**KPIs and Outcome Measures for APMS Nursing Homes Service**

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| Key performance indicators (quarterly submission) one week before the contract review meeting  The practice will undertake regular auditing on a rotational basis. They will perform 2 audits each quarter and submit corresponding improvement plans for any underperforming areas. |
| 1. The provider delivers an audit, and working with care/nursing home staff has developed an improvement plan based on the lessons learned and shared with the MDT:   * Patients who attended A&E * Patients who were admitted to hospital |
| 2. At least 95% of new Residents admitted will have been seen within one month and have a jointly agreed care plan completed, including overall healthcare objectives and management of long-term conditions as clinically appropriate. |
| 3 Percentage of residents with an initial review within 5 working days of being informed of admission/readmission. Target is 80% to have had a review. |
| 4. All Care Home Residents will be on the Universal Care Plan, with a recorded preferred place of death and DNACPR status. Follow-up discussion with Justin in the diary. |
| 5 Percentage of Universal Care Plan records reviewed in the last six months. Target is 85% |
| 6. Work with patients, their friends and relatives and staff to increase use of the Friends and Family test and to submit monthly data on CQRS. |
| 7 To ensure dementia diagnosis rates are accurately recorded are code appropriately on EMIS. |

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| Outcome Measures (quarterly submission) | Baseline |
| Friends and Family Test | Baseline data collected by provider in first quarter, then monthly |
| Vaccination of all residents with flu, covid and shingles as per the national programmes | Baseline data previous period |
| Increase the uptake of Universal Care Plans (to be discussed and agreed with Justin) |  |
| Nutrition evidence of systematic review of weights/MUST score review within personalised care plans and appropriate actions | prompts re-review of care objectives as well as more proactive nutritional interventions |
| Evidence of structured medication reviews at least twice yearly (including 3-4 monthly review of antipsychotics) |  |
| No of Patient Safety incidents including Never Events |  |
| Report themes and learning on moderate to low harm incidents |  |
| Duty of Candour applied to incidents |  |
| National Patient Safety Alerts relevant to service and actions taken |  |
| No of Complaints rec’d per quarter and acknowledged |  |
| Themes and/or learning from Incidents and Complaints for service and other parts of Integrated Care System. |  |

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| **Indicator** | **Measurement of achievement** |
| Maximise use of the Optimise Rx tool (prescribing decision support tool), focussing on messages relating to safety, best practice and efficiencies; with a focus on compliance to messages regarding:   * All low priority prescribing medicines (in line with national and local guidance) * All Special medicines | Optimise Rx Usage Checklist completed and submitted by 31 March 2026 |
| Care Home service users (patients) prescribed any of the following high risk drugs have received a Structured Medication Review (that includes Shared Decision Making) and have a documented assessment of risks and benefits plus planned regular monitoring and review   * Antipsychotics * Anticoagulants * Lithium | ≥ 90% of all patients prescribed any of the high-risk drugs stated have received an SMR  Evidence: EMIS Enterprise data (search parameters: practice patients; prescribed antipsychotics, anticoagulants, Lithium; with SNOMED code 1239511000000100 Structured medication review  By when: 31 March 2026 |
| Percentage of Care Home service users (patients) ≥ 65 years of age prescribed ≥ 10 unique medicines | Proactively undertake Structured Medication Reviews that includes Shared Decision Making  Any reduction in the percentage of patients ≥ 65 years of age prescribed ≥ 10 unique medicines from Q4 2025/26 compared to Q4 2024/25  Evidence: NHSBSA data  All Structured Medication Reviews should be recorded in the patient notes under SNOMED code 1239511000000100  By when: 31 March 2026 |
| Percentage of Care Home service users (patients) prescribed amoxicillin 500mg capsules to cover a 5 day treatment course | ≥75% of all prescriptions for amoxicillin 500mg capsules to cover a 5 days treatment course i.e. 15 capsules  Evidence: NHSBSA data and quality improvement declaration completed and submitted  By when: 31 March 2026 |
| Work with the GSTT Prescribing Support Dietitians (PSD, Lambeth) to ensure all patients who may be/have been prescribed oral nutritional supplements ONS) have been  a) reviewed by a dietitian before initiation or referred to a dietetic service (GSTT Adult Integrated Dietetic service) within 4 weeks of initiation  b) have an up to date MUST score within the last 3 months of prescribing nutritional supplements  c) prescribed green or amber products only, **and not** red products unless prescribed following dietetic assessment with clinical justification ([SEL ONS Product Guide](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2022/04/GP-QUICK-REFERENCE-GUIDE-FOR-PRESCRIBING-ONS.pdf)) | EMIS access provided to all Prescribing Support Dieticians for all care homes patients prescribed oral nutritional supplements  Evidence: confirmation by PSD service  By when: Month 3 of contract  Contractor/Practice has a robust process in place within all supported Care Homes by month 3 of contract, to support review by a dietitian/referral to dietician within 4 weeks of prescribing a nutritional supplement and MUST score being recorded.  Evidence: confirmation by PSD service of process being in place by contact being made by care home staff/LHP on a regular basis  By when: Month 3 of contract  Any reduction in total spend per Astro-PU of ONS in Q4 25/26 compared to Q4 24/25  Evidence: NHSBSA data  By when: 31 March 2026 |