



RIGHT CARE RIGHT TIME

# Continuing Healthcare (CHC)

Continuous Improvement - 2014/2016

**Merry, Head of Personalised Care, Trafford CCG**

## Who and What??

Personalised Care Service based at Crossgate House and responsible for;

- Commissioning high quality Nursing Care Home provision

- Commissioning high quality Nursing Homecare provision

- Delivering packages of care for patients at end of life

- Developing services for complex care Patients

- Ensuring timely and safe Hospital Discharges

- Delivering Funded Nursing Care funding allocation

- Delivering Continuing Healthcare Framework process and related commissioning of care packages in NH, Residential and Community settings.

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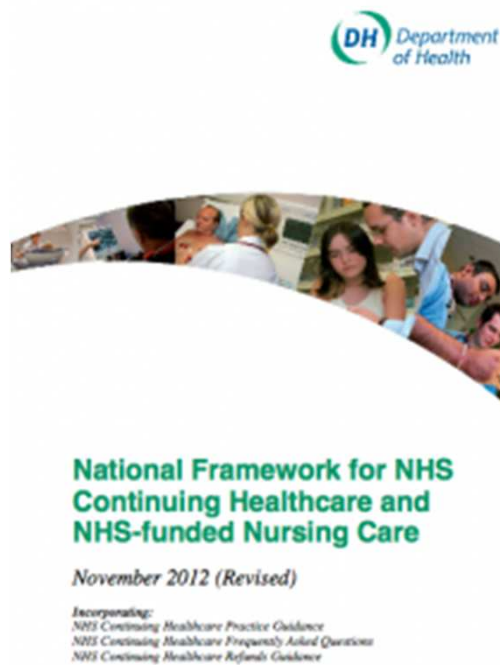
MISINFORMATION



[www.traffordccg.nhs.uk](http://www.traffordccg.nhs.uk)

# National Framework

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## Stats....

The Service receives;

- Applications from Hospitals (CMFT, UHSM, MRI, SRI, Christies)

3 requests a week for MDTs to be completed on wards

- 40 CHC referrals a month

CHC process for one case takes a total of 8.5 hours

- 24 fast track referrals a month

Providers must have capacity, and more importantly, skills to support

- Daily letters from Solicitors regarding PUPoC reimbursement

We presently have 81 of these cases

- Appeals.....

Processing an appeal means we may have to undertake the whole process again.....

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## The Service in 2014.....

- Clinical Lead
- Funding Clinical Case Manager x 2
- Funded Nursing Assessor
- Admin Support

## Journey Began...

**Following appointment to CCG a full review of the service was undertaken;**

- At risk of further legal challenge
- No accurate Patient data management or process
- No formal process or procedures
- Limited Budget monitoring process
- Complaints regarding service delivery
- Backlog of 189 cases pending assessment
- Backlog of 91 appeal cases pending review
- Poor Market control and development
- No formal quality monitoring of the market
- Poor skill mix and gaps in expertise within the clinical Team
- No Performance Targets met

.....And **mountains of paper!!**

## CCG Response – Implementing Phase One

- § Fully supportive SMT
- § Investment in bespoke Patient Data System, and FOI accuracy
- § Investment in a Patient Data and Management Officer
- § Additional investment in Clinical Case Managers
- § Recognised the need for legal support
- § Revised Governance and improved working with TBC
- § Implementation of Training Programmes
- § Improved Information and Advice
- § Implementation of a Clinical Duty Nurse
- § Process re-design
- § Implementation of revised Hospital Discharge Support Model



## Team Members post Phase One

- § Acting Clinical Lead (Temp 03/16)
- § Funded Clinical Case Managers x 4
- § Fast Track (End of Life) Nurse (Temp 05/16)
- § CHC Social Worker (Temp 03/16)
- § Funded Nursing Assessor (Safeguarding)
- § Review Nurse (Quality)
- § Patient Data and Management Officer
- § PUPoC Administrator (Temp 12/16)
- § Service Transformation Officer
- § Team Support Administrator

## Team Values and Mission

- § “If you are eligible you are eligible”
- § Fair
- § Transparent
- § Helpful
- § Cost effective

## Continuous Improvement Phase Two...2015/16

- § Under direction scrutiny of NHS England QA – very supportive
- § Clean and accurate data – all patient data migrated
- § Peer Review with Oldham CCG – very positive
- § Delivery of 28 day target
- § Delivery of Fast Track conversion = 100%
- § Delivery of PUPoC target
- § Delivery of CHC Assessment Beds

## Phase Two...a little more...

- § Investment in technology to increase output and agile working
- § Working in partnership with the 3<sup>rd</sup> Sector
- § Increased Market analysis and development to increase choice for Patients
- § Improved Quality Monitoring of Services to ensure quality services for Patients

**Public Purse.....**

## Phase Two...alot more...

### Public Purse.....Budget Management Action Plan.

1. Review high cost placements
2. Review all interim funded placements
3. Complete annual reviews
4. Implement Choice and Equity Policy
5. North West Framework for Nursing Care Homes
6. Trafford Nursing Homecare Services Approved Provider List
7. Trafford Community Complex Discharge Service

# Business Objectives 2015/16

Deliver 90% of all appropriately referred CHC assessments within framework timescales of 28 days by March 2016, evidenced by the performance snapshot in February.

100% of backlog 'interim' funded cases will be reviewed and recommendations processed via the Resource Approval Panel by December 2015

90% of all retrospective appeals which have confirmed 'authority to act' status to be reviewed and processed via the Resource Approval Panel by March 2016

A minimum of 50% of all retrospective cases which are 'previously unassessed periods of care' status will be reviewed and processed via the Resource Approval Panel by March 2016

100% of all retrospective FNC triggered cases will be reviewed and the recommendation signed off by the CHC Panel by September 2015

Complete a cost/impact review of the Hospital Discharge Support model to ensure continued NIL delayed discharge performance regarding CHC assessments by completing MDT's on the relevant ward or within the appropriate care environment by November 2015

Complete 90% of all CHC annual Reviews by January 2016 ensuring high quality of care, CHC eligibility and cost effective placement.

Complete re-tender process for 100% of Trafford based Nursing Care Homes - expand quality framework and introduce ceiling level unit cost for Nursing Care in Trafford. This project includes the development of the Choice and Equity Policy, by March 2016.

Develop Home Care framework specification and tender timeline with internal procurement by March 2016 to ensure increased choice, improved quality, and confirmed NHS contractual arrangements are in place for CHC End of Life Patients.

Complete Commissioning Training for all Personalised Team members by December 2016.

## Summary and Challenge

Plans for a fully functioning and Leader service.

Clean and accurate data

Delivery of 28 day target

Delivery of PUPoC target

Developing the hospital discharge support model

Increased market analysis and development

Continued improvement with quality monitoring of services

**Service re-design with dedicated, compassionate and experienced Professionals.**

**AND MUCH LESS PAPER!**

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**Any questions please?**

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