementia screening: - single point question- “Has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life”
- Identify whether they have a carer or next of kin?
- Social isolation screening question
- Continence Assessment
- Vaccination history - pneumococcal and influenza

These core contents should be applied to patients with appropriate clinical discretion.

## **2. Action following healthchecks**

GP Practices should develop appropriate signposting, pathways and information materials to assist patients and manage the findings of their healthcheck.

## **3. Targeted patient groups**

Patients aged 75 or over in the following categories must be included in the invitation for a healthcheck:

- Resident in their own home
- Resident in their own home - Housebound
- Resident in a residential or nursing home

Registers for these groups will need to be identified if not already in place. Recommended read codes will be provided.

## **4. Workforce to deliver the healthchecks**

The healthchecks can be delivered by a range of suitably qualified health care professionals but must include a GP component.

## **5. Outcomes measures**

To qualify for full remuneration GP practices should complete health checks on a minimum of 66% of all eligible patients in each of the targeted patient groups.

## **6. Payment structure**

- GP Practices will be paid 50% of funds on signing up to the health checks
- The remaining 50% will be paid at the end of the financial year upon receipt of an Interim report (see below)
- The project will run over a 12 month period. A brief project completion report will be required (see below). If the activity falls below that expected as set out above then the Clinical Commissioning Group reserves the right to discuss fair return of unused monies

## **7. Reporting mechanisms**

Reporting forms will be issued by the Clinical Commissioning Group for completion by the GP Practices and will include:

### **Interim report**

- Number of patients eligible for an invitation to a healthcheck:
  - Resident in their own home
  - Resident in their own home - Housebound
  - Resident in a residential or nursing home
- Number and percentage of healthchecks delivered to:
  - Resident in their own home
  - Resident in their own home - Housebound
  - Resident in a residential or nursing home
- Number of patients who: Did not respond / did not attend / informed dissent
  - Resident in their own home
  - Resident in their own home - Housebound

- Resident in a residential or nursing home

### **Project completion report**

- To include the interim report data set
- Identification of any gaps in service provision for patients requiring additional care following a healthcheck
- Lessons learnt
- If outcome measures are below target then please provide an explanation

In addition the Clinical Commissioning Group will analyse the number of emergency attendances and admissions for this patient age group to confirm whether a reduction has occurred.

### **8. Value for money**

The table below demonstrates the cost per healthcheck based on a 66% and 100% uptake.

| <b>Number of eligible patients</b> | <b>Percentage of patients undertaking a healthcheck</b> | <b>Cost per healthcheck</b> |
|------------------------------------|---|-----------------------------|
| <b>16,194</b>                      | <b>100%</b>   | <b>£68.06</b>               |
| <b>10,688</b>                      | <b>66%</b>  | <b>£103.12</b>              |