

## *Summary of reinvestments from the Emergency Tariff variations*

### *Context*

The 2017/19 National Tariff Payment System Guidance, published jointly by NHS England and Monitor, includes nationally mandated provisions for variation to the tariff payment mechanism to support prevention of avoidable hospital stays. These are

- The marginal rate emergency rule, and
- Reimbursement arrangements for emergency readmissions within 30 days

The marginal rate emergency rule was introduced in response to a growth in emergency admissions in England which exceeded that which could be explained by population growth and A&E attendance growth alone.

The readmission rule was introduced in response to a significant increase in the number of emergency readmissions over the previous decade. The rule provides an incentive for hospitals to reduce avoidable unplanned emergency readmissions within 30 days of discharge. Hospitals may reduce the number of avoidable emergency readmissions by investing in, for example, better discharge planning, more collaborative working and better coordination of clinical intervention with community and social care providers.

This document describes how Surrey Downs CCG will invest the benefit it receives from these variations to the national tariff.

## Proposal

For planning purposes, Surrey Downs CCG has estimated that in the financial year 2018-19, the value available for reinvestment via the application of the marginal emergency rate and non-payment of readmissions will be **£3.7m**. **£2.4m** obtained via the application of the marginal emergency rule and **£1.3m** via the reimbursement arrangement for emergency readmissions. The exact value will be monitored during the course of 2018-19 by reviewing the levels of activity and the results of an assessment of readmissions.

Working collaboratively with Epsom, Surrey and Sussex Hospital (SASH) and Kingston Hospital Transformation Boards for service users in Epsom, Ewell, Banstead, East Elmbridge and Dorking, Surrey Downs CCG aims to commission services consistent with both the emerging national vision and our aim to transform our local urgent and emergency care systems through integrated out-of-hospital care, in particular Integrated Community Services and Community Multi Specialty Teams. These plans have been articulated in Surrey Heartlands Commissioning Intentions, the Better Care Fund and the Surrey Heartlands Operational Plans, and are discussed at the Urgent Care and Integration Programme Board.

As part of this work Surrey Downs CCG will:

- Support the transformation of urgent care, through implementing a comprehensive community based model for the management of complex and frail elderly patients at high risk of admission to hospital in line with nationally recognised best practice
- Facilitate the mobilisation and delivery of the quality and service improvements set out in the Surrey Heartlands Health and Care Partnership and Surrey Downs CCG Urgent Care & Out of Hospital Strategy (urgent care and integration)
- Additional investment in primary care, particularly in extending access to GP appointments to evenings and weekends.
- Further development of a wider integrated multidisciplinary team working across practices and within community hospitals providing comprehensive geriatric assessment and the proactive management of patients at risk of an acute admission
- Review existing urgent care pathways including the role of the ambulatory care unit (ACU) and the Urgent Treatment Centre (UTC) that are currently co- located at Epsom Hospital to ensure the most cost effective and streamlined pathway is in place

In order to fully support this work Surrey Downs CCG have identified that the monies obtained through the variations in the national tariff will be invested directly in the following schemes below:

Scheme Details
3 Locality community hubs (all 3)
Quality in care homes
Falls
Risk stratification
Patient activation measures (PAM)
Respiratory services
End of life strategy