

MIAA Solutions Continuing Healthcare Case Study

Independent Support and Advice

MIAA Solutions is an NHS-hosted, not-forprofit consultancy. For over 35 years, we've helped organisations protect public funds, strengthen governance, and deliver better outcomes.

MIAA support more than 60 organisations — from the NHS to local authorities, police and fire services, central government bodies, and charities.

We bring an in-depth understanding of the complex environments that characterise public service organisations. Everything we do is grounded in public value — delivering practical, evidence-based solutions that improve services and strengthen resilience.

We offer UK-wide support and tackle complex challenges with expertise. Our commitment to customer focus, ensures a personal and tailored approach to adding value where it matters most for our clients.

Operating in partnership with clients, we provide external insight to address current and future challenges together, providing a cost-effective alternative to commercial consultancies.

By taking a personalised approach we can shape our services to the specific needs of each client.

We combine an experienced internal core team with a pool of over 100 associate subject matter experts.

This agile model enables a skill mix that blends expertise and experience, delivering the bespoke outcomes required by each client We deliver a fully integrated support system tailored to meet your unique needs.

Contact our team for an informal conversation about our support offers.

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Continuing Healthcare Case Study

- Circa 960 patient case reviews (standard CHC)
- 351 pre-assessments (Fast Track)
- 479 re-assessments (410 Fast Track, 69 Standard CHC)
- £12.92m financial benefit achieved (recurrent)

The challenge

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. To receive NHS CHC funding, individuals must be assessed according to a legally prescribed decision-making process to determine whether the individual has a 'primary health need.'

MIAA have been working with an NHS Integrated Care Board (ICB) in the northwest to provide specialist clinical resource to complete the assessment of their NHS CHC case review backlog.

The outcomes

The project completed 351 CHC Fast-Track pre-assessments, 410 Fast-Track re-assessments, 69 multi-disciplinary team led re-assessments which were required following Standard CHC case review recommendations, and 960 Standard CHC case reviews. This process ensured that all of the patients were on the appropriate care package which met their current needs.

Recommendations were made focusing on improvements in the approach to undertaking CHC reviews in a multi-organisational setting with MIAA coordinating the local authority, ICB and trusted clinical partners.

The project delivered improved patient experience and system efficiency with appropriate resources used to best effect and backlogs reduced.

It has resulted in total full year savings of £12.92m, which has exceeded the estimates at the outset of the project. This has produced a 12-fold return on investment for the client

The approach

MIAA undertook an initial baseline assessment which included:

- Generic NHS CHC (complex),
- Mental Health Act section 117,
- Fast track, and.
- Funded Nursing Care cases.

Protocols were defined and agreed to apply for data sharing, compliance with information governance requirements and engagement with all key stakeholders (patients and their representatives, the ICB and relevant local authority leads).

Following the identification of appropriate cases for review, an assessment of care requirements for each individual was undertaken to determine current care need(s) and whether any significant changes were identified.

As an output, an explanation of any significant change in need which will require a full 'Multi- Disciplinary Team' assessment was completed. If a significant change in need is identified a full review of care package will be required.

MIAA has continued to deliver staged programme delivery benefits for this project since 2022.

*This figure excludes savings generated from changes in packages of care re-negotiated by the client following CHC case reviews.

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