

Self assessment risk analysis – Continuing NHS Healthcare

1 Need and potential demand for continuing NHS healthcare in the local context

Without a profile of the potential demand for continuing NHS healthcare and for testing against eligibility the PCT would be open to risk from market pressures and unplanned financial exposure of a short and long term nature. If there is not measurable impact assessment inappropriate ‘rationing’ of demand will occur and the re-shaping of current expenditure through contracts to reflect NHS continuing care demand will remain reactive. Three to seven year trends, allowing for realistic turnover and substitution, would be an adequate model. The issue is not only the level of funding requirements for NHS continuing care but the demand for the test of eligibility, which will itself require resource planning and skills mobilisation in staff. This will be resource intensive. Improved review and re-assessment will mitigate some of the future costs.

Rationale	'Best practice'	Key questions to ask
<p>With respect to context:</p> <ul style="list-style-type: none"> Assessing the level of potential demand based on local demographic profiles provides a useful local baseline, although previous experience has suggested that local variation in uptake differs to a significantly greater degree than differences in local populations would suggest. Demand will also reflect the health of the local population as part of the wider socio-economic make-up of the locality. Demand may also be a reflection of a supply driven market – should the balance be inappropriate, particularly in respect of beds, then the supply side will seek to generate substitution and fill vacancies. Demand may also be a reflection of 'untrained' or uninformed views of the triggers for eligibility necessitating inappropriate assessment of need. 	<p>Examples:</p> <p>Ensuring an understanding (at a sub-PCT/locality level if indicated by difference across the area) of:</p> <ul style="list-style-type: none"> The current level of >75 year olds in the population and expected growth in >75 and >85 population in the immediate future (3-5yrs); The relative health of the population based on life expectancy and other indicators such as the extent of limiting long term illness emerging data for Kaiser models and community matrons; A 'market intelligence' function that 'benchmarks' capacity and price including rates of access to key services. 	<ol style="list-style-type: none"> Have we a balanced view of the current and projected 'health needs' of our local populations? Do we have a clear and robust market intelligence, shared where necessary across PCT areas, that will enable commissioning to manage the market effectively? Have we dedicated sufficient time and skills to resource the assessment and review function in a timely way?

Rationale	'Best practice'	Key questions to ask
<p>With respect to existing patterns of presenting need:</p> <ul style="list-style-type: none"> • A range of existing access rates based on eligibility (CPA/FACS etc) will be helpful to inform risk as a reflection of presenting need within the system. • Prospective 'transitions' numbers will inform the likelihood of complex and high costs for young people moving to adulthood. 	<p>Examples:</p> <ul style="list-style-type: none"> • Identifying the level/number of reviews and re-assessment likely to occur given this profile is a useful step; • Profiles of enhanced CPA and FACS (critical) numbers in the patch provides a level of understanding of the risk; • Examining the profile of transitions clients (young people with complex needs) for the next 5 years will provide a level of detail. 	<ol style="list-style-type: none"> 4. Is our understanding of the current pattern of uptake for continuing NHS healthcare and complex care sufficiently robust to enable us to develop and understand different 'futures' dependant on our response to risk? 5. Can we 'model' futures based on our understanding of current and anticipated trends?
<p>There is significant likelihood that people in receipt of high band funded nursing care will be considered eligible of for continuing NHS healthcare funding.</p>	<p>Clarity on the extent of high band determinations within local care homes needs to be fully understood in terms of absolute numbers and the proportion of cases. To translate this into risk an indication of the likely cost per individual if fully funded by health also needs to be determined.</p>	<ol style="list-style-type: none"> 6. Have we a clear understanding of the potential service, assessment function and financial risks associated with those currently on high band funded nursing care?
<p>Local Exposure to Risk – understanding need and local demand:</p>		

2 Assessment and commissioning to meet demand

Without clear commissioning frameworks to meet projected demand the system will remain 'ad hoc', be spot-purchased and be unmanaged, which will lead to escalating costs and a supply driven solution. The supply chain will be determining the market and placements. Understanding the demand stream/profile and translating this into a market profile that is manageable will be the key to the exercising of current and future responsibilities effectively. In this context a lack of consistent methodology for the collection and summary of the assessment information, in a format that addresses eligibility, increases the likelihood of the inconsistent interpretation of subjective views; a lack of evidence that ultimately informs the decision reached; and a risk of judicial review because of perceived inconsistencies in interpretation, particularly across the care groups. An untrained and non-inducted workforce adds further to the risks associated with inconsistent assessment and inappropriate judgments.

Rationale	'Best practice'	Key questions to ask
<p>The ability of local services to support people with complex needs in the community should be taken into account when judging exposure to risk.</p> <p>This should include the assessment of the local market and the development plan for shaping that market, given the information contained from the demand analysis.</p> <p>Avoiding placements away from the area should be built into market strategies as these add specific and non-specific costs whilst building capacity locally should be inherent to the commissioning process (within or across economies).</p>	<p>Ensuring:</p> <ul style="list-style-type: none"> • The extent and accessibility of specialist teams (for example end of life) who could support clients is in place; • The capability and capacity within mainstream services to support complex packages in the community and avoid additional purchasing; • The 'commissioning' of specialist and mainstream services to undertake the continuing NHS healthcare service arrangements in the context of existing 'business' i.e. supporting the mainstream through advice; • The shaping of the market and its management at a local level to contain price, raise quality and enable swift review against outcomes; • The effectiveness of managing movements within the system, particularly admission and discharge from hospital; • The skills available and the workforce planning that needs to accompany this shift of complex care to the NHS as a reflection of the demand profile; • The need for out of area placements to be accompanied by individual specification and required outcomes, with planned follow-up and review, wherever possible pulling back to the local market. 	<ol style="list-style-type: none"> 1. What are the current strengths and weaknesses of NHS and LA mainstream services in relation to people with complex and enduring levels of need? 2. What are the strengths and weaknesses of specialist and mainstream independent sector providers for the same client group? 3. Have we a clear set of 'commissioning strategies' for existing services that dovetails with the needs for people with continuing NHS healthcare/complex needs? 4. Are out of area placements appropriately screened with options for local placement fully explored, and if not available is this fed back into the commissioning process? 5. Are our local 'decision points' on a client pathway sufficiently robust to ensure timely and appropriate response?

Rationale	'Best practice'	Key questions to ask
<p>The extent to which decisions about continuing NHS healthcare funding informs the strategic commissioning agenda will determine a local health economies ability to manage expected growth in this area.</p>	<p>Best practice would suggest that there needs to be a regular flow of monitoring and financial information between continuing NHS healthcare and joint commissioning forums such that provision can be shaped with this client groups needs in mind.</p>	<p>6. Does information about continuing NHS healthcare uptake and financial or commissioning risk feed into appropriate strategic and joint commissioning mechanisms locally?</p>
<p>Pathways and access to specialist advice and assessment in the community and by the commissioning function are key to ensuring sound and consistent decision making in a timely manner.</p>	<p>Protocols for access to expert advice and assessment, including timescales for response, should be clear with, for example, specialist mental health teams, dietetic advice, OT, Tissue Viability etc.</p>	<p>7. Is specialist advice and input readily available and clearly defined?</p>
<p>The quality and consistency with which local stationery captures and 'holds on record' the evidence, audit of decision making and record of final judgement or determination along the continuing NHS healthcare pathway is of paramount importance. Such systems support audit, quality control and effective responses to appeals or disputes.</p>	<p>Stationery and documentation to fulfil a number of important functions, as they recognise that the assessment process for this test of edibility is specialist, complex and has to be recorded in a consistent way with uniform and well directed stationery ensuring the developing of an evidence base for decision making and also a means of audit of the quality of assessment.</p> <p>This allows for the identification of weaknesses in 'process' and understanding, enabling training and development processes to be developed.</p>	<p>8. Is there a consistent set of stationery in use across the system?</p> <p>9. Does the stationery provide an 'evidence base' that would stand up to review and challenge for individual cases?</p> <p>10. Does the stationery contribute to and inform the macro-commissioning decisions and market development.</p>
<p>Consistency in the application of pathways to determine eligibility for continuing NHS healthcare is vital and can only be effectively delivered in the long term through effective training and development programmes.</p>	<p>It would be expected that the functions, accountabilities, governance and information requirements would be set out for local teams to respond appropriately when triggers for continuing NHS healthcare are identified and that these are all fully integrated into local induction and ongoing training and development programmes.</p>	<p>11. Are all staff fully aware of and applying the pathway and test for eligibility – if not where are the gaps?</p> <p>12. Is there an active and ongoing training programme being undertaken?</p>
<p>To manage the risks of judicial review and inconsistency in approach a well-trained and inducted workforce (social care and health), well versed in the recognition of triggers for assessment for eligibility will be essential. This will need to be undertaken regularly (as with Child Protection training) and needs to address the 'read-across' issues and interpretation of key words as applied to all care groups.</p> <p>Given the need for high quality assessment and potential clinical interpretation of conditions, the widely available advice of specialist knowledge needs to be shared.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Well developed and constantly adapted training material for all NHS/SC staff identifying triggers for potential eligibility and assessment; • Consistently high quality assessment within a standardised set of domains using common stationery to ensure consistent and fairness in assessment; • Appropriate input of specialist assessment, with specialist clinical advice available; • A proper process for the organisation and supply of the evidence gathered. 	<p>13. Is material revised as a result of the audit of practice?</p> <p>14. Is there a record maintained of those who have been through the training programme?</p>

Local Exposure to Risk – assessment and commissioning:

3 Test of eligibility

The lack of separation of the recommendation (clinical) from a managerial/clinical resource allocation test of eligibility would significantly increase the risk of provider incentive to shifts costs and inevitably increases subjective judgment of eligibility. The procurement of service for those with highly complex and high cost needs needs the development of individual specification and outcomes focus as well as the negotiation of price and subsequent review, which is essentially a commissioning task and responsibility. If this is not undertaken properly and thoroughly there is likely to result in differences in cost, review, outcomes and appropriateness leading to wasted resources and potentially inappropriate care.

Rationale	'Best practice'	Key questions to ask
<p>The development of a 'Commissioning Continuing Healthcare Team' (virtual or real) would enable consistency and expertise to be developed in this growing area of risk and increased demand.</p>	<p>There should be a clear separation of the clinical recommendation for continuing NHS funding and the organisation of the evidence from the decision that eligibility is satisfied.</p> <p>The separation for the commissioning decision requires a clinical and managerial real or virtual team to sift the evidence, challenge the assumptions and come to a decision.</p> <p>Decisions on how the procurement of the service is achieved may well depend on complexity (clinical) and cost. Commissioners may well wish to remain very involved and at the very least needs to collect data and information to inform the market shaping function.</p> <p>For very complex and/or high cost cases a clear specification of requirements is required, desired outcomes and the timeframes – the 'duty of care' requires such an approach.</p>	<ol style="list-style-type: none"> 1. Are the clinical recommendation and commissioning decisions currently undertaken by the same individual or at the same point in the local pathway? 2. Is there a local virtual or real team locally that makes (or refers upward to an appropriate 'panel') all the commissioning decisions for continuing NHS healthcare? 3. How is the procurement and specification of high cost/clinically complex cases undertaken, recorded and reviewed?
<p>The existence of a joint 'panel' or similar group to make decisions on continuing NHS healthcare remains a critical part of the system from both a decision making and governance perspective.</p>	<p>A resource allocation panel should ideally be:</p> <ul style="list-style-type: none"> • Well supported by clear documentation to support decision making; • Should only make decisions on 'complex plus' cases, delegating other cases to the Commissioning Team (virtual or real); • A 'strategic' body receiving and considering regular financial and other information jointly with the LA. 	<ol style="list-style-type: none"> 4. Is there a local 'panel' that is accountable for resource allocation, makes decisions on 'difficult' or highly complex clients and translated local intelligence into sound commissioning and market shaping policies?

Local Exposure to Risk – the test of eligibility:

4 Continuing NHS Healthcare Information and Support

An inability to report regularly on uptake and financial/commissioning implications places the local health economy at risk, as does an inability to monitor the effectiveness and timeliness of the local pathway, feeding this back into ongoing improvement.

Rationale	'Best practice'	Key questions to ask
<p>Robust support in this area will ensure that comprehensive and timely information is available for both operational and strategic commissioning functions to be carried out effectively. It will also enable audit trails to be maintained and accessed easily when necessary.</p>	<p>Support functions need to be scaled appropriately with expected growth in assessments and re-assessment considered.</p> <p>There also needs to be either a single or two inter-dependant systems enabling financial and client database information to be managed as a single entity.</p>	<ol style="list-style-type: none"> 1. Do those making the commissioning decisions about continuing NHS healthcare received regular, accurate and comprehensive information about rates of uptake and financial implications?
<p>Speed and clarity of response to potential eligibility for continuing NHS healthcare funding will to some extent determine the nature and outcome of appeals and disputes.</p>	<p>Standards of response need to be identified and subsequently audited against which to judge local practice and therefore exposure to risk.</p>	<ol style="list-style-type: none"> 2. Are standards within the decision process met (particularly timescales for response) and if not how does this information inform changes?
<p>There is an expectation that a 'levelling up' of rates of access to continuing NHS healthcare will occur as new policy and systems are put in place.</p>	<p>The PCT should have a clear appreciation of its baseline with respect to uptake of continuing NHS healthcare. Whilst the wide range of current practice suggest that benchmarking at the current point time may not be fully reliable it does provide an initial indication of potential risk against the 'rising tide'.</p>	<ol style="list-style-type: none"> 3. Are you able to identify current rates of change in referrals and decisions for eligibility with their financial implications both now and into the future? 4. Are these regularly reported to the Executive Team/Board?
<p>Local Exposure to Risk – information and support:</p>		

5 Governance

Dovetailing the specific governance arrangements that cover the pathway for determining eligibility for continuing NHS healthcare into those that reflect the generic PCT requirements for accountability, reporting and risk management is paramount. Without the specific identification of accountabilities the required reporting of financial impact and commitment and the systematic analysis of risk (regularly undertaken) the vulnerability to judicial review and adverse financial impact will increase substantially.

Rationale	'Best practice'	Key questions to ask
Clarifying governance at all stages of the process will ensure organisational and inter-organisational awareness of process, responsibilities and accountabilities. This has beneficial impact on meeting standards of response and avoiding delay.	Decision making and delegated powers at each stage of the decision pathway need to be clear and widely published. Ensuring dispute procedures are also clear and published with any standards for response clearly identified and monitored rigorously.	<ol style="list-style-type: none"> 1. In the locally designed [process pathway on eligibility is it clear who needs to do what and has this been agreed and documented? 2. Is there a dispute procedure in the event of disagreement and has this an 'escalator' process.
Regularly auditing for short and longer term risks (practice, organisational and financial) will ensure that early trends in demand, cost and changes in standards will be pro-actively managed by the organisation. This benefits the long-term planning of the use of resources whether financial or human.	A risk profile and management plan should be developed and owned by the Commissioning Team and regularly reviewed.	<ol style="list-style-type: none"> 3. Is the relevant practice that underpins the process pathway the subject of clinical governance audit? 4. Is the information and data collection robust and linked to formal reporting systems?
Reporting the right information at the right time in the right place ensures an organisational level of awareness and the need of r long term planning and strategic management to be satisfied.	Regular peer review of decisions should form part of the local governance arrangements.	<ol style="list-style-type: none"> 5. Is there a regular audit of both affirmative and negative decisions on eligibility to ensure consistency and appropriate documentation?
Regularising the collection of data and reporting the analysis ensures visibility and open accountability to citizens, satisfying the key requirement of informed decision making.		<ol style="list-style-type: none"> 6. Is there a scheme of delegation to reflect the responsibilities and accountabilities of the process pathway and the decision matrix? How is it audited? 7. Are there financial control systems in place? 8. Is there a regular risk analysis and management system and is it linked to the corporate risk register?
Information for patients and service users at all points of the pathway will ensure informed awareness and more focussed accountability.	Simple explanatory material available all points in the pathway, explaining the route, process and potential outcomes.	<ol style="list-style-type: none"> 9. If information available for service users at all points of the pathway?

Local Exposure to Risk – governance: