



adam

— Healthcare

Digital Healthcare Solution Streamlines Complex Care Management

For NHS Midlands and Lancashire Commissioning Support Unit Care



When Midlands and Lancashire Commissioning Support Unit (MLCSU) were looking to make improvements in the management of complex care caseloads for the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs), an overhaul of poor-quality data and inefficient processes was needed. *adam* was asked to help sort it out.



Here's how *adam* helped;

With a technology and service solution that helps to save time and improve outcomes.

Background

Keeping the wheels turning: Accuracy, transparency, and value.

With a vision of improving the health and wellbeing of patients, Midlands and Lancashire Commissioning Support Unit (MLCSU) depends on robust, trustworthy data - and of course, reliably managed processes. Visibility and control are essential. They help drive fast responses to care requests, prompt payment of care providers, and efficient reporting / record-keeping to inform management decisions.

And they recognise the power of technology in helping them to achieve their goals, having embraced NHSE's digitisation agenda. MLCSU asked *adam* to review the existing processes and policies in place to evaluate where performance improvements were needed.

Challenges

Clean the data, focus the process, accelerate the service.

adam's assessment of the existing service took place immediately. Expert consultants talked with various staff, reviewed processes and analysed data before presenting their findings. There were many areas where improvements could be delivered, with three main focus areas:

1 Poor quality data was disrupting process and decision making

Staff were reliant on spreadsheets to track both patient activity and associated care placements. Manual entry and multiple stakeholders meant that spreadsheets held inaccuracies and important data was missing. Often stakeholders would go to a spreadsheet to retrieve vital information to find the record was missing.

Trying to understand performance and activity was virtually impossible with manual reports being both time consuming and limited in value due to poor quality data records.

Valuable time was being wasted.

2 A lack of quality assurance was exposing CCGs to unnecessary risk

There was little in the way of systematic record-keeping, control, transparency, and visibility. This finding applied across areas such as provider contracts, invoice processing, clinical reviews, compliance checking, CQC notifications and safeguarding.

Along with managing caseloads, managing providers was also difficult – with no foundation from which to measure and manage performance. The lack of an overarching provider contract also posed a significant risk to the CCG.

Staff were telling us that they wanted to put greater controls in place.

“If you do not change direction, you may end up where you are heading.”

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3 Staff were distracted from their core roles due to inefficient processes

There was no question that staff were working very hard to manage their caseloads, however much time was being wasted due to a combination of poor-quality data and inefficient processes. One good example was the invoice process, where **47% of all invoices received did not match CCG records** and were disputed, requiring investigation – creating work for staff and meaning **providers were, on average, waiting 43 days for payment.**

Clinical staff reported that they wanted to spend more time with patients, carrying out reviews, but were unable to do so due to administrative tasks.

After collectively agreeing the challenges and key drivers moving forwards, the adam and MLCSU teams set about implementing a solution that would deliver a much-improved complex care service moving forwards.

Governed by agreement of future processes, quality assurance standards, and key deliverables and KPIs, all parties were confident immediate improvements were available.

The Solution

The end-to-end digital healthcare platform for better governance - up and running in just 10 weeks.

Data

One of the primary challenges of the project was to migrate a clean and accurate data set to the *adam* system. An initial cleansing exercise was undertaken by MLCSU and *adam*, whereby templates were completed to identify any gaps. Upon review it was clear much of the existing placement data could not be relied upon and therefore *adam* agreed to call all relevant local providers to verify placement data with them. Over the period of two weeks 64 providers were spoken with to agree an accurate data set compiled and signed off by all parties.

The data workstream was subsequently signed off with an agreed data structure and 100% data accuracy from day 1.

“ You can have data without information, but you cannot have information without data. ”

Quality Assurance

To address the quality assurance issues identified during scoping, it was agreed that a new provider contract would be required along with on-going monitoring standards. Once the new contract was drafted, these standards were configured within the *adam* platform. Through various communication channels the standards were explained to providers by the *adam* provider engagement team and providers were supported in evidencing they met the standards, as well as completing any required documentation such as a new contract and relevant documents (e.g. insurance).

Using the technology, all documents could be signed off with expiration dates embedded within the system to allow automated prompting and flagging of any documents nearing expiry during the contract. All other provider management and quality assurance standards would also be facilitated via the technology, with for example all CQC notifications automated.

Processes

All of the mapped processes were configured within the platform during the system configuration phase of the project. By working closely as a project group and building out the solution on a testing site, all parties had opportunity to test and amend the agreed processes to ensure efficiency was maximised ahead of go-live.

One of the agreed processes was that MLCSU would move all providers to an electronic invoicing solution via *adam* that would streamline process for the CSU, and lead to faster and more consistent payments for providers. All 64 providers signed up to this process.

A proven and comprehensive project methodology incorporated a range of other workstreams as well, ensuring that MLCSU maximised the potential a digital healthcare solution would offer.

- A series of reports were agreed to provide both activity and performance data to management both within the system, and at agreed intervals
- The finance process was integrated with the local processes, including a new interface file for automatic upload to the finance system
- All users (NHS and care provider) were provided training prior to go-live to ensure they were comfortable using the new system and new organisational processes
- Post go-live support was agreed to ensure users were supported after go-live, both remotely and face to face
- A series of KPIs were agreed to ensure the solution met the customer objectives and delivered a return on the investment into the solution



Every detail taken care of...

adam understood that MLCSU staff were entering a busy period and could not afford significant disruption to day to day activity. The project team contained expertise across a range of areas. They ensured that the solution was tailored to meet agreed requirements - without needing significant input during the project from MLCSU stakeholders.

Additional support was on hand to pick up tasks that most providers would expect customers to do themselves, including calling all local providers to verify the data records held!



Impact

After just ten weeks the solution was launched with great success. Both the MLCSU team and the CCGs now have the confidence that *adam*'s digital healthcare platform enforces efficient, compliant governance of the complex case load.

By linking a patient case management system with the NHS SPINE database, all parties are assured of data accuracy regarding patient details including GP details and RIP dates. With provider contracts now in place, provider insurance cover levels are standardised, and all terms managed and monitored through the *adam* service. And no more invoicing issues.

At every step of the way, case management has not only become easier, it now connects all parties, through every aspect of the care process...

- ✓ **100% of providers (64 in total) signed up to a standardised NHS contract.** All providers agreed to electronic invoicing arrangement, and standardised provider T&Cs monitored through a single technology solution (compared to 0% previously)
- ✓ Staff saving time with a tech-enabled service, reducing data entry/correction and basic admin tasks, **estimated at 20% of staff time saved**
- ✓ Clinical staff able to spend more time review appropriateness of placements with **improved management of reviews**
- ✓ Eradication of all invoice disputes, with **100% of invoices paid within 30 days** in line with the Better Payments Practice Code
- ✓ Accurate and timely reporting available without any manual intervention required, along with **full audit trail of all activity**
- ✓ **Secure cloud-based solution** to support remote working and accessible via any mobile device to allow clinical staff to update records whilst out of the office

It all adds up to a better service for people who need to rely on it. Amanda Capewell, Staffordshire CCG contracts manager describes *adam*'s system as "one of the best MLCSU have ever implemented...all packages are managed and maintained throughout the case management process, and it has also enabled clinical oversight into all complex care packages."



I am blown away that there is a case management system that contains all the information (patient journey) from beginning to end.

This system will ensure we can review patients in good time, minimise risk by having all the available documentation for each patient to hand, run reports for issues (of which I am still learning).

adam has a good screening process for providers to confirm they are insured and have up to date insurances; providers will get paid in good time and the CCGs are protected by the system...



Wendy Calvert - MLCSU