

Avoiding unplanned admissions enhanced service – changed from 2014/15 to 2015/16

This paper summarises the key changes for the AUA ES in 2015/16.

Description	2014/15	2015/16
Reporting template	More complex reporting template requiring detail or evidence to support payment claims.	The reporting template has been simplified, removing a number of questions and focussing only those that will ensure achievement of the ES requirements.
Submission of reporting template	Practices were required to complete a reporting template on a quarterly basis, no later than the last day of the month following the end of the relevant quarter. The final end year report (i.e. that for quarter four) was to take account of the entire year.	Practices are required to complete a reporting template on a biannual basis, no later than the 31 October 2015 and 30 April 2016 respectively.
Personalised care planning and care plan	To develop personalised care plans for new patients on the register as part of proactive care planning.	To develop personalised care plans for new patients on the register as part of proactive care planning. For existing patients on the register (i.e. those on the register from 2014/15) undertake at least one care review, including a review of their care plan in the year.
Care plan template	Provided	Not provided – practices will be required to develop their own care plan using the information in the guidance as a reference to what the care plan should include.
Patients who have moved practice or died and are therefore no longer on the register	Not counted	If required, practices are able to submit manual claims relating to any patient who was on the case management register but moved practice or died before the end of each six month period. This information is only required if the automated extract

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when the extractions take place		shows that the practice is below the minimum 2% in each of the six month periods.
Payment structure	<p>Five payment components, covering:</p> <ul style="list-style-type: none"> • an upfront payment for setting up the ES, including same day telephone consultations for urgent enquiries, specifying and use of the practice's ex-directory or by-pass telephone number and for developing, sharing and reviewing personalised care plans for a minimum of two per cent of the practice's adult patients aged 18 or over (i.e. all the patients on the register). • a payment for achieving the quarter 2 register at a minimum of 1.8% and informing patients of the named GP, • a payment for achieving the quarter 3 register at a minimum of 1.8% and informing patients of the named GP, payment for achieving the quarter 4 register at a minimum of 1.8% and informing patients of the named GP, and • a payment for reviewing and improving the hospital discharge process for patients and undertaking internal practice reviews. 	<p>Three payment components, covering:</p> <ul style="list-style-type: none"> • an upfront payment • a payment for the first six month period is to cover maintaining the register at a minimum of 1.8 per cent, identifying and informing any new patients of their named accountable GP and care co-ordinator (if applicable), developing or reviewing personalised care plans, implementing or continuing same day telephone consultations for urgent enquires, specifying and using the practice's ex-directory or by-pass telephone number, reviewing and improving the hospital discharge process for patients on the case management register, undertaking regular practices reviews and participating in the survey (if it goes ahead). • a payment for the second six month period is to cover maintaining the register at a minimum of 1.8 per cent, identifying and informing any new patients of their named accountable GP and care co-ordinator (if applicable), developing or reviewing personalised care plans, implementing or continuing same day telephone consultations for urgent enquires, specifying and using the practice's ex-directory or by-pass telephone number,

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		reviewing and improving the hospital discharge process for patients on the case management register, undertaking regular practices reviews and participating in the survey (if it goes ahead).
Claw back arrangements	<p>The component one payment could be clawed back if a practice had not completed the minimum requirements linked to section one and part two of section two of the reporting template, including having in place personalised care plans for all patients on the register, as per the timeframes outlined in this guidance.</p> <p>The component 2 and 3 payments could be clawed back if a practice had not maintained the register at minimum average of 2% across quarters 2, 3 and 4.</p>	New claw back arrangements on a scenario basis pending on achievement of component 2, component 3 and maintain the register at a minimum of 2% across the whole financial year (see annex for details).
Patient survey	N/A	Subject to the outcome of a feasibility study, practices may be required to participate in a patient survey.

Annex A: Scenarios for action to be taken in the event a practice does not deliver all requirements under this ES in 2015/16

Scenario	Component 2	Component 3	Register	Action
A	Y	Y	Y	Pay components 2 & 3. Practice keeps component 1 payment
B	Y	Y	N	Pay components 2 & 3, commissioner claws back 40% of component 1 (in line with 14/15 claw back on failing register across the year)
C	Y	N	Y	Pay component 2, do not pay component 3. Commissioner claws back 20% of component 1
D	Y	N	N	Pay component 2, do not pay component 3. Commissioner claws back 40% of component 1
E	N	Y	Y	Do not pay component 2, pay component 3. Commissioner claws back 20% of component 1
F	N	Y	N	Do not pay component 2, pay component 3. Commissioner claws back 40% of component 1
G	N	N	N	<p>Do not pay component 2 or 3. Practice is required to demonstrate they have delivered the ES requirements (named GP and personalised care plans) to a minimum 25% of 2% register, as well as undertaking the other requirements in the ES.</p> <p>If the practice can demonstrate this, commissioner claws back 21% of component 1.</p> <p>If the practice cannot demonstrate this, commissioner claws back entire component 1 payment (46%).</p>