Continuing Healthcare Assessment with CHC2DST

A Digital Transformation Success Story

Introduction

07/2018

About IEG4

Whether it be in local government or health, our focus is on delivering the best user experiences whilst simultaneously optimising service delivery. We don't simply iterate on what others do. We create technology that allows organisations to transform their performance, delivering better services, digitally.

About CHC2DST - Continuing Healthcare Assessment Solution

The Continuing Healthcare (CHC) process is inundated with paper-based forms (e.g. Checklists, Multi-Disciplinary Needs Assessments (MDNA) forms, Decision Support Toolkits (DST)) filled out manually by health and social care professionals. As a result, professionals at the centre of the CHC process struggle to synthesise information from the reams of paper they receive, adding delays to the process which are entirely avoidable.

In turn, delays, lack of progress and poor visibility cause considerable distress to patients and their families as they wait for funding assessment and decision, assessment completion and care provision.

With CHC2DST, our intuitive and easy to use tool, Continuing Healthcare Teams can transform their CHC process to deliver more consistent, defendable recommendations, quicker and at a lower cost.

This booklet sets out in detail both the challenges with the current process and the benefits that CHC2DST provides.

The Quality And Efficacy Of 'Our NHS' Is A Matter of National Importance

Pressure on finite resources is felt no more sharply than in the acute sector of the NHS. Cold weather invariably increases hospital admissions and winter plans swing into operation postponing non-essential surgery. It's a repeat cycle. Headline writers have a field day.

Inefficiencies In The Continuing Healthcare Assessment Process

Once admitted, a patient must be assessed prior to discharge. In complex cases, this requires the use of the nationally-used Continuing Healthcare (CHC) assessment process. This process has been found to be inefficient and contirbutes significantly to Delayed Transfers of Care (DToC).

As CHC assessments and patient numbers back-up under the mounting volume, DToC levels increase. Any spare capacity in the acute system quickly becomes exhausted. The result? Patients waiting for triage and admission in corridors, or, even in ambulances. The pressure across the acute system increases.

A Very Serious Challenge

Make no mistake. As well as being a challenge for our NHS and its workforce of committed professionals, the wrong headlines could have significant consequences for a Government of any hue.

Averting such headlines is of national importance. NHS leadership recognise that. Though there is no single remedy, there are certain levers they can pull. In Autumn 2017 they pulled one of them and demanded action to improve standards in Continuing Healthcare Assessment processing[1].

1. Letter from Matthew Swindells and Professor Jane Cummings To CCG Accountable Officers and CCG Clinical Leaders Publications Gateway Reference No.07091 17 August 2017

NHS England Has Set Up A Strategic Improvement Programme (SIP) For CHC

NHS England SIP team for Continuing Healthcare will work with CCGs to identify best practice and explore new approaches to improve NHS Continuing Healthcare.

The Programme aims are to ensure better outcomes, better experience and better use of resources.

Specifically, the Programme goals are to:

- Reduce the variation in patient and carer experience of CHC assessments, eligibility and appeals.

- Ensure that assessments occur at the right time and place, with fewer assessments taking place in hospitals.

- Work with Clinical Commissioning Groups (CCGs) across the country to identify best practice that can be adopted by other CCGs.

- Make the best use of resources – offering better value for patients, the population and the tax payer.

- Strengthen the alignment between other NHS England work programmes which have a CHC component, such as Personalisation and Choice.

- Set national standards of practice and outcome expectations.

Digitisation of the CHC assessment and workflow process supports the consistent and cost effective delivery of the SIP Programme goals.

NHS England has built up considerable capability behind the improvement of CHC.

Through the Quality Premium, NHS England have incentivised the CCGs to adopt best practice in Continuing Healthcare.

NHS England Call For Action To Reduce DToC Due To Inefficiencies In CHC Assessment

NHS England Leadership set CCG Leaders the goal of working with their NHS Trust colleagues to reduce the number of daily DToC's from the current operating level of 6,428 per day to 4,080.

NHS England, National Director of Operations, Matthew Swindells and Chief Nursing Officer, England, Professor Jane Cummings calculated that some 25% (587 days) of the daily DToC they wanted to release from the system was caused by inefficiencies specifically attributable to the CHC assessment process[1].

Daily DToC Reduction Sought - Autumn 2017/18	
Current DToC Level	6,428
"Desired" DToC Level (max)	4,080
Daily DToC Reduction	2,348
25% Attributable to CHC Assessment Process	587

1. Letter from Matthew Swindells and Professor Jane Cummings To CCG Accountable Officers and CCG Clinical Leaders Publications Gateway Reference No.07091 17 August 2017

CCGs Are Failing To Meet National Standards For Turnaround Of CHC Decisions

Over 150 CCGs have been placed in the spotlight to improve how quickly and where they complete CHC assessments. Overall, performance against standards is poor.

Where CCGs were not meeting the '28 Day Turnaround Standard' they were required to produce an audit of issues impacting the CHC Assessment process and report findings in Nationally. CCGs failing to meet standards for the percentage of decisions made in acute settings had to take immediate action to improve performance.

The CHC Assessment process is something that all CCGs should re-appraise as the tools supporting the process were not fit for purpose, before now.

NHS England National Standard	Expected Level	Failing CCGs
Full assessments in acute settings	<15%	100
Eligibility decisions made within 28 days	>80%	84
DST Recommendations verified	2 Days	Unknown

How Can We Dramatically Improve Quality For CHC?

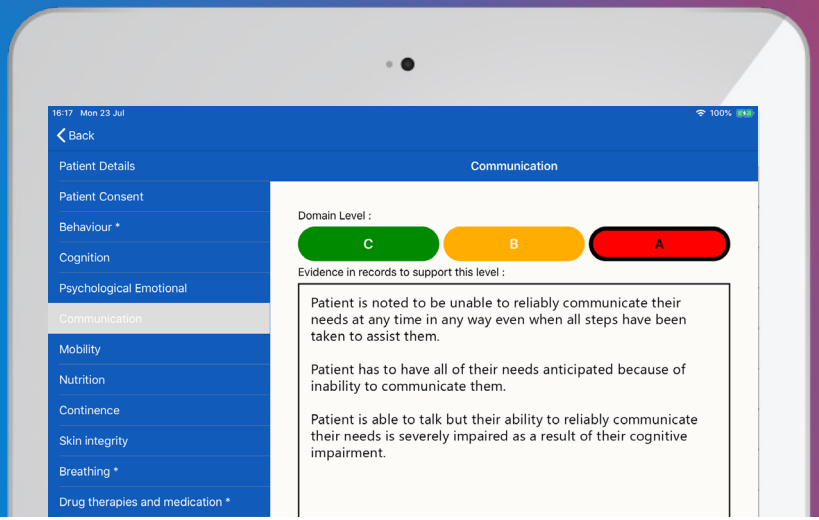
In two words, 'Eliminate Paper'. The assessment process is awash with it. Whilst the criteria and scoring approach provide a robust basis for decision making, the paper-based forms are not fit for purpose.

Paper and all the costs, delays and challenges associated with handling, transmitting, reading and storing it, requires elimination. A view entirely consistent with the NHS Paper-Light 2020 Business Vision in the Five Year Forward View.

Some professionals are in denial, citing that they use 'Word' documents rather than paper. However, creating a 'Word' representation of a Checklist or Decision Support Toolkit (DST) form does not deliver the same service benefits as the digitisation and automation of the actual CHC process.

With CHC2DST, the CHC Assessment process can be quickly and easily fixed by focusing on the desired outcomes of the process, namely, accurately assessed patients, produced consistently, swiftly and defensibly.

Developed in conjunction with the NHS, CHC2DST uses the same national domains and scoring criteria as in the paper-process, but, crucially applies intelligence to drive the workflow and maintain the pace and transparency of the assessment completion.



CHC2DST Helps CHC Stakeholders To Improve Performance Against National Standards

The deployment of CHC2DST has positively transformed the CHC Assessment performance of a cohort of early adopters. These CCGs have worked with IEG4 and have led the way to prove the solution's efficiency and usability for their NHS colleagues.

Decision Turnaround Times Improved

All participating CCGs have experienced reductions in the amount of time it takes to turnaround decisions for most eligible, full assessments.

CHC2DST has helped a CCG in the early adopter cohort which was failing against the National Standard for Turnaround (i.e. more than 80% of decisions for eligible cases to be completed within 28 days), to achieve this National Standard for new cases entered into the system.

Previously, the failing CCG was only managing to meet the decision turnaround standard for 46% of their eligible full assessments.

CHC2DST Supports Assessment In Non-Acute Settings

By moving patients to non-acute locations, hospitals can reduce the numbers of Full Assessments performed in acute locations. This helps to meet the national standards, however, patients still need to be efficiently assessed. Being cloud-based[2], CHC2DST supports 'Discharge To Assess' strategies and allows professionals to conduct assessments in remote locations.

As one of a range of improvement measures undertaken by an NHS Trust, which was being supported by users of CHC2DST, the Trust achieved the #1 performance (out of 151 Trusts) with the lowest DToC rate they had ever achieved.

Recommendation & Decision Verification Within Two Working Days

The verification of e-DST Recommendations has become much easier and quicker across the early adopter cohort. CHC2DST automatically records the audit trail of activity to increase the transparency that due process has been followed. All case information is stored under the patient case, without loss of any contributions.

The implementation of CHC2DST makes holding daily verification meetings to review recommendations, as required by NHS England Leadership, a reality.

With CHC2DST, as soon as a Recommendation has been made in the e-DST, it can be submitted to the case reviewers for verification.

A delighted CEO tweeted, *"Testament to outstanding partnership working. [Our] Trust has lowest DToC rate ever, patients in [the] right place & receiving [the] right care."*

2. NHS Digital Guidance on Cloud-Based is further detailed on page 16.

CHC2DST Delivers Benefits Throughout The CHC Assessment Process

CHC2DST not only helps stakeholders to meet the National Standards against which they are measured. Its automation and digitisation of the CHC Assessment process workflow delivers other significant benefits.

CHC2DST allows Digital Transformation of the assessment process, whether it is performed by NHS CCG, Foundation Trusts, Commissioning Support Units or professionals in Local Authorities.

01 Elimination Of Paper And Its Challenges = Quality Improves

With CHC2DST, paper is eliminated. Gone with it, all the delay, costs and invisibility that its handling or, more likely, mis-handling causes.

Checklists, MDNAs and DST Recommendations are not lost in transmission, nor lost behind the photocopier, or, fax machine, nor lost in briefcases, or, in transit.

One hospital identified the potential to save up to 17 days delay from their CHC Assessment process by the removal of the days waiting for paper transmission between stakeholders around their system. In some cases, during this time, the patient could have been discharged, if the assessment had been completed. Costs of this extended delay could be recharged to the CCG, or be absorbed by the Trust. Irrespective of where the charges land, the delay was a cost in lost oppotunity terms to the system.

02 Increased Process Control & Transparency = Better Family Experience

All e-Checklists are now submitted electronically providing CHC Assessors with a single-point of access into the CHC Assessment process. This gives Team Leads far greater control and oversight of the process.

In response to the assessment cases they see entering the system, CHC Team Leads can organise their staff appropriately for the type of assessment requests they are receiving. As a result, staff can work in a proactive, rather than reactive manner.

The single point of entry for Checklists entering the system, delivers significant productivity gains - freeing up resources for other valuable activities within the service.

03 Improved Quality Of Information = Better Staff Motivation

More effective and consistent administration reviews on Checklists entering the CHC Assessment process helps to improve the quality of the Checklist submissions.

Ineligible Checklists and claims are identified early in the process and are rejected. The improved quality and completeness of Checklist data reduces unnecessary work which could multiply efforts and delays as the process continued.

CHC2DST's admin function allows lists of authorised assessors, GPs, GP Surgeries and other reference data to be maintained within it. This makes look-up and retrieval against regular stakeholders faster and more reliable. GP details can be verified and data used in automated emails to speed communication and reduce manual look-up and re-keying effort.

04 Accelerated Communications Across Remote Parties = Improved Efficiency And Cost Savings

Requests to obtain the patient record from a GP surgery, once requiring print-out and posting, or fax transmission, can now be up-loaded under a secure link to an authorised person, using 'copy, paste, send' functionality.

CHC2DST users have seen information which previously could take up to a week to come back (e.g. a request for a patient summary record from a GP), being returned and automatically allocated under the correct patient case in a matter of hours.

Email correspondence is automatically generated depending upon the work stage for administrators to review and send – reducing admin effort, improving process transparency and, accelerating communication.

Earlier knowledge of case types can help a clinical reviewer to identify high value cases sooner and offers the potential to procure support services earlier and with the potential for savings.

05 Reliable Transmission, Storage & Retrieval = Reduced IG Risks

With electronic storage of the assessment, retrieval and transmission to authorised stakeholders can be instant and reliable.

Electronic storage is automatically backed-up, on the Microsoft Azure cloud as encouraged by NHS Digital. It is reliable, cheaper and far faster to handle than a paper-based archiving and retrieval process.

When it comes to periodic reviews, CHC2DST can schedule these and pull up all the case evidence instantly.

With electronic storage, there is no missing data and the audit trail of the process remains clear, intact and automatically documented, for future reference.

06 Evidence Against Retrospective Claims, Appeals & Complaints

With CHC2DST, it's easier for an assessor to create an e-Checklist and submit it electronically, than to struggle with sending-in or faxing paper. Now, even cases which the assessor may have deemed were not eligible for full assessment, can be submitted electronically.

Previously, such assessments may not have been submitted, leaving a gap in the patient assessment history. With CHC2DST, cases are stored and can be easily retrieved in the event of a complaint, an appeal, or a Retrospective Claim.

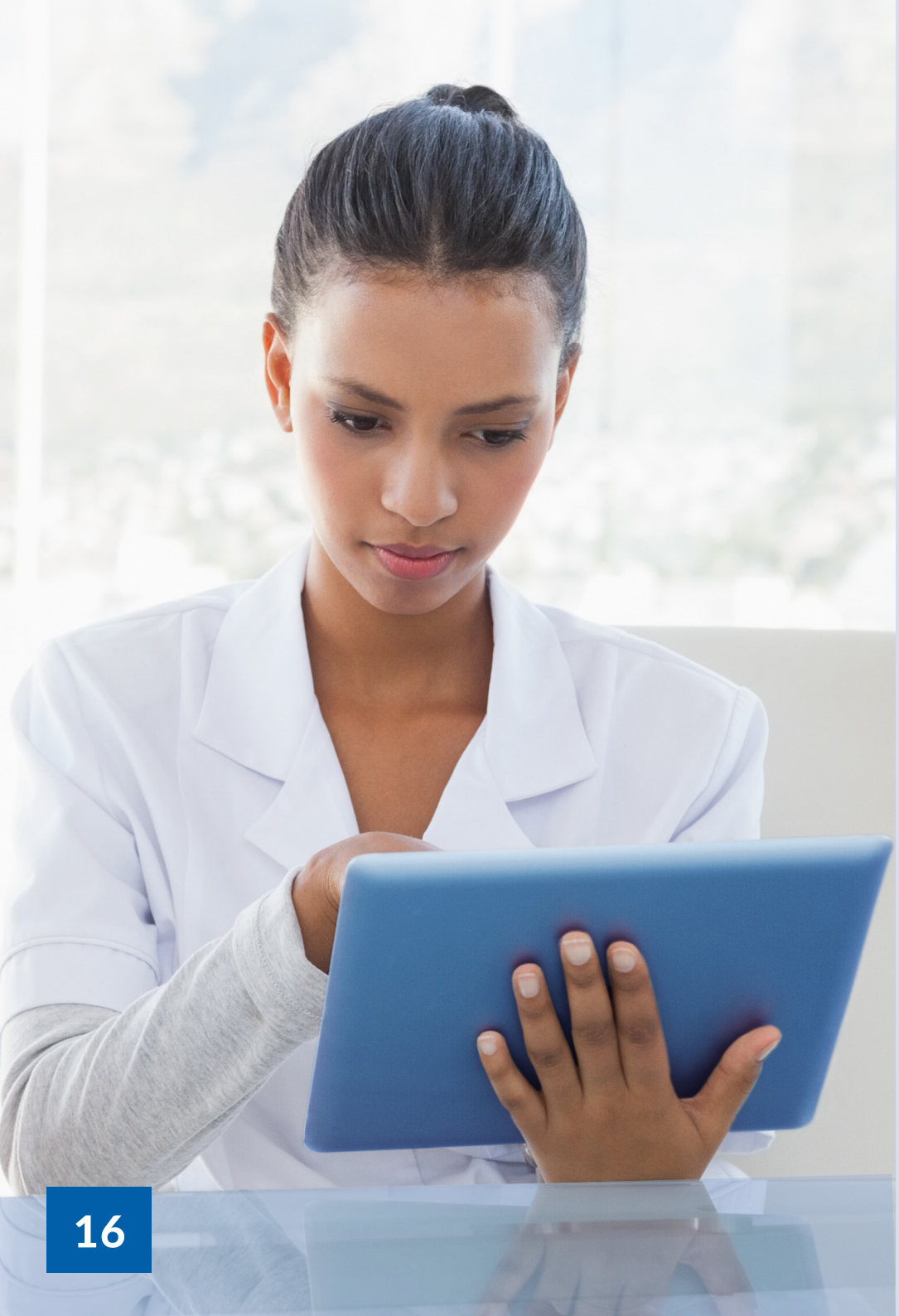
When requests are made to hand-over documentation in case of legal claims or, in response to complaints, case information is easily findable on CHC2DST and proof that due process has been followed can be more easily evidenced. With CHC2DST assessment information does not go missing, giving CCGs the information needed to defend their decision making.

07 Efficient Working Practices Improve Staff Morale

Early adopters of CHC2DST speak of order being brought to what previously was quite a chaotic process, with paper Checklists entering from multiple channels without any control or quality audit.

The greater visibility and control over the process is also proving good for staff morale, who can see where they are up to with their work load, rather than continually feeling swamped.

Productivity across the assessment process increases, allowing admin staff to be redeployed to more valuable and rewarding activities within the Service. With CHC2DST, time-consuming and low value activities, (such as searching for documents, photocopying, scanning and faxing paper) become a thing of the past.



Quantifiable Benefits

Implementation of CHC2DST in support of an effective operating model delivered immediate performance improvements and benefits in our Pioneer CCGs.

The table below shows the improvement against the 28 Day Decision Turnaround National Standard by the Pioneer CCGs, since they went live with CHC2DST during September 2017. As a result of the benefits achieved, the Pioneer CCGs have committed to using CHC2DST for years to come.

Performance vs. 28 Day Decision Turnaround National Standard by the CHC2DST Pioneer CCGs

NHS England Sit Rep For CHC FY2107/18	Q1	Q2	Q3	Q4
Eastern Cheshire	73%	75%	86%	88%
South Cheshire	59%	61%	74%	83%
Vale Royal	46%	53%	68%	87%
Wirral	74%	78%	77%	69%
West Cheshire	78%	75%	73%	85%
Pioneer CCGs' Average	**66%**	**68%**	**76%**	**82%**

CHC2DST supports 'Discharge To Assess' strategies to help CCGs deliver on the National Standard which requires less than 15% of Full Assessments to be performed in an Acute Setting.

Other areas where tangible benefits can be calculated include:

- Increased transparency over Referrals' evidence improves decision confidence and may reduce CHC care package for many CCGs
- Up-front triage of Referrals reduces downstream work and allows focus on most cases more likely to be eligible.
- Faster decision-making helps prevents the formation of new backlog cases and helps CCGs work-down their exiting backlogs
- Efficiencies through the digitisation of paper and elimination of delays boosts productivity across all stakeholders involved in the assessment process

Dr. Jonathan Besley, MD JB Medical Limited independently forecast savings across the NHS system. "If the benefits were to be seen throughout NHS England, net savings in excess of £150 million might be expected".

For more information, please visit our microsite www.chc2dst.com or email us at info@ieg4.com

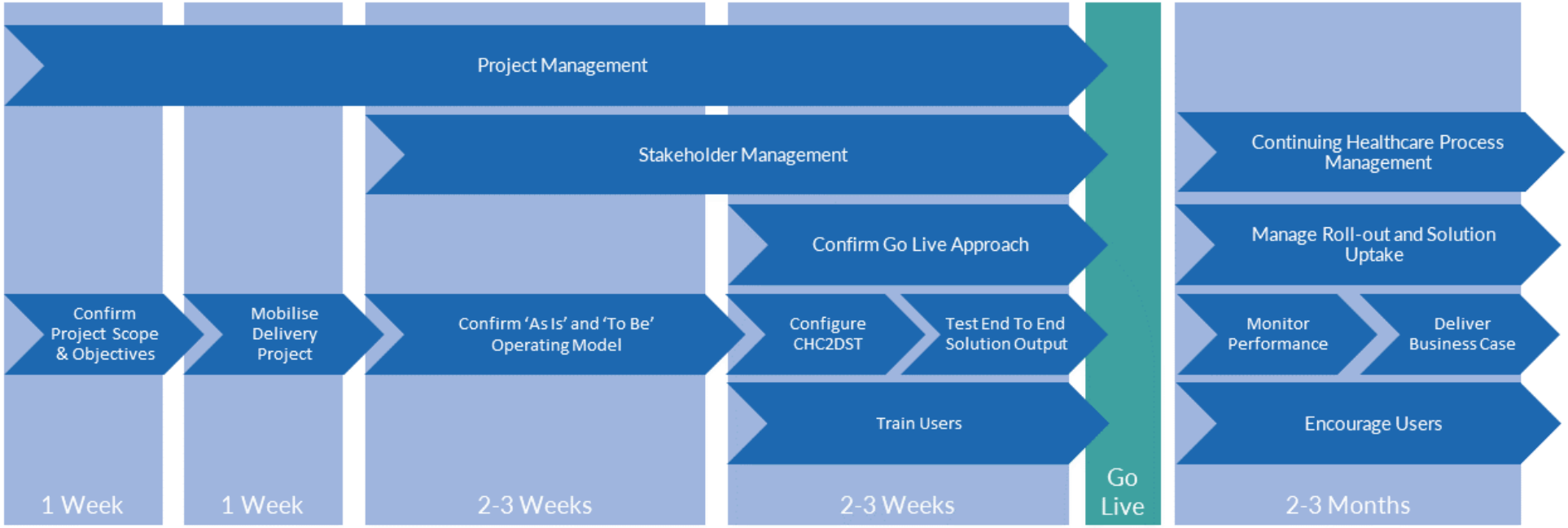
CHC2DST – Designed For Rapid Deployment

IEG4 has co-designed the CHC2DST solution with colleagues in the NHS with a view to wide-scale and rapid adoption.

By using a common model to undertake the nationally adopted CHC Assessment process, the CHC2DST solution can be implemented by NHS personnel, quickly and simply. CHC2DST uses the same domain content and scoring criteria, meaning that "field" training requirements are low.

CCGs can decide how to roll-out the CHC2DST solution to their assessors and the pace of change and adoption to suit their needs. For some, this may be a single cut-over point. For most, adoption in the field will be gradual.

CHC2DST starts to deliver benefits to all stakeholders from Day 1 and provides the platform for digital transformation of their service.



NHS Digital And The Cloud

CHC2DST is a cloud-based solution.

NHS Digital Guidance has advised that the cloud helps public health organisations move data from on-site servers to cloud services in data centres run by companies such as Microsoft.

NHS Digital stated: "NHS and social care organisations can safely locate health and care data, including confidential patient information, in the public cloud including solutions that make use of data off-shoring.

Cloud providers have a significant budget to pay for updating, maintaining, patching and securing their infrastructure. This means cloud services can mitigate many common risks NHS and Social Care organisations often face.

Cloud services may provide other advantages for NHS and social care organisations including lower IT costs and the ability to develop, test and deploy services quickly without large capital expense."

To Find Out More

IEG4 is ready to help the NHS with a solution which was built with the input of many NHS professionals and is delivering value in a growing number of CCGs.

Our product microsite, www.chc2dst.com provides a video overview of the CHC2DST software solution. More detailed functional videos are available on that site for those who express interest, along with the results of the latest independent economic assessments.

You can contact us at info@ieg4.com

Follow us on Twitter @ieg4.com

www.ieg4.com

www.chc2dst.com

Address
IEG4 Ltd.
Queens Court
Wilmslow Road
Alderley Edge
SK9 7QD