

## **ADMISSION AND RE-ADMISSION AVOIDANCE (MRET) INVESTMENTS 2015/16**

The 2014/15 National Tariff Payment System Guidance as varied by the 2015/16 Enhanced Tariff Option, 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 2010/11 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. This growth in emergency admissions was made up primarily of emergency spells lasting less than 48 hours.

The purpose of the marginal rate rule is twofold. It is intended:

- firstly, to incentivise lower rates of emergency admissions; and
- secondly, to stimulate acute providers to work with other parties in the local health economy to reduce the demand for emergency care.

The marginal rate rule sets a baseline value (specified in £s) for emergency admissions at a provider. A provider is then paid 70% of the national price for any increases in the value of emergency admissions above this baseline. Overall, commissioners must set aside sufficient budget to pay for 100% of emergency admissions. Commissioners are then required to spend the retained 30% on managing the demand for emergency care.

The 30 day readmission rule was introduced in 2011/12 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.

The table below shows the CCG's planned £6.8m investment in 2015/16 of the emergency marginal rate retained and readmissions reimbursements set out by pathway and provider to aid transparency.

<b>15/16 MRET &amp; Readmissions Investment -ELR CCG</b>				
<b>Scheme Description</b>	<b>Acute/Community Provider</b>	<b>NHS/Non NHS</b>	<b>Provider Name</b>	<b>15/16 MRET &amp; Readmissions Investment</b>
				<b>£</b>
Proactive Care (BCF)	Community	NHS	LPT	563,000
Intensive Community Support (BCF)	Community	NHS	LPT	870,000
Care Home Nursing Support (BCF East)	Community	NHS	LPT	75,000
Mental Health Triage Car	Community	NHS	LPT	75,000
End of Life (Pilot Extension)	Community	Non NHS	GP's	642,000
Pulmonary Rehab Funding	Community	NHS	LPT	116,650
GEH Urgent Care Centre	Community	NHS	GEH	1,160,000
Step Down Beds - CHC & Non Weight Bearing	Community	NON NHS	Nursing Homes - Various	140,295
Parkinsons Nurse	Acute	NHS	UHL	28,000
Community Equipment	Community	NON NHS	LA	179,000
Quality in care homes (BCF East)	Community	NON NHS	LA	215,559
Dementia Nursing Care	Community	NHS	LPT	84,401
Mental Health Discharge (BCF)	Community	NHS	LPT	112,101
Assertive in reach (BCF County)	Community	NHS	LPT	184,000
Frail elderly (BCF)	Community	NHS	LPT	159,000
Falls (BCF)	Community	NHS	LPT	12,900
Single point of access	Community	NHS	LPT	206,000
Integrated Health & Care Crisis Response (ICRS) (BCF)	Community	NHS	LPT	513,000
Frail older persons advice and liaison service (FOPALS)	Community	NHS	LPT	49,349
7 day primary care service (BCF)	Community	NON NHS	GP's	362,500
Step Down Additional Therapy Services (BCF)	Community	NHS	LPT	229,000
Primary Care Support >75's	Primary Care	NHS	GP's	482,000
Mental Health Triage Nurses	Community	NHS	LPT	114,000
Diabetes	Acute / Primary Care	NHS	UHL, GP's	96,000
Atrial Fibrillation				80,250
Dementia	Community	NHS / Non NHS	Alzheimers Society	18,000
<b>TOTAL</b>				<b>6,767,005</b>
<b>Investment required</b>				<b>3,970,498</b>
<b>Surplus investment</b>				<b>2,796,507</b>