

SERVICE LEVEL AGREEMENTS FOR LOCAL ENHANCED SERVICES (LESS) OLDER PATIENTS IN CARE HOMES 1 APRIL 2015 – 31 MARCH 2016

PRACTICE -

The Addendum is made on a 12 month basis starting from 1 April 2015 and applies to the preexisting 1 April 2014 – 31 March 2015 Local Enhanced Service for Older Patients in Care Homes.

Amendments

Financial Details

This agreement is to cover the period from 1st April 2015 to 31st March 2016

Payment per patient per year	£120
Number of patients registered with the practice in a Care Home (Nursing & Residential Home) as at 1 st Jan 2015	
Total Number of Care Home Patients registered in a Highland Practice as at 1 st Jan 2015	
Practice Notional available budget (as % share of Care Home Budget £260,000)	

This addendum highlights the continuation of this SLA within the defined capped budget arrangements.

As highlighted in previous arrangements for this agreement, the GMS Contract Agreement in Scotland from 1 April 2013 within QoF introduced an element of Anticipatory Care planning and Polypharmacy review for High Risk Patients.

No activity that is included towards QoF activity can be included within the enhanced services activity.

- ACPAs performed for care home patients may not also count for QOF payment except where their numbers exceed the enhanced services cap. This excess will count towards QOF activity.
- If the sum of enhanced service and QOF ACPA activity falls short of the combined cap, a Practice may decide on discussion with the Primary Care manager to attribute their ACPA activity preferentially to either QOF or enhanced services.
- ♦ There will be Share of any budget underspend vired to reimburse those practices which have reported activity higher than their notional budget (within Operational Unit).

•	7		СЭП	res
-				
		2	u	

This Addendum constitutes the agreement between the practice, and the PCO in regards to the Local enhanced services commissioned from the practice as detailed above.

PRACTICE -

Signature on behalf of the Practice:

Signature	Name	Date
Signature on behalf of the PCO:		
Signature	Name	Date

Signature	Name	Date