CHC2DST - End-To-End Digital Service For Continuing Healthcare Assessment

e-checklist, e-workflow manager, eDST, eMDT, eDecisions
A Digital CHC Service – the time is right

- Digitise CHC Assessment Process & Eliminate Paper
- Automate Workflow
- Reduce Decision Times
- ‘Digitise’ CHC Assessment Process & Eliminate Paper
- Improve Quality
- Increase Transparency
- Support Virtual Working
- Communicate Instantly

Investigation into NHS continuing healthcare funding

NHS Continuing Healthcare

NHS CHC Strategic Improvement Programme

On 1 April 2017, NHS England started a programme to look at how Continuing Healthcare (CHC) services can be improved. The programme is called the NHS Continuing Healthcare Strategic Improvement Programme and it will run for two years, until 31 March 2019.

The Programme aims to provide fair access to NHS Continuing Healthcare in a way which ensures:
- Better outcomes
- Better experience
- Better use of resources

The Programme goals are to:
- Reduce the variation in patient and carer experience of CHC assessments, eligibility and appeals.
NHS Frontline Staff & ‘System’ Collaboration

Increasing Involvement

Actively Supported By

Lead NHS Cohort

NHS Frontline Staff & ‘System’ Collaboration
Digital, Transparent, Productive Process
CHC2DST – Workforce Engagement

• **Software “roll out”** – not a hard launch – trial initially with early adopters
  
  • Referrers in multiple organisations
  • CCG admin and locality staff
  • Social worker interactions
  
  • Straightforward navigation
  • Modern technologies
  • Device agnostic
  • Back office system agnostic
CHC2DST Benefits In Operation – 5 CCGs

Improved Quality and performance whilst reducing costs

Reduced
- Assessment Completion Time
- Admin & Clinical Review Time
- Paper, Postage, Scanning, Copying & Faxing costs
- Case Volume due to reduced conversion

Improved
- Case Allocation
- Case Transparency
- Control Of Workload
- Morale in the team
Benefits Of Digitisation Visible In NHS CHC Sit Reps

CHC2DST User Group’s Performance Vs The 28 Day Decision Turnaround Standard Has Improved Across The Group

<table>
<thead>
<tr>
<th>NHS England Sit Rep For CHC FY2107/18</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Eastern Cheshire</td>
<td>73%</td>
<td>75%</td>
<td>86%</td>
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<tr>
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<td>69%</td>
</tr>
<tr>
<td>CHC2DST User Group</td>
<td>66%</td>
<td>68%</td>
<td>76%</td>
<td>82%</td>
</tr>
</tbody>
</table>

CHC2DST Live  
Second Week of  
Sept 2017
Multiple sources needed to convince:

- SBRI Health Economics case
- Yorkshire and Humber AHSN Economic specialist support
- Liverpool John Moores University independent study – due to report in September
- Cheshire and Wirral implementation

- Efficiency gains – improved clinical time, reduced admin burden
- Reduced direct costs - no paper, postage, faxing
- Reduced referral conversion - NHSE 22% vs C&W 17%

NHSE - £27m efficiency and direct cost gains, £110m on reduced conversion
Business case mapped to each CCG
Innovation adoption? – NHS Policy levers

NHS Continuing Healthcare Strategic Improvement Programme

Welcome to the Digital CHC

Whole of NHS England

Publications Gateway Reference No.07091

To:
CCG Accountable Officers
CCG Clinical Leaders

Cc:
Regional Directors
Regional Directors of Operations and Delivery
Regional and DCO Directors of Nursing

17 August 2017

Dear Colleague

RE: Plans to improve NHS Continuing Healthcare assessment processes

As you will be aware, the reduction in Delayed Transfers of Care (DTOCs) is a key priority for the NHS, with delays needing to reduce from approximately 6,428 per day to 4,080 per day in order to release the needed bed capacity within health systems. It is estimated that resolution of the factors causing delays due to NHS CHC assessment could help free up to a quarter of the total number of beds the NHS is required to release. These delays are primarily within the primary and community care sector.

SUMMARY

- Consideration of the time-sensitive nature of the assessment.
- The need to clarify the decision-making process.

PROJECT BENEFITS

- Paperless working
- Improved efficiency and security
- Greater consistency between CHC assessments
- Faster processing (i.e. reduced assessment time)
- Improved visibility of the assessment process
- Improved management of commissioning and brokerage of care
- ... many more ...

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Innovation adoption? – Follow the NHS pathway

NHS ITP Encourages NHS To Adopt Proven Innovations

270 Applications rigorously evaluated over 6 months

IEG4’s CHC2DST 1 of 10 finalists
Innovation adoption? – AHSN engagement

Innovative approach to adoption
Support in CCG direct engagement
Practical and direct
Economic analyst support

Support for SBRI process
Adoption support across CCG landscape
Innovation adoption support offered
Independent evaluation funded

Start the “process” with each AHSN
Adoption stalled as not national or funded programme
Many other priorities
A high-scoring, eminently usable system that greatly impressed all three of our assessors in terms especially of clinical efficacy, safety, security and privacy.

OurMobileHealth.com Digital Service Assessors for NHS Digital England
CHC2DST supports CHC service transformation

Day 1 Benefits
- Single Point Of Entry
- Process Management
- Earlier Insight
- Improved Quality
- Less Re-work
- Less Low-value Admin
- More Time To Improve CHC

CHC2DST’s Operating Model Supports National Outcomes:
- Timely
- Reliable
- Consistent
- Transparent

CHC Decisions

Hosted On Microsoft Azure
- Consented
- Compliant
- Secure
- retrievable
- Protected

NHS England encourages Microsoft Cloud Usage
Properties of the Innovation Count – Don Berwick – Kings Fund – June 18

- Digitise CHC Assessments & Eliminate Paper
- Need
- Compatibility
- Trialability
- Repeatability
- Observability
- Simplicity
Contact: Charles MacKinnon
E: charles.mackinnon@ieg4.com
M: 07469 250338