DATA CARE SOLUTIONS

Clean data, safe patient care

Helping you improve performance and deliver operational efficiency by using lean processes

Primary and secondary healthcare consultancy and tools

Our healthcare system is one of the most essential functions in modern society. The multifarious hurdles that it currently faces such as a growing and ageing population along with insufficient funding has made delivering high quality healthcare challenging. **What if we could all work together to achieve our dream of providing the best for our patients?**

Data Care Solutions (DCS) has a vision to improve patients' wellbeing by assisting organisations to deliver high quality healthcare. We have extensive experience working with providers and commissioners whilst ensuring we are fully compliant with all regulatory frameworks.

DCS has great insight into the multiple areas within healthcare and can help navigate organisations through their challenges. DCS uses a wide range of tools but more importantly help to embed change in behaviour amongst the team members. DCS has run a number of successful workshops with leaders and staff members and helped them reach a consensus whereby their purpose has a shared vision and goals.

How DCS works?

DCS uses a unique methodology consisting of lean principles to improve performance and therefore deliver operational efficiency. We work with organisations to help define their problem statement and then find ways on how we can implement solutions. We often run facilitated workshops with the team and implement bespoke training methods. DCS will also work with your organisation to help you identify the key principles of process, risk and quality management. Through the use of these established methodologies, DCS is able to help improve efficiency by eliminating waste without impacting productivity.

We listen to our client's requirements and diligently explore the limitations they face so we are able to roadmap their journey better.

We work with the client's team to ensure they are engaged throughout the entire process. We strategically advise the client on what best actions to undertake after having explored the risks and benefits of all available approaches. We align local strategic vision with that of the national agenda which helps when trying to attract funding opportunities.

We have an experienced team behind us who deliver high impact workshops and informative training sessions to the client's team. DCS has profound insight into the world of integrated healthcare as well as the aviation industry. DCS has also engaged with the financial sector to learn more about risk management. The cross industry experience has enabled us to advise our clients from a different view point that we would not have traditionally used in the medical sector on how to identify and mitigate risks appropriately with minimal impact on productivity. Cumulatively speaking, the team at DCS has a knowledge bank of over 75 years' experience in the healthcare and aviation industry.

DCS prioritise on ensuring there is a culture for change and working with the leaders of the organisation, we will help to deliver training, workshops, and coach trainers to deliver the best for their patients.

Who can we help?

- Primary Care Networks (PCNs)
- Federations
- Practices
- Community trust providers
- Out of Hours providers
- Urgent Care Centres
- Sustainability Transformation Partnerships (STPs)
- Clinical Commissioning Groups (CCGs)

Your journey with DCS

1. We meet leaders of the organisation

2. You review our proposal

3. We go through the range of solutions we have proposed

4. We implement the project plan which includes regular meetings with the client

5. Post project review which includes in depth data analysis

"The process was extremely quick and efficient. The team were knowledgeable and worked flexibly."

DR. ANUJ PATEL, WENTWORTH MEDICAL PRACTICE AND CHAIR OF BARNET FEDERATION MEDICAL PRACTICE

Our Consultancy, Smart Tools and training improve patient care and optimise processes whilst reducing workload and costs.

- Medical Terminology Standard (half or full day)
- Medical Terminology Advanced (half or full day)
- Safer Prescribing Standard (half or full day)
- Safer Prescribing Advanced (half or full day)
- Medical Coding for clinical administrators (half or full day)
- File Away (risk assessed clinical correspondence programme 3 days)
- Active Signposting (half day or full day)

Examples of our training courses:

Tools

Training

Smart Searches™

Coding correctly is vital if we are to see improved patient care. DCS has developed hundreds of searches with high sensitivity and specificity identifying patients who are not detected by your system and thus receiving suboptimal care. Unlike other commercial providers, our uniquely designed programme, AutoReviewer, is able to ensure the reporting that is provided to practices is as accurate as possible.

- Proactively identify patients with chronic diseases who are being missed from regular reviews
- More accurate picture of the health needs in your locality
- Those previously not identified by the system will now become visible to the clinicians
- Reduction in unplanned admissions
- Prevent avoidable morbidities and mortalities

Multimorbidity register

DCS multimorbidity register will help federations, commissioners, and sustainability and transformation partnerships (STPs) to:

- Implement preventative health measures
- Design more accurate heat maps of patients with more than one long-term condition
- Improve clinical services according to the needs of your local population
- Better data analysis of those patients with more than one long-term health condition
- Support practices with the reorganisation of clinics
- Optimise medicines management savings

Chronic disease management

What is the frequency in the number of times a patient visits your practice to address his/her condition(s)?

- Personalised care delivery is paramount as it can result in significant reduction in the number of times a patient visits the practice for his/her disease monitoring and management
- DCS can help work up strategies to implement better chronic disease management pathways
- DCS has designed a set of tools, such as dashboards, which uses some of the essential features from its powerful Smart Searches™ and specialised tools to help hold virtual clinics thereby reducing time spent in the preliminary stages

Medical Terminology and Clinical Coding

DCS believe it is important for staff to have essentials foundations, such as, common terminology usually encountered at the work place so they can perform their tasks well. Whilst there are many providers offering such courses, it only seems to solve part of the problem. But how does one apply what they have learnt through formal teaching at the work place?

DCS has delivered numerous courses, including Medical Terminology and Medical Coding, from a holistic view that being aware of the fundamentals must also translate to positive workplace changes as well. DCS review the salient features that one should know when working in primary or secondary care. DCS has delivered several modules across multiple CCGs with 100% positive feedback.

"Very helpful — explained scenarios, quick use of linked shortcuts and consultation for better use of codes."

STAFF MEMBER, BARNET FEDERATION

Safer Prescribing

Is there a safer and better way of managing your prescriptions by reducing time spent by clinicians doing some of the mundane checks?

An average GP can spend up to seven hours per week sifting through scripts. Furthermore, with increasing time pressure, this could potentially lead to medication errors resulting in medical negligence claims.

- Provide training on how to manage prescriptions
- Provide a range of options to choose from based on your workforce skill mix
- Reduce time for clinicians to action requests queried by receptionists
- Provide financial savings by adopting safe and quality assured processes through our suite of bespoke searches

"This knowledge will be invaluable when I begin handling prescriptions especially in alerting me to the many red flags and pitfalls that can be easily missed."

STAFF MEMBER, ISLINGTON

File Away

Did you know that an average GP would spend nearly five hours per week filing documents?

Would you like to change the process in your practice to free up GP time whilst filing your documents safely?

- DCS will provide training and support tools to minimise GP time spent on filing documents
- Designed in collaboration with experts in risk management in the airline and the financial industry
- Learn how to ensure quality assurance and clinical safety are met
- Reduce time (approximately 240 hours for 1 FTE GP per year) and cost by working through a safe, effective and proven process

"Thank you Jay and Sukin for the most absorbing session on File Away — We have been most privileged!"

GP, ISLINGTON

Run Searches

Run AutoReviewer

Produce an accurate report with high sensitivity and specificity

Our Smart Searches™ improve clinical care — case study

Background

A group of five practices with a combined list size of over 26,000 patients were keen to work more collaboratively with the prospect of a potential merger in the not so distant future. However, they struggled on how to do this and where they should start first. Time was spent with the leaders of the practices and learning their requirements and very soon a pattern emerged that they were all facing common issues which was largely related to variation in administrative and clinical practice, inadequate workforce and difficulty to recruit.

Key themes identified while brainstorming with the GPs

- Empower patients and staff
- Manage workload better
- Reduce variation in healthcare
- Make change resilient
- Align best practice

Implement solution

We identified their current workforce issues and agreed that they may want to focus on what works best in one practice may not work well in another. After a period of due diligence, we identified common themes that could be applied across the five practices but still allow some variability to take place within the practice. We concentrated our efforts on creating their vehicle by which they could mobilise their vision and then started to work with aligning back room functions first. We helped the group appoint an operational director with some mid-level managers to help with key administrative functionalities. We designed and deployed bespoke products to help manage their clinical workload and developed a project plan to when they could look to merge contracts.

Findings

The group of practices are revered in their locality as they are seen as quite forward thinking by their CCG and nearby practices. They attracted some funding to help them establish themselves but more importantly they were eager to make change happen at a faster pace and so contributed additional funds from their personal accounts. We set up key milestones and internal KPIs to ensure the group's objectives were on target. Creating the vehicle, including the paperwork for CQC, were our first priority which then followed with the appointment of personnel. The GPs were very much keen to manage their workload better and so we helped the practices with the training of Clinical Administrators through our File Away programme. We helped develop tools to help them hold virtual diabetes clinics and then provided bespoke training and education for them as well to ensure that the pharmacists were up-to-date. After the change had taken place, the practices showed an increase in income from the DES and LES components compared to the previous years.

Results from one domain across two practices

We audited two out of the five practices (10,051 pts) across two years. Smart Searches™ identified 180 patients with possible coding inconsistencies. We found 71 patients (39%) could be changed immediately and were thus coded as having asthma. While 75 patients (42%) required a review to confirm their diagnosis. A year later a further 35 patients were indeed confirmed as having asthma giving a total of 106 (59%) new asthma patients being identified. A small proportion of patients were either found to have data quality issues or excluded.

Initial asthma audit

- Changed 39%
- Review 42%
- Exception 13%
- Data Quality 6%
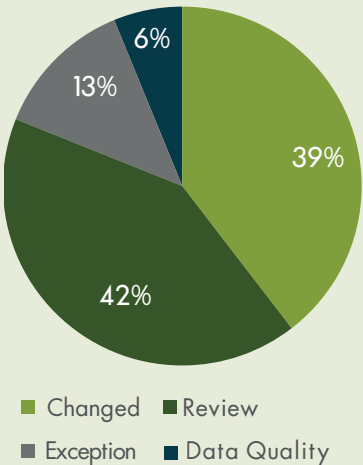
12-month asthma audit follow up

- Changed 59%
- Review 12%
- Exception 21%
- Data Quality 8%

6 in 10 added to asthma register by Smart Searches™

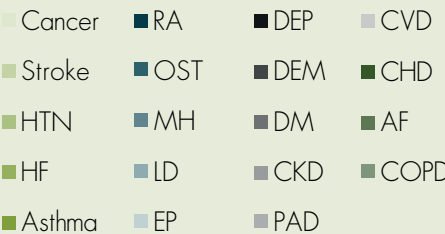**106** new asthma patients with improved clinical care
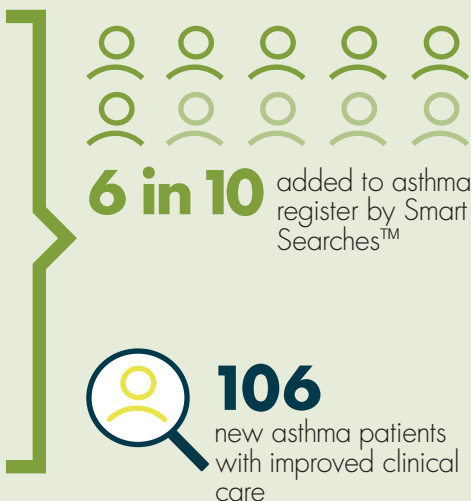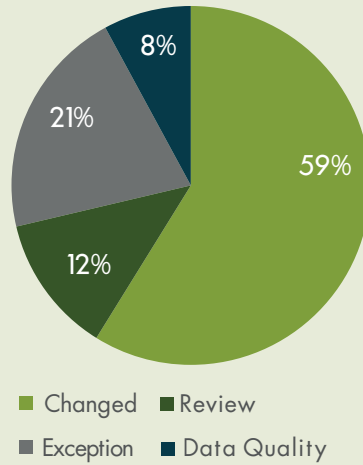
Results from 19 domains across three practices

We audited three out of the five practices (15,000 pts) across two years. Smart Searches™ identified 1054 patients with possible coding inconsistencies.

The data from NHS Digital now accurately reflects the true practice prevalence. Note the significant increase across the long-term conditions (over two years).*

New patients found across 19 domains

1054 are now visible to receive correct care

Cancer	RA	DEP	CVD
Stroke	OST	DEM	CHD
HTN	MH	DM	AF
HF	LD	CKD	COPD
Asthma	EP	PAD	

% increase in original register

- Cancer 65%
- Stroke 15%
- HTN 6%
- HF 69%
- Asthma 26%

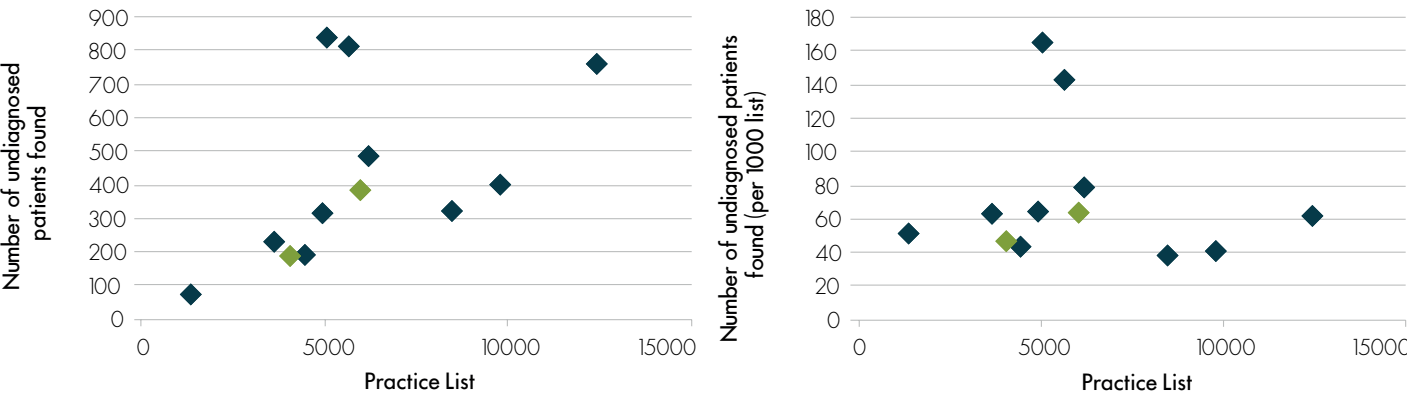**7%** of the list size has been added to the disease registers

*No significant change in list size (list size 15037 on 31.3.16 and 15027 on 31.3.18)
Source: NHS Digital QOF 2016-18.

The impact of running our Smart Searches™

Coding correctly is vital if we are to see improved patient care along with better data analysis. DCS designed searches to identify patients who are not detected by your system and thus receiving suboptimal care. Here are results from recent Smart Searches™:

Quality: Number of undiagnosed patients found

◆ Pilot practices (formally audited)
◆ Practices across North West London

Income: Expected increase in QOF income

DCS specifically looked at practices based in one area and designed a set of systematic, comprehensive medical algorithm searches by capturing patients that were undetected in existing practice electronic health records. These innovative Smart Searches™ are based on current NICE guidelines and/or other appropriate guidance. These searches are highly sensitive and specific due to the incorporation of current best practice guidance and from continuous monitoring of audit cycle loops to ensure that the Smart Searches™ keep a balance between the true positive and false negative results, henceforth making the searches as accurate as possible. DCS prides itself in being the only organisation in this field where it has a set of tools that can help improve patients' well-being and implement measures to ensure practices code better prospectively as well. The above figures illustrate our research carried out in twelve practices in north London with varying demographics (the green diamond shapes represent the practices where the initial pilot was carried out before going out to other practices). After examining over 70,000 patient records, we helped identify approximately 5000 patients with Quality Outcome Framework (QOF) related disease conditions through Smart Searches™. In doing so, these patients have been added to the single disease register, i.e. QOF, and as a result will experience better health treatment(s) through regular structured medical reviews.

QOF has certainly helped to reduce variation between practices in the way clinical care is delivered but it has also helped to improve disease registers leading to vast data collection and paving the way for research activities to take place. However, recent years has seen a rise in discontent with QOF as it lacks incentivise person centered care for people with complex conditions. There now appears to be a drive to adapt QOF to local needs but maximum benefit will only be achieved if we have a true and accurate picture of prevalence of disease(s) in our localities.[1,2,3]

DCS started designing tools to help practices improve their quality of care. Smart Searches™ was designed to identify patients that are undiagnosed but may be receiving treatment for their ailment(s). This meant that these patients were not having structured medical reviews or perhaps worse, not having it all. As a result of DCS conducting these searches in the twelve practices, we were able to advise the practices on how they could manage the increased workload with their existing workforce. We also demonstrated to the practices that through correct coding of patients with illness, they were able to on average increase their income by £1.27 per registered patient.

References:

1. Forbes LJ, Marchand C, Doran T, Peckham S. The role of the Quality and Outcomes Framework in the care of long-term conditions: a systematic review. Br J Gen Pract 2017; DOI:https://doi.org/10.3399/bjgp17X693077
2. McShane M, Mitchell E. Person centred coordinated care: where does the QOF point us? BMJ 2015;350:h2540
3. Kontopantelis E, Springate DA, Ashworth M, et al. Investigating the relationship between quality of primary care and premature mortality in England: a spatial whole-population study. BMJ 2015;350:h904

Smart Searches™

"Great service from start to finish! DCS has helped improve patient care by their comprehensive searches."

DR. AZIM, GP IN BARNET

Medical Coding

"Increased my knowledge of SNOMED and learnt a lot to update my medical coding."

BARNET FEDERATION STAFF MEMBER

How do Smart Searches™ work?

The use of Smart Searches™ helps to rectify the immediate problem at hand by identifying patients that are not on the disease register. Unfortunately, this helps only with retrospective correction only but it does allow for a diagnostic window into the practice and highlights either a suboptimal process or the absence of a sound process.

File Away helps to ensure that correct coding takes place at the primary care level which will aid in reducing the number of patients that are not highlighted with an illness. Furthermore, the File Away process will reduce the number of clinical correspondence sent to clinicians for processing thus freeing up time for direct patient care.

A	All SNOMED coded entries and medication
B	All scanned letters free text consultations
C	Summarised letters with correct SNOMED codes entered
D	All other supporting data e.g. demographics, registration etc.

D Other data
A SNOMED codes present in medical records
B SNOMED codes absent in medical records
C
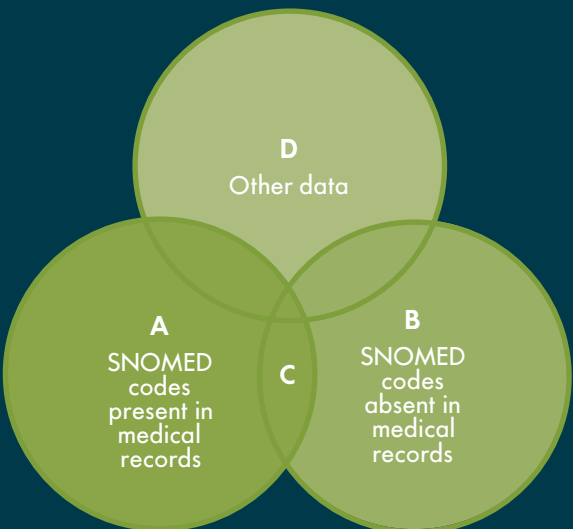
About us

The directors and the management team have considerable experience in providing clinical and administrative services on behalf of Commissioners. Through their work as senior directors of Clover Health Ltd, a federation of 15 practices looking after 90,000 patients, multiple successful projects have been deployed demonstrating excellent quality healthcare services yet being economical for the commissioners. One such project won a national award.

DCS was established to spread and promote the excellent work that had been done at a local level. The current directors are also partners in their own practices and fully understand the pressures that are experienced in the healthcare sector. They have used innovative methods such as lean principles to pilot projects that will reduce administrative workload for GPs thereby freeing up clinical capacity. They have also succeeded in establishing a workforce to help GPs manage their workload better in primary care.

DCS fervently believes in better coding as being the bedrock of any healthcare project, and they developed Smart Searches™ to aid primary care understand their workload better and help them to organize their workforce to meet the future challenges. DCS believes that better health outcomes can be achieved if we improve our data capturing methods. This will act as a key enabler to ensure better health outcomes are achieved as the information collected will translate to more appropriate mapping of clinical services in the area.
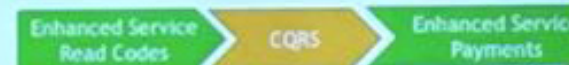
The DCS team

"Very useful and informative, helpful group discussions. Trainers explained in a clear and concise manner."

STAFF MEMBER, ISLINGTON

Dr. Jay Verma
Chief Executive Officer

Dr Jay Verma has been a partner at Shakespeare Health Centre (SHC) since 2014 and contributed extensively in turning around the once poor performing practice to a successful one that delivers high quality care. SHC won the General Practice Awards in 2017 for the best Clinical Team of the Year in Diabetes. He served as the chair and CEO for Clover Health — a network of 15 practices looking after 90,000 patients — for over three years. They deployed extremely challenging pilot projects in a short tight frame such as the Extended Access Hub and the Community Paediatric Clinic. The latter also won the best Clinical Team of the Year in Paediatrics in 2017. A staunch supporter of primary care and recognising the need to work collaboratively, Dr Verma has delivered many talks on shared working and optimising workflow safely on the national platform.

Dr. Sukin Natarajan
Chief Technology Officer

Dr Sukin Natarajan gained his PhD in medical engineering and lectured in Biomedical Sciences in the Masters programme. He is Business Manager and partner at Heathrow Medical Centre with over 20 years' experience in rolling out IT programmes for local practices on behalf of Hillingdon CCG. He served as the chief operating officer for his local federation, Clover Health, and was key to streamlining the information technology and HUB service to the practices within the federation. His input was invaluable and helped Clover Health win the General Practice Awards in 2017 for the Clinical Team of the Year for Paediatrics. Dr Natarajan runs the data quality team in DCS and is responsible for collecting and developing tools to help organisations achieve their aims.
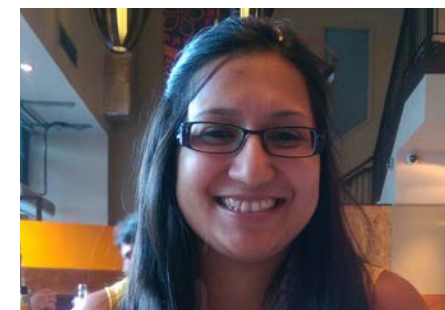
Shweta Dundon
Quality and Improvement Consultant

Shweta Dundon is a Supplier Quality Engineer working at Rolls-Royce plc since 2011. She graduated with a Master's in Engineering (MEng) and Enterprise Management in 2008 and has eight years in the highly regulated and safety driven aerospace industry, within quality and improvement roles. For the last two years she was Improvement Lead on the Trent XWB engine programme, a project team of 300, delivering process improvements for the project and across Civil Aerospace. Currently she manages and oversees the supplier quality of 35 vendors within the Aftermarket Services team. Ms Dundon is Green Belt accredited and an experienced facilitator in running lean improvement events.

Marie Franklin
HR Consultant

Marie Franklin was a practice manager at a medium sized practice and then has worked in a number of other fields before working for a group of five practices. She is also a tutor and mentor with the London-wide LMC on their Practice Management course and has received an award from Hillingdon CCG in 2017 for her work with the Education and Training team.

Marie is also currently working as the operational director for First Care Group Practice Ltd which has a combined list size of 26,000 patients.

Keval Modi
Medicines Management Consultant

Keval Modi is a CCG Pharmaceutical Advisor which involves working collaboratively with stakeholders in primary and community settings, secondary care providers and other agencies to ensure seamless service delivery for patients, and to promote safe and efficient strategies.

He has worked in Community Health Services, acute secondary care, mental health and community pharmacy and continues to provide specialist input to locally commissioned services. This involves an integrated approach with all stakeholders with a view to ensuring continuity of pharmaceutical care for patients in different healthcare settings.

He has worked closely with different service providers to support the improvement, application and monitoring of work plans, and the development, implementation and monitoring of different work streams to deliver and implement rational, safe and cost effective care.

Please get in touch if you would like any further information on any of our range of products or consultancy services.

We are also keen to hear from you if you have a unique problem requiring a bespoke solution.

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