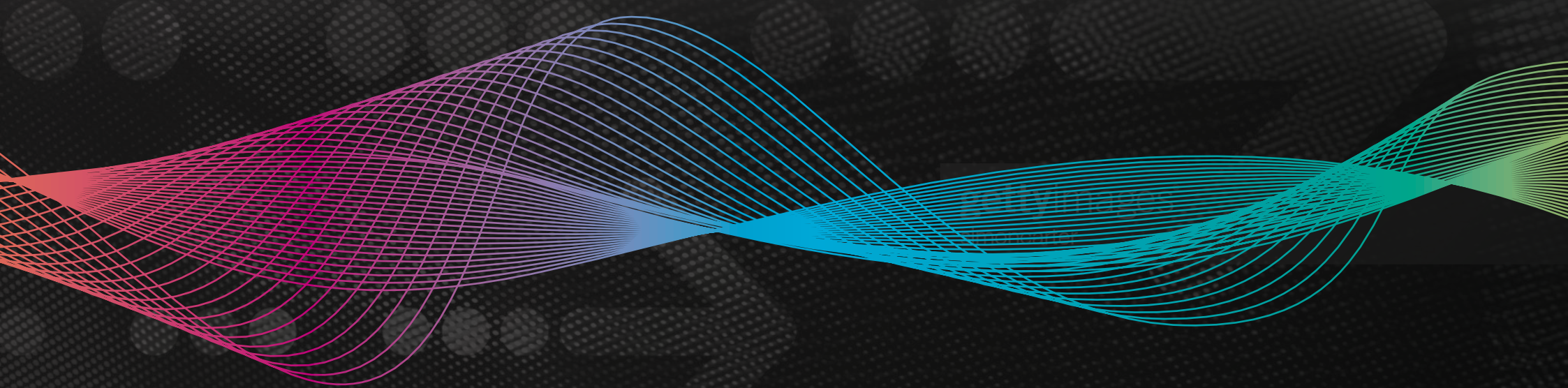# Our year – supporting through COVID and beyond

This is an interactive PDF. To navigate, use the arrow buttons at the top of each page or locate a specific section using the menu or buttons within the document.

About NHS Midlands and Lancashire Commissioning Support Unit

Both of and for the NHS, our vision is to be pivotal in fully supporting the delivery of major improvements in health and wellbeing. We're essential to the healthcare systems that we support, and our philosophy is to face every new challenge and opportunity together with our customers.

We've developed an unparalleled experience across a wide range of areas that positions us above other organisations providing business and commissioning services, clinical support and support to sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

We deliver added value for our customers, whatever services we provide, and maintain among the highest levels of customer satisfaction of any commissioning support unit.

In the future, we know commissioning will become far more about the strategic management of the health of the population. There will be less transactional exchanges between system providers and more responsibility upon providers to collaborate, develop and deliver services within a single system plan.

1,750+
highly skilled NHS professionals and subject matter experts

10 health systems served in addition to diverse customers across government, health and social care

Covering **1/4** of England's patient population

> I am immensely proud of everyone at MLCSU for their dedication to provide the highest quality services, in what has truly been an exceptional year. We have all adapted to remote working and shifting priorities, often along with challenging personal circumstances. In a year where we have shown we can support the whole care system, all our services have demonstrated innovation, integrity and compassion in delivering both COVID and non-COVID projects – and I cannot thank them enough.

**Derek Kitchen,
Managing Director**

Being a responsive system partner

During the first wave of COVID-19, we were inundated with requests for additional support across a range of disciplines. We quickly set up a system to identify what capacity we had available, across various skillsets. We were able to meet all requests for support within 1-2 days, and redeployed **over 50 people** within the **first 2 weeks** of the system being set up.

- **We established a gold command room to provide strategic and tactical coordination in Lancashire and South Cumbria.** Daily calls gather the latest picture across the system to understand any pressures, and identify if any action is needed. The team are provided with role and responsibility job cards, and standard operating procedures are in place. It has been a great success in system working, sharing resource and capacity to ensure the system is responsive and safe, and will be the blueprint for system management in urgent care after the pandemic.

- We reacted quickly to the need to postpone all booked appointments for a second dose of the COVID vaccinations. Commencing on New Year's Day, the COVID response team successfully and promptly set up a call handler service – supported by several teams including IT, RMS and O365 cloud team and a list of volunteers. Recognising the urgency of the situation, **25 MLCSU staff volunteered** evenings and weekends to make **3,724 calls** and cancel appointments in-line with the national ask.

In the first 6 months of the pandemic, we utilised **£10m of resource** on COVID-19 services, of which only **£1.7m** represented additional cost – demonstrating our strengths in scale, agility and relationships.

Being a responsive system partner

- At the start of the pandemic, we worked with the Lancashire and South Cumbria system to plan how additional system bed capacity and the Nightingale Hospitals might be accessed if needed. We **identified potential challenges and drafted procedure protocols** for transferring and managing patients. We mapped the beds in the system to ensure they were being used effectively and understand how they might be used in different potential scenarios.

- The IPA/CHC service refocused during the pandemic to provide support in all discharge pathways to improve discharge rates whilst still ensuring appropriate quality care. We supported an increase in discharge numbers by **40%** in our Mersey area. The teams have taken on some dedicated discharge pathways such as End of Life which has seen us managing up to a **100% increase** in referrals and supporting them through discharge and to provision of appropriate care.

We developed a procedure for establishing a single waiting list for planned care across Lancashire and South Cumbria which NHSE&I has adopted as the national blueprint. We provided project management resource to the national programme to cleanse and validate waiting list data working with all regions across England. We are developing a patient tracking list viewer to provide a clear picture of waiting list information which will inform system capacity, enable the sharing of best practice and improve patient pathways.

- Our Medicines Management and Optimisation team have the **sub-regional responsibility for medicines safety** in the COVID-19 vaccination programme, mobilising staff and providing premises. Senior nursing colleagues supported by creating fit-for-purpose governance arrangements, clinical governance arrangements and senior clinical oversight of vaccination delivery.

Being a responsive system partner

- Throughout COVID-19, our BI and UEC teams established regular briefings for our partners at Lancashire and South Cumbria ICS. We use a wide range of data sources and monitor other system pressures and performance to **make trend analyses of key metrics and highlight any actions** required.

- We worked with colleagues in Lancashire and South Cumbria to **establish a network of COVID-19 vaccination hubs**. Our partnership and system approach ensures the most vulnerable patients receive their vaccines quickly and safely. We have also provided data management support for vaccination centres under University Hospitals Birmingham, and supported the deployment of pharmacists to the Nightingale Hospital in Manchester.

- Our Improvement Unit are supporting NHSE&I by reviewing Emergency Preparedness, Resilience and Response (EPRR) reporting. We have **completed a full review and implemented improvements** to incident reporting. This has involved ensuring all decisions are logged robustly with a full audit trail, and establishing processes for collating and reporting information up through NHS leadership to central government on the COVID-19 impact and response.

Being a responsive system partner

- Our Medicines Management and Optimisation team have the **sub-regional responsibility for medicines safety** in the COVID-19 vaccination programme, mobilising staff and providing premises. Senior nursing colleagues supported by creating fit-for-purpose governance arrangements, clinical governance arrangements and senior clinical oversight of vaccination delivery.

In response to the COVID-19 Discharge Guidance issued in March 2020, over **460 staff** from IPA/CHC services were moved to home working within 2 days and reconfigured to support 7-day working (8am-8pm) within a week. This enabled the delivery of the guidance to be supported, in order to free-up beds for COVID patients, whilst ensuring protection of our staff.

The Referral Management Centre supported Warrington CCG with their **COVID helpline** which was receiving high volumes of calls. We quickly redeployed suitable staff to assist, and supplied them with clear guidance for handling a variety of queries to ensure people were called back and queries were quickly resolved.

- A result of the COVID-19 incident was that numerous organisations were becoming involved in the procurement and distribution of vital supplies of Personal Protective Equipment (PPE) and medical equipment. Our Improvement Unit delivered a **robust and effective database for the NHS Supply Chain** to improve processes, standardisation and data quality in the procurement of core items. This enabled the programme to move forward at pace and meet the requirements of the incident. PPE workstreams remained on track and key milestones were achieved which resulted in more efficient and effective supply chain processes.

Our response to the Long Term Plan

We are in the very best position to support the Long Term Plan's areas of focus:

- We are helping health systems explore, co-design and implement new **contracting, governance, hosting and performance management** structures.

- We have developed a series of offers for **GP practices and primary care networks** to help them form, professionalise and grow.

- The Health Economics Unit is working to advance the application of machine learning and AI in addressing **population health management** challenges. We are also driving forward work on **population profiling and risk stratification**.

- We are delivering innovative approaches to **urgent and emergency care** management.

- We are continuing to support improvements in **medicines management and optimisation**.

- Our process and service improvement consultancy service (The Improvement Unit) continues to use its programme management and change expertise **to improve outcomes, quality and efficiency** for customers.

- We can help systems secure a robust single approach to delivering **waiting list management** as part of the national COVID-19 restoration and recovery plans.

- Our Digital Innovation Unit is **utilising automation and chatbot technology** to facilitate more efficient care delivery.

- We offer a diagnostic programme to identify potential **back-office efficiencies**, followed by co-design of a solution in line with Carter principles and deployment across the system.

We are working to ensure the **collective expertise and experience** of our people is utilised most effectively throughout the wider health and care system as the landscape changes. Our approach to talent management and development and our CSU resourcing plan are enabling us to **respond quickly and strategically** to requests from new and existing customers.

Our response to the Long Term Plan

Our services fit broadly within the three areas of:

- **NHS consultancy:** Looking at strategic transformation, operational efficiency and driving improvement

- **Data, digital and population health management:**

  - Flexible, robust and cutting edge data management for increasing requirements for wider data sets and real-time data

  - Comprehensive and accurate analytics and reporting for operational planning and performance

  - Data management and analytical experience with a range of datasets to support driving PHM, predictive and actuarial analytics

- **Business support:** Delivered at the most effective place, done once and shared, delivering both cost and operational efficiency.

We also have a proven track record in adapting quickly to meet the changing needs of systems, and never more so in our response to the COVID-19 pandemic.

Read more about how we have added real value to the systems we support over the following pages.

NHS consultancy

- Through our partnership with **PredictX**, we used health and social care data to accurately predict **81% of hospital admissions** from A&E on a sample of observed patients, and identified the key factors leading to A&E admissions.

- Our Strategy Unit worked with the Health Foundation, King's Fund, Nuffield Trust and others to provide **evidence reviews to guide decision makers** to help services respond. One looked at the impact of the pandemic on likely demand for mental health services; the other looked at waiting lists for planned care.

- To understand how a COVID-driven recession could impact on population health in the Black Country and West Birmingham, our Strategy Unit undertook a **novel analysis** and produced **modelling** which will be used to discuss which outcomes to prioritise, and exploring the most appropriate evidence-based intervention mechanisms to use to address local needs.

Bed reduction programme with Blackpool Teaching Hospital NHS Foundation Trust achieved **10% increase** in zero-day length of stay rate and **15% reduction** in number of occupied bed days per 1,000 in over-65s.

- The project management expertise and networking skills of our Contracts Management Team were deployed to support the recovery of elective care activity during the pandemic. To support the delivery of the Clinical Validation Programme, we engaged strategically with **all 23 North West trusts** and facilitated over **30 online training sessions** to over **200 delegates**.

Our OTiS team has helped **16 emergency departments** reduce their waiting times with a mix of consultancy support on-site and an interactive digital reporting suite designed by BI and clinical experts.

- Development of **strong plans for elective recovery** that meant that – until the very peak of the second COVID surge was felt – the system trajectory for elective care set within the phase 3 plans was being met, despite the return of levels of COVID admissions well above the peak of the first wave.

- **Programme management of the North West region COVID-19 Recovery Cell** was implemented at pace, whilst continuing sustainable and robust planning and assurance processes. We have already demonstrated improved efficiency and effectiveness of processes.

Data, digital and population health management

In **1 region**, using VBCchecker **over 2 years** helped to:

- Reduce elective procedures by **14,000**
- Save **£18m+**
- Reduce individual funding requests needing consideration by CCGs by **50%**

- We provided data intelligence and clinical insight which enabled Lancashire and South Cumbria ICS to precisely target discharge opportunities leading to **faster recovery from waves 1 and 2 of the COVID pandemic**. It enabled the safe reduction of bed occupancy, the step-down of capacity planning and the development of a blueprint and best practice example for the North West.

- We are working on a 2-year project to explore key digital infrastructure challenges faced when **deploying digital infrastructure to rural areas**. We are leading the implementation of health and social care using 5G technology in rural Herefordshire and Worcestershire.

- We have worked with **3 STPs** to help scale the Remote Monitoring Care Programme with a particular focus on COVID-19 patients and the management of patients with long-term conditions to support home-based care.

- To improve the low utilisation of Electronic Repeat Dispensing (eRD) across the Midlands, we delivered webinars to nearly **700 healthcare professionals** which had **84% 'excellent'** or **'good'** feedback. Over 400 professionals registered onto our bespoke online platform to join discussions and access key resources.

Integrating data analytics to build a profile of over-65s in Walsall resulted in **improved patient care** and **significant savings**. Our insight prompted reconfiguration of the acute setting's clinical workforce and bed base, resulting in expected savings in **excess of £1million** over one financial year, fewer admissions and sustainable reduction in length of stay.

Data, digital and population health management

- The COVID-19 outbreak sparked an urgent need to roll-out the use of video consultations for outpatient appointments. In three weeks, we trained staff across 54 trusts in the North West and North East and Yorkshire to enable over 100 services and specialities to start working in this way. Seven months on, **over half a million** video consultations have taken place, with the North West consistently one of the highest users outside of London.

- Using **Aristotle Xi**, our COVID-19 Care Homes Report utilises the latest data from to the National Care Homes Capacity Tracker. Over **2,000 care homes** and other facilities (hospices, community and acute rehab locations) are prompted to share any pressures such as workforce, PPE, bed vacancies, COVID cases and staff sickness absence. It enables our CHC service to support early warning monitoring and discharge placement.

- The BI team produced a high-level population profile to provide PCNs with a concise overview of their **demographics, segmentation and health indicators**. We demonstrated the reports to our colleagues embedded within the CCGs so they could present them to CCGs and PCNs with confidence.

On behalf of NHSE NW, we completed process mapping and audit of the hospital-acquired COVID infections data at Liverpool University Hospitals Trust. Our audit found up to **40% of cases** on the sitrep might not have been nosocomial, and we supported the Trust to investigate and make improvements to recording in future.

- Our COVID-19 Testing Dashboard is based on Public Health England Pillar 1 and Pillar 2 COVID-19 testing data. Test data is plotted against population figures and is mapped to wards, local authorities and ICSs. Other metrics including age, gender, ethnicity and rates per 100,000 are calculated to provide a rich picture. The **dashboard allows hotspots or emerging hotspots to be identified and monitored** against a range of indicators.

Introduction of our Trac recruitment system within **MLCSU and 35 CCGs** has led to a **43% reduction** the time taken to offer an unconditional offer of employment.

Business support

- Our IT service consistently achieves a **99% uptime**, supports **20k users** and **30k devices** and over **1,000 practices**. We recently **saved £22m** by reducing 800 servers to 300.

We are **England's largest provider** of funded care and individual patient activity support:

- **20,000+** active caseload
- **20+** CCGs supported
- **450** expert staff

- Our end-to-end digital commissioning tool (**adam**) realises cost, time and quality efficiencies for CCGs, improving the experience and choice that patients and their carers have. Placement costs have been reduced by **4-7% per week**, and the time taken to place residents has halved, leading to significantly enhanced patient experience and faster discharge from hospitals. Furthermore, this approach has stimulated the local market and increased available market share by **28%**.

- Our cloud-based portal, **PrimaryPoint**, provides resource management and governance support to primary care practices, groups and PCNs. **700 GP practices** have signed up since September 2020.

Our **Find Me A Locum** app takes the stress out of finding GP locums. In the first 8 months in North Staffordshire, almost **100 GPs** registered and around **1,400** vacant sessions were filled.

Find me a LOCUM

- **30%** of all calls made by our referral management team to book appointments were going unanswered. We introduced **ChatBot technology** to make calls, and transfer to call handlers when calls are answered by patients. This ensures that the team are fully effective by only spending their time talking to patients.

Business support

- Our Finance Services Team and Digital Innovation Unit collaborated to improve the system for processing S12 Doctors claims for Mental Health Act assessments, which was very labour intensive, time consuming and inefficient. The **'Find Me An S12 Doctor'** web platform and app was launched in November 2020, and is already well received by all stakeholders.

The independent sector framework was created to increase capacity on the system during the COVID response. We are leading the CSU offer to the North West region and have created joint specifications, quality schedules, finance packages, and provided BI support.

- We have provided a helpdesk facility for staff at Blackpool Teaching Hospitals to access a new COVID test being piloted there to **identify asymptomatic staff and therefore reduce spread of infection**. The Midlands Analytical Hub has also been modelling the process to understand testing throughput and capacity and investigating opportunities to support similar projects elsewhere.
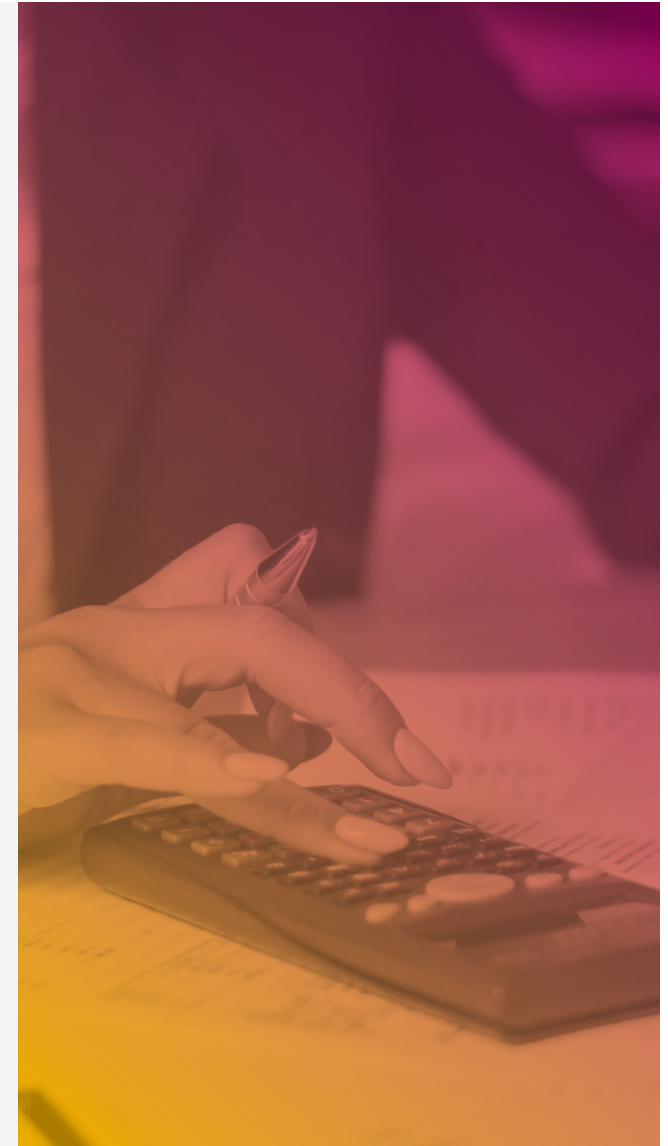
Contact us

Leicestershire and Rutland, Shropshire and Staffordshire

Martin Pope

✉ martinpope@nhs.net

✉ **Send Martin an email**

Contact us

Herefordshire and Worcestershire, Birmingham and Solihull, The Black Country, Derbyshire

Stuart Hydon

✉ stuart.hydon@nhs.net

✉ **Send Stuart an email**

Contact us

Cheshire and Merseyside

Cheshire and Merseyside

Pam Hughes

✉ pam.hughes@nhs.net

✉ **Send Pam an email**

Contact us

Lancashire and South Cumbria

Lancashire and South Cumbria

Clare Thomason

✉ clare.thomason@nhs.net

✉ **Send Clare an email**

Contact us

National bodies

National bodies

Miranda Pilkington

✉ miranda.pilkington2@nhs.net

✉ **Send Miranda an email**