Implementation Toolkit

Digital Continuing Healthcare Assessment Process (CHC2DST)
Primary Care

CHC2DST is a software platform to fully digitise assessments and workflows for Continuing Healthcare (CHC) teams across the health and social care teams Evidence from a 12 month roll out demonstrates high impact in improving the quality and performance of the service and shows cost reductions to make this a highly cost effective digital transformation project.

What is the NHS Innovation Accelerator (NIA)?

- An award-winning national accelerator supporting committed individuals ('Fellows') to scale high-impact, evidence-based innovations across the NHS and wider healthcare system
- An NHS England initiative delivered in partnership with England's 15 Academic Health Science Networks (AHSNs) and hosted at UCLPartners
- Launched in 2015 to support the delivery of the Five Year Forward View, the NIA is highlighted in the NHS Long Term Plan, published in January 2019

Charles MacKinnon, Healthcare Director at IEG4 Ltd

charles.mackinnon@ieg4.com

07469 250338

www.chc2dst.com

What is it?

Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare (CHC). To establish eligibility for CHC, assessments are carried out.

Clinical Commissioning Groups are responsible for the eligibility and care prescription process and staff work with multiple stakeholders to determine patient eligibility based on a process set out in a well-established national framework and nationally implemented
assessment forms. The current standard approach is a paper based.

CHC2DST is a cloud-based software solution accessible by the many stakeholders involved in the delivery and management of the CHC assessment process. It increases case transparency and speeds up decisions about eligibility whilst reducing administration effort and time wasted. Elimination of paper, automation of workflows and digitising communication and multi-disciplinary meetings all improve process transparency and facilitate faster decisions to achieve the National 28-Day Turnaround Standard.

What's the problem?

- The CHC assessment process is often manually intensive. The process requires activities to be co-ordinated across multiple organisations which can lead to delays in decision-making, causing considerable distress to patients and families.

- The CHC Checklist assessment process is inundated with paper-based forms filled out manually by health and social care professionals. As a result, professionals at the centre of the CHC process struggle to synthesise the information, adding to unnecessary delay across the health and social care system.

- CHC case numbers continue to rise and the health service needs digital transformation to cope. The spend is predicted to rise to £5.2 billion in 2020 from £3.2 billion in 2016
  https://www.nao.org.uk/report/nhs-continuing-healthcare-investigation/

- NHS England has created a Strategic Improvement Programme for CHC and one of the key enablers is encouraging improvement by digitisation of the assessment and workflow process from referral to eligibility.

- NHSE in 2017 highlighted that the service required improvement and wrote to CCGs to deliver improvement plans

- Around half of CCGs at the end of 2018, struggled to achieve the 28 Day National Standard for decision turn-around according to NHSE Situation Report Data.

- Without implementing an effective digital solution, staff numbers in CCGs and Local Authorities look set to increase to keep up with demand, and patients and families are impacted by the delays to decisions.

- The CHC2DST User Group, comprising of 5 CCGs across Cheshire and Wirral, started using the solution from September 2017. They found an 18% improvement in their group performance for the turnaround of decisions within 28 days – helping CCGs achieve standards required by the NHS England Quality Premium.

- 30% improvement in clinical assessment resource utilisation. The digital platform enabled effective tracking of patients, timely movement through the system and clarity around potential bottlenecks (NHS England).
    26% improvement in referrals processed in the 28 day standard
    52% reduction in average waiting days
    £5.3m QIPP savings achieved in 2018/19 – ahead of schedule

- Productivity gains and costs savings for a CCG on average are approximately £200,000 for stakeholder process execution and administration time, faxing, paper copying and postage costs.

- NHS England CHC Strategic Improvement Programme have developed a 'best practice' case study based on the roll out of the CHC2DST digital solution available here.

Cost impact

- Small Business Research Initiative (SBRI) economic analysis of CHC2DST showed system cost benefits of approximately £75 million for digitising the CHC assessment workflow process (CHC2DST).

- For each referral, staff can release 13 hours of time by going digital with CHC2DST as evidenced in the full roll out in Cheshire CCGs.

USP

- There are currently no other products that can offer the functionality, evidence of benefit and evidence of successful implementation.

How can I adopt Digital Continuing Healthcare Assessment software CHC2DST?

Pricing is a population-based software as a service (SaaS) yearly license -based on the population size of each CCG . As the license is a software as a service, all updates and improvements to the product are automatically applied to the customer installation.

The product can be procured from G Cloud on the digital marketplace by following the instructions in the buyers guide. This process is endorsed by Crown Commercial Services as a legitimate process for the procurement of innovative digital solutions.

IEG4 will offer webinar demonstrations, implementation project management and contacts with previous adopter sites in the NHS.

Deployment will take place 6-weeks from contract sign off – depending on the alignment of the CHC team to rolling out the solution. Usually a CHC service can go fully digital within 12-weeks.

The route to adoption is straightforward as all staff have been used to following the National Operating Framework for Continuing Healthcare and the software ensures compliance to the framework and digitises all the paperwork in the process.

To discuss implementation of the solution please contact either Charles MacKinnon, NIA fellow at IEG4 – charles.mackinnon@ieg4.com or Kevin Valentine, or Rachel Raw, Operation Leads at Cheshire and Wirral CCG's kevin.valentine@nhs.net or r.raw@nhs.net.

Who else is using it?

The innovation has been contracted at the development partner sites across the 5 CCGs of Cheshire and Wirral and has now also been adopted in Sunderland CCG and Dorset CCG. CCGs that have delays in CHC eligibility decisions and a lack of visibility of the CHC process should conduct an audit to understand the reasons for lengthy delays and consider adopting a digital system such as CHC2DST.

A case study developed by Cheshire and the Wirral can be viewed here: https://nhsaccelerator.com/wp-content/uploads/2019/04/Digital-Continuing-Healthcare-Cheshire-Evidence-Summary-1.pdf

Endorsements

"If you want a low risk, quick-win project which will have an enormous impact on your Continuing Healthcare capabilities, I would encourage you to digitise your CHC assessment process." **Simon Meers, Senior CHC Commissioning Manager, NHS Dorset CCG**

"Digitisation of CHC is a key deliverable for the programme, as a proven and impactful innovation that has clears benefits for individuals, CHC staff and wider system, and should encourage anyone looking to develop digital CHC in their area" – **Jim Connolly, National Director of the Strategic Improvement Program**

"Digitisation of the process will give us transparency over the information we need to ensure the eligibility process is done in a timely manner that meets the needs of the patients That will free up time to undertake assessments sooner for patients who are likely to be eligible for CHC," **- David Britton, Commissioning Manager**

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