

NHS England (Yorkshire & The Humber) North Yorkshire and Humber Office
2016/17 Avoiding Unplanned Admissions Enhanced Service – Reporting Template

Biannual reporting requirement

Please confine your responses to the white boxes. Feel free to expand the boxes to fit the size of your response.

Please submit completed proforma to the following e-mail address no later than the 31st October 2016, including your practice code and CCGname in the subject title of the email:

england.gpreturns@nhs.net

Please do not include any patient identifiable information in your response. Thank you

Practice Name:	
Practice Code:	
CCG:	
Submitted on behalf of the practice by:	
Name/Position	
E-mail	
Please confirm the bypass number your practice will be using during 2016/17	
Bypass number	
SECTION ONE - practice availability	
Please specify how health and social care services can contact the practice in emergency situations regarding patients on the practice's registered list?	
A&E and Ambulance Staff	
Care and nursing homes	
Other care providers (e.g. mental health and social services)	
Does the practice have a system in place to enable patients on the case management register to receive same day telephone consultations for their urgent enquires?	
YES / NO	
SECTION TWO - proactive case management	
Has the practice agreed personalised care plans or undertaken at least one care review during the year with at least 1.8% of eligible patients (i.e. patients aged 18 and over) by:	
30-Sep-16	YES / NO
31-Mar-17	YES / NO
Has the practice agreed personalised care plans with all patients on the case management register or undertaken at least one care review during the year? (i.e. for a minimum of 2% of the practice population aged 18 and over on the register between 1 April 2016 to 31 March 2017)	
YES / NO	
Has the practice submitted manual data relating to any patients who have died or moved in each of the six month periods? If YES, please submit evidence on the second tab of the spreadsheet	
YES / NO	
Have all patients on the case management register been notified of their named accountable GP?	
YES / NO	
SECTION THREE - hospital discharge process	
Is there a system in place for contacting patients post-discharge from hospital?	
YES / NO	
What recommendations has the practice made to the commissioner and CCG (if not the commissioner of the ES) to support improvements in the commissioning of services for patients in this group?	
Please provide brief details	
SECTION FOUR - internal practice reviews	
Has the practice carried out reviews of emergency admissions and A&E attendances for:	
their registered patients living in care and nursing homes	YES / NO
their patients on the case management register	YES / NO
What recommendations has the practice made to the commissioner and CCG (if not the commissioner of the ES) to support improvements in the commissioning of services for patients in this group?	
Please provide brief details	
Thank you for completing the template. Please e-mail the completed proforma to:	
england.gpreturns@nhs.net	

	System ID	Date of registration with practice	Did the patient die or de- register?	Date of death or de- registration	Was patient informed of their accountable	Evidence that a personal care plan had been developed?
Patient 1						
Patient 2						
Patient 3						
Patient 4						
Patient 5						
Patient 6						