

PRACTICAL COMMISSIONING DELIVERY

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Naturally intelligent

Improved business intelligence across Hertfordshire, Bedfordshire and Essex is helping to deliver better care to the patient population

Clinical commissioning groups across Hertfordshire, Bedfordshire and Essex are working together to deliver an improved business intelligence and invoice validation service across their organisations and local health systems.

The initiative began some five years ago, driven by the then primary care trusts (PCTs) in NHS East of England. The group pooled its collective experience and business requirements to identify an experienced data processing, analytics, and business intelligence service provider, which was able to access, validate and report on a wide range of data sets from central or local sources. A key requirement was to establish a single source of clear, agreed and accurate data, made available via a web-based platform for ease of use in a wide range of organisational environments. Naturally, any service had to be founded on the principles of guaranteed, secure data handling, compliant with all prevailing health sector standards.

The challenge was also to specify a facility to join up, through a quality, single source of data, the commissioner and provider organisations across local health economies, while providing a user-friendly mechanism to inform and empower front-line clinicians to support their patient care priorities and challenges.

Central to delivering this collaborative service delivery programme has been the implementation of a bespoke business intelligence system in September 2011 from healthcare analytics provider MedeAnalytics.

The commercial and operational arrangements were transitioned to the new commissioning environment earlier this

year, and the consortium, which is hosted by Bedfordshire clinical commissioning group, currently comprises nine CCGs, covering a population of nearly three million people, with an approximate acute annual spend of £1.4 billion.

All GPs, CCGs, their commissioning support teams and acute service providers now have the ability to directly access a single, consistent dataset to support integrated business intelligence, data management and invoice validation activity across individual health economies.

Consistent, reliable, relevant and proactive communication and engagement with all stakeholder groups can be the difference between success and failure

While the core service is comprised of a set of standard components, which are specified and agreed via a monthly user group set up to drive requirements and service specification, each CCG can determine how the service will be used locally, and tailor their implementation and training plans accordingly. The core service capability incorporates the processing and presentation of both secondary uses service (SUS) and local datasets (arrangements for the latter are being adjusted to meet

emerging NHS England policies in this area). Also included are risk stratification and benchmarking capabilities that are of particular importance and interest to CCG localities and individual GP practices.

The flexibility of the service means that each organisation can configure its own dashboards and reports to reflect local patterns of activity and priorities, to focus and deliver relevant information to users where and when it is needed.

The service also enables acute providers to have access to the automated contract management and invoice validation workflow capability, further streamlining the end-to-end management process for all parties.

Importantly, the service has inbuilt flexibility to enable data to be extracted, processed and presented to service users in a user friendly and intuitive way that is both in line with industry standards and NHS information governance protocols. It can be used in conjunction with outputs from primary care systems at GP practice level. A robust governance framework is also in place to manage the service at both a strategic and an operational level.

Business benefit opportunities

Business benefits available to consortium members have been identified and secured across a number of business areas and functions. To date these include:

- Shared/reduced legal, procurement and service management costs.
- Competitive ongoing service delivery costs, within a flexible framework that enables continuous improvement.
- Improved overall levels of data accuracy,

integrity and availability for all service users across both commissioner and provider organisations.

- A robust and consistent contract management and planning framework.
- Operational cost reduction through automation and streamlined processes, together with reduced internal system maintenance and development commitments.
- Utilisation of additional time made available to focus on value added activity.
- Exploitation of risk stratification capabilities to support intensive and proactive management of patient cohort activity and intervention plans.
- Joining up local healthcare systems through bringing commissioners and providers together around an integrated view of service activity.
- Development of a detailed and full view of patient activity across individual practices and localities, supported by analysis of CCG-wide or national benchmarking characteristics and trends in service activity.
- Utilisation of improved data to underpin service improvement and pathway redesign.
- Tangible support for transitioning from reactive to proactive/predictive modes of analysis and intervention.
- Combining service information with the outputs from primary care systems to develop an integrated view of patient and pathway activity, which can be assessed and acted upon in a timely fashion.

The deployment of a collaborative service is also providing an opportunity to develop a shared approach to support organisations to demonstrate or highlight a number of CCG authorisation and commission support unit (CSU) assurance features and requirements.

Factors for success

The MedeAnalytics service has been deployed within the nine CCGs and their respective commissioning support operations. It constitutes a new system and application infrastructure supported by new or amended business processes across a various organisational and operational areas.

The consortium has also successfully

managed the transition to the new commissioning landscape brought about in April 2013 in the Health and Social Care Act. Since then it has been important to recognise that each CCG has some differing organisational and operational structures and processes. CCGs differ in scale. And there are a number of different factors impacting local health systems and priorities. Local stakeholder engagement activity and service configuration approaches are sufficiently flexible to be able to accommodate such natural diversity.

User testing and service validation continues to be driven by champions in each CCG/CSU, to ensure that both CCG and GP practice requirements are incorporated. Local training plans have also been flexed given the fact that there are more than 800 authorised users of the service with a range of requirements.

This has resulted in constructive and positive feedback, with users keen to utilise the capability on offer and explore the potential of the service by accessing additional specific training to support their particular organisational role.



Key reflections

Other organisations that may be considering some form of collaborative initiative should adopt a way of working that reflects the realities of how the different constituent organisations operate and engage with each other. They should not be constrained by structure or process, but be flexible and adaptable, while retaining a clear focus on the underlying goal.

It is important to get the governance structure right. It needs to be fully representative to underpin ownership, but also needs to be tuned to both a strategic and day-to-day operational perspective. We have found a twin governance board and user group mechanism to be effective.

Organisations should focus on priorities driven from a clear interpretation of business requirements and the expected end game. Mid-flight adjustments in plans, approaches and tactics can be more effective than perhaps a more dogmatic adherence to form or “presentation”.

It can be hard yardage retaining coherence and attention in crowded calendars and times of intense churn and change. Consistent, reliable, relevant and proactive communication and engagement with all stakeholder groups can be the difference between success and failure.

And organisations need to be steady but flexible in building and managing relationships with service providers. Again, a clear focus on the strategic goal rather than contract minutiae will bear dividends over the term.

Consortium priorities

Initially the focus of our consortium, known as the NHS England Midlands & East Collaborative, has been on acute data, given its scale and criticality, but the service model has the flexibility to accommodate other data sets as they become mature and available.

The expectation is that plans will be progressed over the coming months to review the potential inclusion of community, mental health and social care data to add to the richness of information available to commissioners at both a CCG and GP practice level.

A key priority in the next few months will also be able to re-establish full, legal data flows for all data sets in the emerging HSCIC/NHS England operating environment. One aspect of this is the need to establish efficient and cost effective data flow/distribution arrangements with Data Service for Commissioners Regional Offices (DSCROs), as the mandated local HSCIC capabilities. From a service perspective, the focus will be to broaden the scope of dataset availability, increase levels of active provider engagement, and broaden the extent of the primary care/clinician mandate in shaping ongoing service utilisation and development.

Members of the CCG consortium would also be happy to share their practical experience and feedback to date and are open to enquiries from organisations that may be interested in exploring shared potential business opportunities through joining the consortium. ●

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