
CASE STUDY

NHS Cambridgeshire and Peterborough Clinical Commissioning Group - bringing an end to paper recording, improving Continuing Health Care patient management and finance processes.

BACKGROUND NHS Cambridgeshire and Peterborough CCG (the CCG) commissions a range of health services for its local population. The CCG had been experiencing operational issues with its Continuing Health Care (CHC) management system: keeping track of patients with complex needs was not easy and it was difficult to determine where some of these patients were in the system.

In addition, the system was paper-based and the method of referral to and from hospitals and community service providers needed improvement. The process for reconciling invoices was lengthy, with providers sending hard copy invoices for payment which were scanned into the system, entered into the CCG's accounting system, and then manually checked by CCG staff.



CHKS
Insight for better healthcare

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Debbie Oades Wells, NHS Cambridge and Peterborough Clinical Commissioning Group

Debbie Oades Wells from the Complex Cases Management Team, says the CCG wanted to find a partner it could work with which understood the intricacies of such systems and could help transform operational processes. The CCG decided to work with CHKS' health analytics team and adopt its CHC Patient Management and CHC Finance solutions.

According to Debbie, the transition to the new system was straightforward. “It was a lot easier than expected,” she says. “We started by getting standard reports extracts from the existing system and matching fields to the ones used by CHKS. This was managed by the Health Analytics technical team and was achieved in good time and implementation went smoothly.” The implementation process included workflow configuration to match the CCG's local processes and budget code configuration to model the CCG's local finance structure.

Training was provided to help staff understand how to use the system and this was an important aspect of the implementation. “Most staff took to the new system quickly and found it easy to use even without training and we spent a little more time with some staff to show them how the new system worked. The result is that now everyone is using it to enter information directly onto the system”, says Debbie.

THE BENEFITS OF WORKING WITH CHKS

Although the system has only been in place since the beginning of 2017, the CCG has already seen some operational benefits, in particular around invoice processing. Invoices can be generated automatically from the new system for providers to check which results in us knowing more quickly when patients' circumstances have changed so we pay the correct amount first time reducing the need to issue credit notes.

The previous process could be resource intensive and lengthy. Invoices are now generated automatically from the care plans and are submitted to care providers within a web-based portal for online confirmation. Once confirmed, these invoices can be paid immediately while disputed items are flagged to the CCG for investigation.

Where there are queries, they can be sorted out immediately. This has given the CCG more control over monthly invoicing, which has led to more accurate and consistent monthly spend and simpler forecasting. Improved patient information and data accuracy mean the CCG pays only for the care delivered and overpayments due to admin errors have been eliminated.

There has been an immediate time saving because the CCG is avoiding duplication of effort. The team is now more responsive to patient needs and, as a result, complaints reduced in the first month. Because the system is workflow aware the team now knows where every patient is in the process and if there are any urgent referrals the CCG knows they will be processed quickly. Everything is on the system and having that increased visibility improves workflow by showing which patients are waiting and where each patient is on the care pathway. It also means there is a robust audit trail in place within the system.

Debbie highlights the example of hospital patients with terminal illnesses who require end of life care. The CCG can now monitor the time hospitals take to discharge these patients against a 48 hour target. “Our staff are very pleased with the reduction in workload and our providers are also happier because invoices are not being held up by queries” says Debbie.

BENEFITS SUMMARY

- Improved data accuracy means the CCG pays only for the care delivered and CHC budgets are easier to manage and forecast
- The CCG has reduced costs and improved efficiency by automating the invoicing process and streamlining workflow
- There is a full audit trail of all actions performed relating to patient care
- The CCG can rely on correct documentation collection and retention - documents never go missing.

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