



WELCOME TO

Navigating NHS Continuing Healthcare



Navigating NHS Continuing Healthcare
Best Practices and Challenges



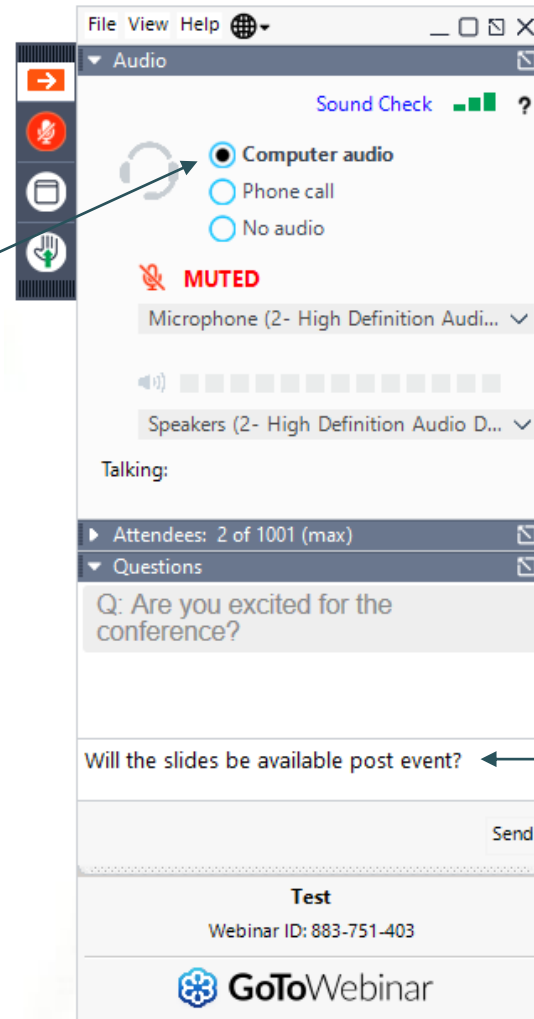
4th May 2023 – 10:45am – Virtual
Conference hosted by Convenzis Group Limited



THE NHS DATA CONFERENCE 2023



Make sure you are connected via Computer Audio for the conference. You can test your audio via the 'Sound Check' tab.



If you have any questions or comments for Speakers across the day, please expand the Questions Section on the GoToWebinar panel. You will not be able to see each others questions.



THE NHS DATA CONFERENCE 2023



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

- Yes
- No

Submit

Click on **one** of the multiple choice options, then press '**Submit**'

Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

Would you be interested in attending the next conference in this series?

Please select one:

- Yes
- No

Your poll answers have been submitted.

Once **Submitted** your screen will look like this



Navigating NHS Continuing Healthcare



Navigating NHS Continuing Healthcare
Best Practices and Challenges

OUR SPONSOR





Navigating NHS Continuing Healthcare
Best Practices and Challenges

Expand the Handouts tab, and click on the Hyperlinked PDF. That will then open a document where you can view all of the Sponsor stands. Click on the Sponsor Logo to open their stand. There you will find free demos, downloadable assets and promotional material. You can also arrange meetings with the sponsors.

The screenshot shows the GoToWebinar interface. At the top, there is a menu with 'File', 'View', and 'Help'. Below the menu, the 'Audio' settings are visible, including a 'Sound Check' indicator and three radio button options: 'Computer audio' (selected), 'Phone call', and 'No audio'. A red 'MUTED' indicator is present. Below the audio settings, the 'Talking:' section shows 'Microphone (2- High Definition Audi...)' and 'Speakers (2- High Definition Audio D...'. The 'Handouts: 1' section is expanded, showing a PDF document titled 'Convenzis Example Handout.pdf'. Below the handouts, there is a 'Questions' section with a text input field containing the placeholder text '[Enter a question for staff]' and a 'Send' button. At the bottom of the interface, it displays 'Test Event' and 'Webinar ID: 540-069-299', along with the GoToWebinar logo.



Navigating NHS Continuing Healthcare
Best Practices and Challenges

Navigating NHS Continuing Healthcare



SPEAKING NOW



Dr Sam Gower

Personalised Healthcare Commissioning
Clinical Director - **Midlands & Lancashire**
Clinical Commissioning Unit

I will be discussing...

"The Patient Journey Through
Continuing Healthcare –
Learnings and Best Practice"

The Patient Journey Through Continuing Healthcare Learnings and Best Practice

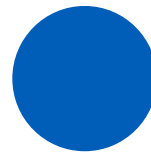
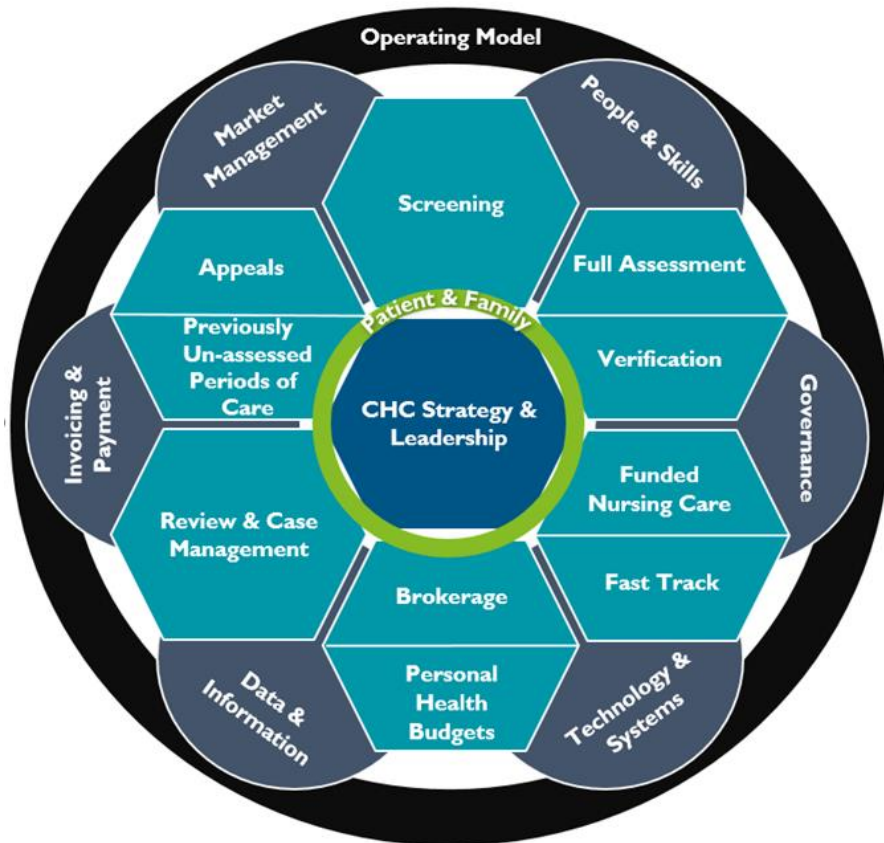
Dr Sam Gower

Personalised Healthcare Commissioning Clinical Director

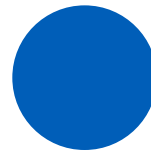
Supporting people to get the right care at the right time

Background

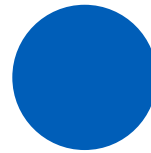
MLCSU provide a full end to end service delivery model in line with NHSE Maturity Matrix and in line with NHS CHC & FNC National Framework (July 2022 revised)



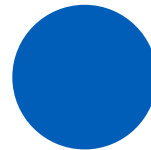
Largest provider of CHC services in England



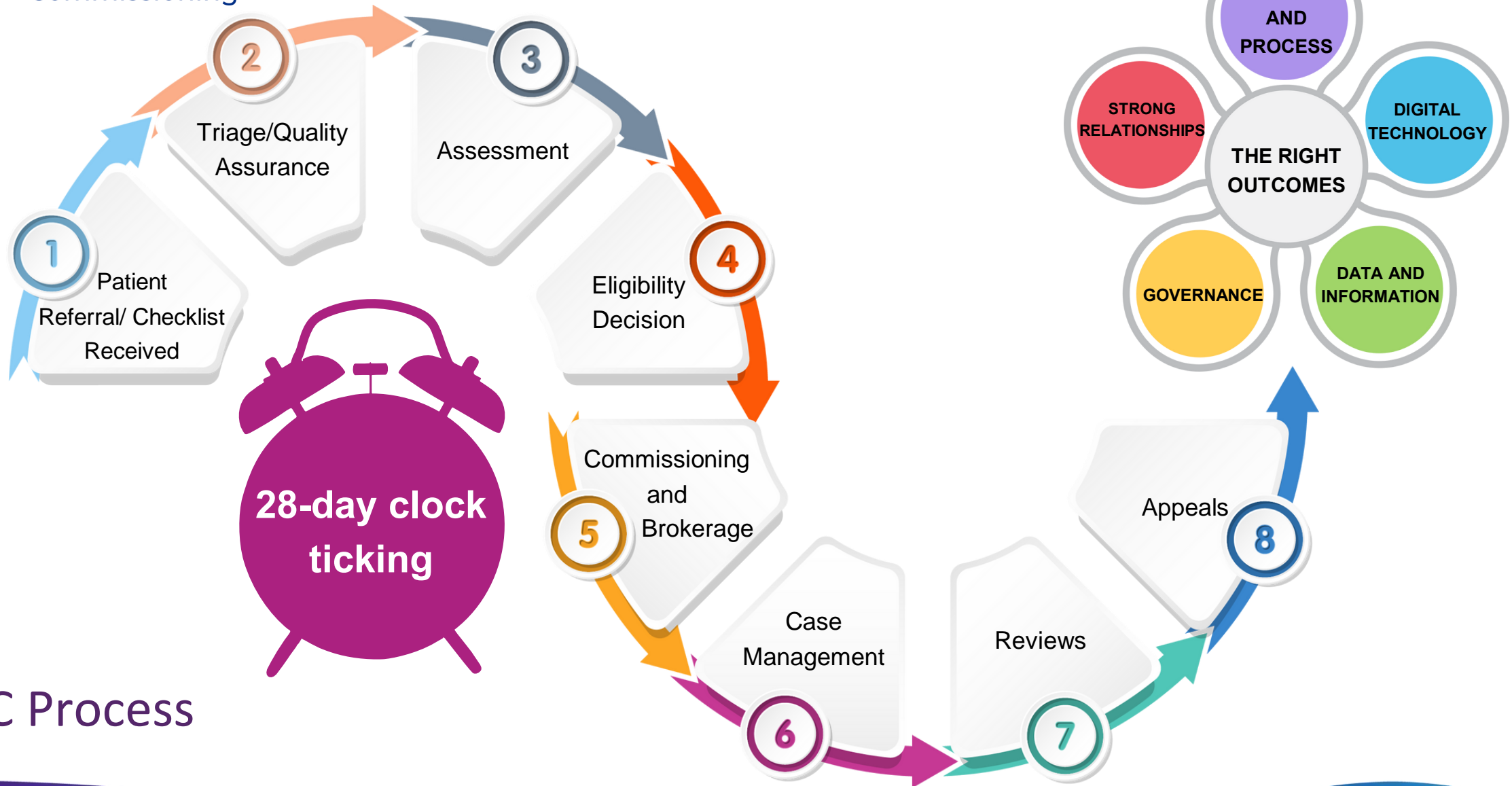
£930million care spend



In the region of 18,000 active cases



24,000 referrals handled per year



CHC Process

Referral

Our patient, Gary, has been admitted to hospital following a stroke and discharged into a D2A bed.

Gary has additional healthcare needs, and a checklist is completed for referral and sent MLCSU.

Gary's case needs a full CHC assessment.

Digital Technology

Referral Management System (RMS)
28-day clock starts & monitored in RMS
Case Management System (CMS)

Standardised process

Triage the checklist
Quality Assurance
Digital task function requests scheduling of
CHC assessment

Scheduling Assistant

Ensuring availability of all parties
Effective time management for clinical
teams

Assessment

CHC assessment of Gary's referral within 10 working days.

MDT meeting with Gary, his family, his care team, local authority and any other relevant MDT members.

MLCSU CHC coordinator drafts DST recommendation and CHC care requirements.

Digital Technology

Case Management System (CMS)
e-Forms to complete digital DST

Skilled People

Highly skilled healthcare professionals
Expert CHC coordinators
Build strong relationships with families and stakeholders

Data & Information

Efficient at gathering pertinent information from multiple sources
Accurate & timely completion of DST & MDT recommendation

Eligibility Decision

Gary's DST and documents undergo a quality assurance process by MLCSU clinicians

CHC assessment and QA form sent to ICB for verification of eligibility decision.

Gary receives confirmation from the ICB (via MLCSU) of his eligibility for CHC funding.

Digital Systems

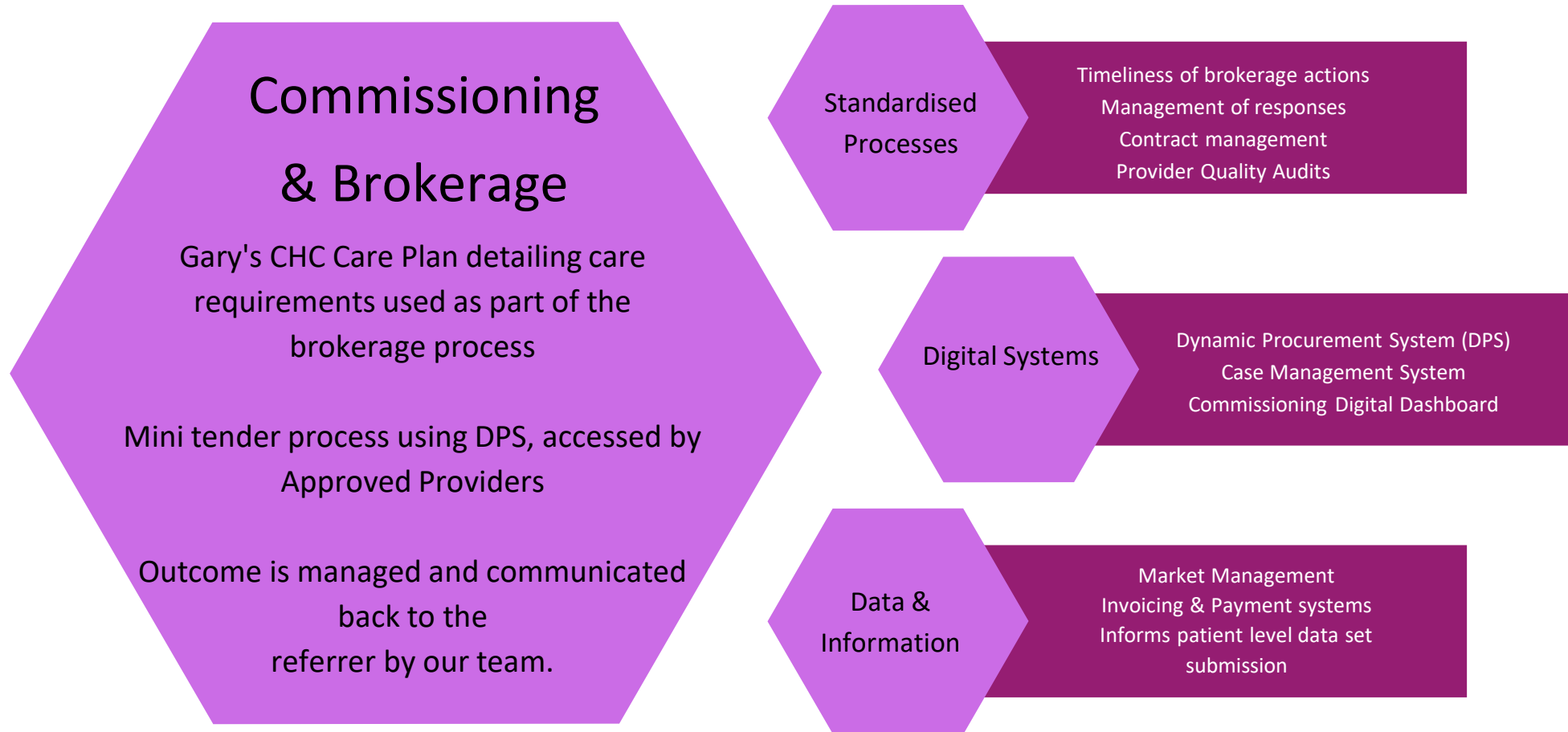
Case Management System (CMS)
e-Forms to complete QA process
Task Allocation direct to right person

Governance

Senior clinical oversight throughout the process
Records quality assurance through CMS

ICB Verification Process

Efficient Case Tracking and administration
Simplify ICB statutory responsibility
Recording of decisions in CMS
28-day clock stops!



Case Management

Gary remains in the same nursing home and his care continues without interruption.

MLCSU retain responsibility for ongoing CHC Case Management of Gary's care.

Any changes to Gary's care needs, MLCSU are notified and respond appropriately.

Digital Systems

Case Management System
Digital contact methods

Data & Information

All activity and data accurately recorded
Comprehensive reports & financial information through data warehouse
Patient level data set submission

Strong Relationships

Compassionate and patient focused
Collaborative relationships with the provider and market
Effective communication & assurance with ICB partners

Reviews

3 months and 12 month thereafter, Gary's care needs are reviewed.

MLCSU co-ordinate and attend with the care team, Gary and his family. This will ensure Gary continues to receive the right care to meet his needs.

The outcomes are sent to Gary and his family following the meeting.

Digital Systems

Case Management System (CMS)
e-Forms to complete digital review
Scheduling Assistant

Skilled People

Extensive expertise and experience
Manage the Review Meeting
Efficient information gathering and recording of outcome

Governance

Quality assurance
Internal Audit
Ensures patient needs are met
Assurance that the right level of care is commissioned

Appeals

All patients have the right to request an appeal, should they disagree with a CHC eligibility decision.

MLCSU provides an appeals a retrospective appeals service in line with the framework and NHS England local resolution procedures.

Digital Systems

Case Management System to access all records

Data & Information

Data gathering from internal and external sources
Information provided to Local Resolution Meeting or Independent Review Panel

Robust Process

Independent from CHC services
Highly skilled team - extensive experience
Compliant with the Framework
Retained for IRP Chairs Training





Personalised Healthcare Commissioning

Supporting people to get the right care at the right time





Navigating NHS Continuing Healthcare



Navigating NHS Continuing Healthcare
Best Practices and Challenges

UP NEXT...





Navigating NHS Continuing Healthcare
Best Practices and Challenges

Navigating NHS Continuing Healthcare



SPEAKING NOW



Kevin Valentine

Operations Manager - Cheshire and Wirral
Partnership NHS Foundation Trust

Case Study

“Digitising CHC with IEG4 at
Cheshire & Wirral Partnership”



Digitising CHC with IEG4 at Cheshire & Wirral Partnership



Welcome, who am I?

Kevin Valentine - Operational Lead at Wirral place, part of Cheshire and Merseyside ICB.

My team manages the AACC service at Cheshire and Wirral Partnership Trust on behalf of Wirral Place which is part of Cheshire and Merseyside ICB.

Background to work with digital referrals at Cheshire & Wirral CCG's

Cheshire and Wirral have been working with IEG4 since 2016, initially as part of five Cheshire and Wirral CCG's. In 2017 the CCG's introduced digital referrals using IEG4 to help streamline the service, offering a transparent system which was both secure and efficient.

The key issues the CCG's wanted to address was to remove the use of paper, faxes and spreadsheets from the CHC application process. This would improve the appropriateness and completeness of referrals, enhance the data quality and reduce error preventing avoidable follow up activity.



Benefits - Digital CHC

How is the partnership helping to drive successful outcomes?

Not just the technology but also an opportunity to review and change current process and support staff through the change. Process re-engineering.

Digital CHC - Provides a solution which can streamline the CHC Process:

- One front door to receive and manage digital CHC referrals
 - Visibility of all data and cases
 - Workflow – framework compliant and assign timelines to processes
 - Data Quality improved via intelligent digital forms
 - One way of doing things with all the data in one place
- One System for CHC
 - Manage a patient from referral to the payment of care packages and reviews of their case in a seamless process
 - Eliminates data duplication
 - Eliminates data errors
 - Accurate reporting based on better quality data



- CWP are part way through the implementation of IEG4's Digital end to end CHC solution
 - On boarding providers to use provider portal
 - Implementing finance module includes Directory of Services
 - Implementing Patient Portal
 - Implementing Children and Young Persons digital referral and workflows
 - Implementing Mental Health digital referral and workflow
- Anticipated future benefits.
 - Provider portal
 - Improves communication and payments for providers
 - Reduces unnecessary contact with finance on payment queries
 - Patient portal
 - Improves patient experience
 - More efficient
 - Improve health inequality – streamlines the CHC process and speeds up decision process



Navigating NHS Continuing Healthcare
Best Practices and Challenges

Navigating NHS Continuing Healthcare



SPEAKING NOW



Joanna Crichton

Legal Director - Hill Dickinson LLP

I will be discussing...

"Consent in NHS Continuing Healthcare"



A presentation by

HILL DICKINSON

Consent in NHS Continuing Healthcare

4 May 2023

Joanna Crichton

Legal Director

Consent in the national framework, July 2022

1. Consent to examination or treatment
2. Consent to information sharing
3. Consent to (participation in) Continuing Health Care Assessment process generally

Consent to examination or treatment

- Not always part of CHC assessment
- Lawful basis required (otherwise assault)

Consent to information sharing

- Medical records are special category personal data (GDPR)
- Need for consent depends on whom information is being shared with
 - Third party non professionals (family, advocates)
 - Other public bodies
 - GPs
 - Private providers
- NHSE Consent form:

Consent is not required to share information within and between Health and Social Care Organisations, because Section 251B of the Health and Social Care Act 2012 (as amended by section 3 of the Health and Social Care (Safety and Quality) Act 2015) places a legal duty on these Organisations to share information where it is needed for the direct care of that patient, or to facilitate the provision of care to that individual

- Article 6 (1) (e) and 9 (2) (h) of the General Data Protection Regulation (GDPR) as enacted by the Data Protection Act 2018.

Consent to CHC assessment process generally

- Consent not actually required for the assessment process
- Statutory Duty on ICBs:
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended):

Regulation 21 (2)

A relevant body must take reasonable steps to ensure that an assessment of eligibility for NHS Continuing Healthcare is carried out in respect of a person for which that body has responsibility in all cases where it appears to that body that

- a) there may be a need for such care; or
- b) an individual who is receiving NHS Continuing Healthcare may no longer be eligible for such care

What if the person refuses?

- Statutory duty applies
- Useful in review cases
- Person needs to be told the limitations/risks of this
- Consider standard letter

If the person can't consent?

- Consent not required for assessment to take place
- Consent not necessarily required to obtain much of the information
- Where consent would have been required:
 - Attorney or Deputy
 - Best interests decision

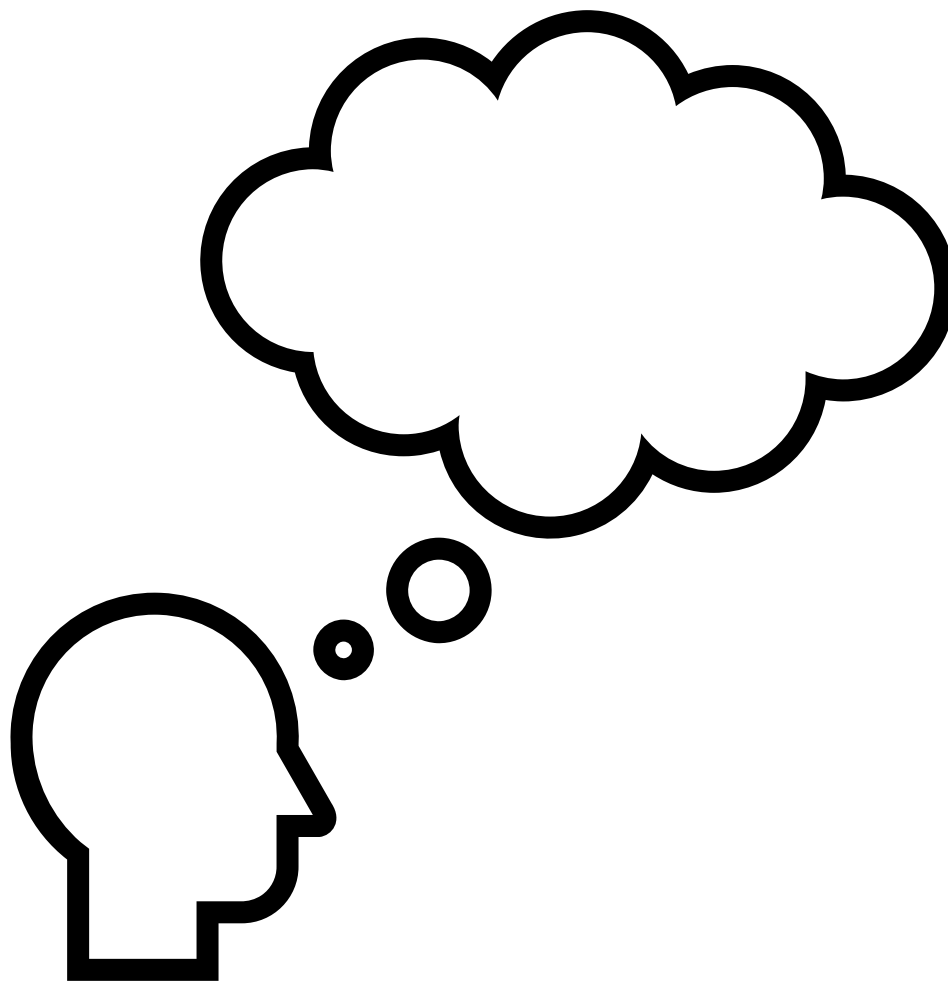
Consent form

- Focus of the form – the information sharing aspect
- GDPR requirement to act fairly and lawfully
- Recording information provided
- Expectation management
- Aspects of the process that do require consent

Timing

- At the outset is best practice
- Best if people/organisations completing the checklist also have those discussions
- Manage expectations
- Getting it right first time

FAQs





Questions

About the firm

- An international commercial law firm
- More than 950 people, including over 200 partners and legal directors
- Offices in the UK, mainland Europe and Asia
- Over 200 years of heritage
- Full-service offering
- Specialists in a wide range of market sectors
- Comprehensive corporate responsibility programme of activity



Navigating NHS Continuing Healthcare



SPEAKING NOW

Navigating NHS Continuing Healthcare
Best Practices and Challenges



Martin Farran

Management Consultant
former Director Adult Social Care (DASS)

I will be discussing...

"Innovations in Technology and
Telehealth for Continuing
Healthcare"



Navigating NHS Continuing Healthcare



Navigating NHS Continuing Healthcare
Best Practices and Challenges

End of Day



THANKS FOR ATTENDING



Navigating NHS Continuing Healthcare
Best Practices and Challenges

Navigating NHS Continuing Healthcare