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NECS Interactive PDF

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Case Study:
Commissioner Visit Programme Toolkit

NECS clinical quality specialists have given CCGs a way of effectively comparing services using a tool kit that details a step by step process for a clinically led quality assurance visits.

The challenge

The commissioner visit programme is a way of commissioners assuring the quality of the services they commission across their providers. The programme aims to seek assurances that quality services can be and are being delivered by providers. In the absence of a consistent process the quality and resulting reliability of the visits would be very much dependent upon the past experience of the assurer. For this reason CCGs identified the benefit of having a systematic toolkit to guide and prompt the visitor so that results can be both consistent and comparable.

The tasks

- Develop a step by step toolkit for all assurers to use at every commissioner visit.
- Collaborate with CCG lead nurses to ensure best practice is understood and documented.
- Collect existing examples of templates, reports and documentation to provide a base plate for the development of new templates and documentation.
- Run a test of the new toolkit by setting up a programme of assurance visits from which results can be analysed and evaluated.
- Roll out the use of the new toolkit in the Commissioner Visit Programme.
- Review implementation and make suggestions for continuous improvement.

The execution

The specialist NECS clinical quality team worked closely with CCG Board Nurses to understand and evaluate best practice to assist in developing the key approaches and processes for the new toolkit. This collaboration also included researching tools to be used, adapting existing questionnaires and designing new assessment questionnaires where needed.

This in-depth collaboration and research resulted in the production of a good practice guide for assessors with a step by step process supported by templates and documentation. With this in place the team created the structure for delivery of assessor training. The predefined process included; liaison with provider organisations in relation to the setting up of visits, communication with assessors, co-ordination and administration of visits, participation in visits, production of visit reports, production of regular updates for CCGs on visit programme activity, tracking implementation of visit recommendations.

The new toolkit was then tested in the field on a short programme of commissioner visits. The resulting feedback from the users and evaluation of results allowed the team to hone the effectiveness of the toolkit.
A rolling evaluation process was then instated to ensure continuous improvement.

The results

Production of this toolkit provided a much needed step by step guide for the NECS Clinical Quality team in facilitating commissioner visits on behalf of local CCGs. The new toolkit gave the CCGs the ability to more effectively compare results from clinically led quality assurance visits because of the consistent approach.

The effectiveness of the new commissioner visit programme toolkit was endorsed by **Gill Findley, Durham Dales, Easington & Sedgefield CCG:**

The commissioner visits programme has helped the CCG gain assurance of the care provided in a number of settings. As Board Nurses the programme gave us a great opportunity to meet frontline staff and see the care being delivered. We used the program to get real-time feedback from our patients and staff. The CCG has been able to use the assurance gained to support our own assurance programme and it has allowed us to feedback confidently to the area team and CQC about the quality of our providers.

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Case Study:
Implementing an incident reporting system

Through close collaboration with our customers NECS have delivered a solution to easily and efficiently report all issues, concerns and incidents which affect patient safety and care from GP Member Practices.

The challenge

Thirteen CCGs across the North East and Cumbria required a more efficient way of collating and analysing patient safety incidents reported from their member practices.

Previous systems used to record incidents included three on-line systems of which only one was used regularly representing only 20% of GP practices in the area. Over 40% of practices had individual or no systems in place other than for reporting internal significant events.

With experience of managing and coordinating projects across the region NECS were well placed to be able to collaborate with all CCGs and their member practices to provide a bespoke solution.

The tasks

- Review current systems in place to understand the information being captured and assess any gaps
- Research solutions that would enable practices to capture information and allow NECS to analyse trends
- Engage with member practices to develop the right tool so it was user friendly and efficient
- Implement the system across 13 CCGs, more than 470 GP practices representing 3.225 million registered patients spread over 15,339 km^2.
- Provide training sessions both face to face and through e-learning with written guidance for on-going support.

The execution

As the provider of clinical support services across all CCGs NECS were able procure the Safeguard Incident and Risk Management System (SIRMS) from Ulysses as a tool to efficiently deliver a solution for their customers.

Incorporating feedback from users of an earlier version of the software, system development involved CCG customers who were invited to several workshops providing input into the format, content and function of the web-reporting form and in the design of the incident management processes that govern the use of the system.

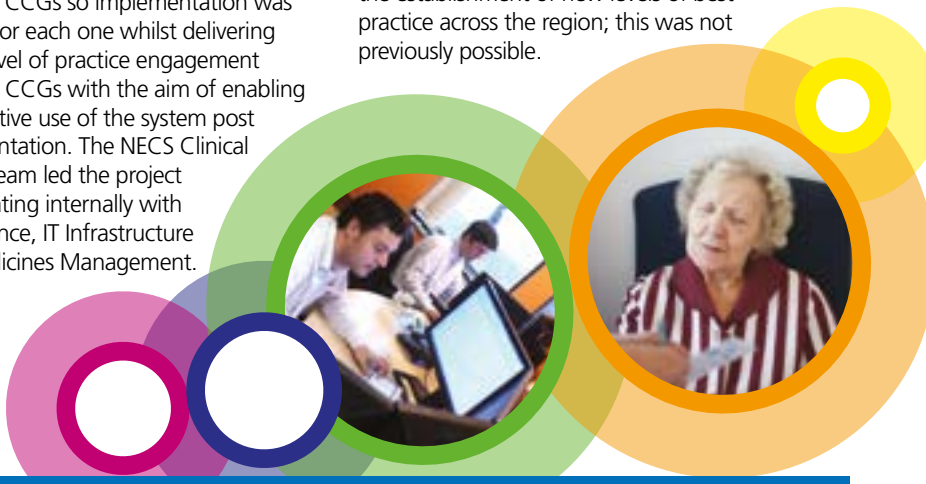
The GP implementation project making SIRMS available to practices in an initial nine CCGs began in January 2014 but was expanded to all thirteen CCGs with project completion in August 2014.

Project delivery requirements varied between CCGs so implementation was tailored for each one whilst delivering a high level of practice engagement across all CCGs with the aim of enabling the effective use of the system post implementation. The NECS Clinical Quality team led the project collaborating internally with Governance, IT Infrastructure and Medicines Management.

The result

As a result of incidents reported by GP practices in the first few weeks of the project, NECS were able to identify emerging trends and raise these as issues with the Trusts in question. In one CCG this related to the reported delays in receiving diagnostic test results (x-rays), whilst in another the availability of two week wait appointments across a number of specialities were quickly identified and addressed with the service provider.

An overall benefit to customers lies in the strength of the system to capture the 'Big Picture'; that is, intelligence across CCG boundaries about the same providers and the ability of the team to analyse that information. For example CCGs using one Foundation Trust are able to learn from information reported about that trust from practices all over the region. The ability to share lessons learned has been significantly enhanced enabling the establishment of new levels of best practice across the region; this was not previously possible.



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Case Study: **Patient and Public Engagement Programme - IMPRoVE**

NECS are experts in the development of patient and public engagement programmes that support change through service user analysis, planning and delivery.

The challenge

IMPRoVE is South Tees CCG's vision to transform services for older people with long term conditions and complex needs. To take this vision forward the CCG needed support in gathering and interpreting service user information and planning the campaign and communications.

The tasks

To deliver a programme of engagement with patients, carers, and local people, allowing stakeholders to influence the scope of consultation by understanding what the population want and what would be unacceptable.

To do this NECS was required to:

- provide service user information gathering and analysis
- plan and deliver an awareness campaign
- supported partners to promote the programme
- engage seldom-heard groups via local networks and community representatives partners

The execution

The NECS team undertook a series of clearly defined actions:

- Prepared key messages
- Supported the CCG's managers and clinicians, particularly training on handling media enquiries and hostile questions
- Identified stakeholders: GPs, patients, patient representatives, voluntary organisations, statutory bodies, and staff forums in affected providers
- Gathered views from patients, carers, public, and health & social care staff, testing draft ideas
- Developed dialogue-based public feedback mechanisms, including an in-depth survey commissioned from an independent charity, a key stakeholder event and facilitated public events
- Prepared presentations for Health and Wellbeing Boards and Scrutiny committees, and briefings to MPs and other stakeholders

The results

NECS communication and engagement specialists analysed the qualitative feedback and facilitated a stakeholder event, including local councillors and Healthwatch, to test findings. The outputs informed the service transformation options in the CCG's live consultation.

The service user survey yielded positive results, commissioned from the voluntary organisation Carers Together who utilised vulnerable group survey techniques. The team also used local networks to reach people (e.g. carers and provider services who were in contact with patients already), leading to more than 300 responses from patients over 85 years-old.

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Case Study:
Media Management - Berwick Maternity

When dealing with critical issues media management is a vital ingredient for a successful outcome. NECS communications and engagement team have both experience and expertise in this area.

The challenge

The suspension of Berwick Maternity Services and subsequent safety review by Northumbria Healthcare NHS Trust generated public protests due to the desire to retain local services.

Northumbria CCG recognised that the media surrounding this situation needed to be carefully managed to avoid raising alarm locally and ensure the reputation of the CCG was defended.

The tasks

- Develop a media plan to clearly communicate the proposals while emphasising patient safety as the driver for change
- Respond to all media queries within hours, following liaison with the Trust, using a pre-agreed media plan and approach
- Despite public opposition, generate a balanced media coverage that reflected the complexity of the issue and the engagement process
- Provide day to day management of public concern

The execution

The NECS team used their experience and expertise to develop key messages that were agreed with the Trust two weeks before a timed media release launching the consultation. NECS briefed spokespeople on responses to anticipated questions in line with the agreed key messages.

NECS handled the media interest throughout the public consultation on the provision of Berwick Maternity Services by monitoring public opinion and press coverage. In some instances this involved responding to public protests that resulted from the desire to retain local services.

During the service suspension and safety review by Northumbria Healthcare NHS Trust NECS responded to all media queries swiftly, following liaison with the Trust.

The result

Despite public opposition the NECS Communication & Engagement team ensured the media coverage was balanced, reflecting both local concerns and the complexity of the issue.

Effective management of public concern enabled Northumberland CCG to base their decision on evidence and patient needs. A safe and sustainable service was re-opened seeing no reduction in activity.

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Case Study:
Winter Self Care Patient Campaign - Keep Calm

NECS Communications & Engagement team developed, managed and delivered a major multi-channel patient care publicity campaign to reduce the winter pressures on GPs and hospitals.

The challenge

North Tyneside CCG realised that many people might not know about how to deal with the common winter ailments, and thought there was a need to inform patients about how they could help themselves. This resulted in an idea for a winter campaign focusing on how people could look after themselves when dealing with minor winter ailments. The focus of the concept was to communicate common sense advice that would help patients both proactively and actively manage common winter ailments.

The CCG recognised that a self-help campaign would both support patients and potentially ease the winter pressures on GP surgeries. However, the members of the Patient Forum and the CCG recognised the need for professional support and engaged NECS Communications and Engagement team.

The tasks

The NECS Communications and Engagement team were required to work alongside the Patient Forum and the CCG to scope the requirements of the project and subsequently manage its development and delivery.

To reach a large proportion of the regional population with a 6 week Self Care campaign designed to minimise the need for GP appointments for minor illness. In doing so free up capacity to deal with patients with more complex health issues within the whole of the NHS health system.

The execution

The NECS communications and engagement specialists worked with the Patient Forum and the GPs to shape the key messages, design and delivery of a fully integrated marketing campaign.

The team then followed through with the development design and delivery across multiple channels. These included advertising, printed literature, PR, social media and events, with a 'Pop-Up Pharmacy' in the biggest shopping centre in the region.

Members of the Patients Form also supported the regional campaign launch by taking part in interview and publicity photographs while actively supporting the campaign across the whole of North Tyneside.

The results

Dedicated market research with 3,000 respondents was used to evaluate the campaign. Highlights from this research include:

- 48% of those surveyed recalled the campaign
- From the people who recalled the campaign 9/10 understood the campaign and 24% would change their behaviour
- Of the people who were surveyed who didn't recall the campaign, once prompted 97% understood the campaign and 41% said that it could change their behaviour

Independent research identified the reach of the campaign to be over 760,000 though local press and 617,000 through social media.

The leader of the CCG Patient Forum self-care group, **Liz Brittlebank, Practice Manager at Wellspring Medical Practice** in Killingworth expressed her satisfaction with the result:

The group is really delighted with how the campaign has turned out – we've had such fantastic support from the NECS communications staff who have helped us make our ideas work in such a professional manner. We are all really proud to see the campaign on the TV and everywhere across the region. We know that a campaign developed for patients by patients will really help GP practices as well as A&E and ambulance services. We are urging people to take the time to Keep Calm – and think about what they can do to help themselves first.

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Case Study: **Serious Incident Media management**

In a Serious Untoward Incident NECS Communication and Engagement team can take control of communications and media management. This will ensure key messages are communicated and public reaction is appropriately managed.

The challenge

A Serious Untoward Incident requires very careful handling to ensure press and patient communications support the best possible outcome. An Incident at a County Durham GP practice led to the recall of over 1,000 women to attend a repeat cervical screening sample, the largest recall nationally since screening was established.

Potential impact included pressure on GP practices and other health services to provide advice, as well as loss of confidence in both the screening programme and the organisation. Preparation began late 2011 when the organisation was alerted to the incident and plans needed to be in place when the recall was confirmed in February 2012.

The tasks

As lead agency NECS was required to prepare a media handling plan and protocol for other agencies; SHA, PCTs, NHS trusts, local authorities and GP practices, based upon a 'worst case scenario' of widespread alarm.

The team was tasked with ensuring:

- Reduced patient anxiety through positive information
- Balanced local, regional and national media coverage
- Maintenance of the organisation's reputation
- Communications with patients and all other stakeholders to be well-organised and appropriately controlled

The execution

The NECS team worked alongside primary care, commissioning and public health to ensure the recall was communicated to patients, the media and other stakeholders. To do this the team used a combination of social media, press releases and press briefings.

This work was underpinned by briefings for key individuals, media training and support for the GP practice and the team directly handling media enquiries. The NECS team also created, advertised and maintained a dedicated response line to support patients.

The recall attracted national, regional and local media coverage and all of these areas were handled by NECS' Communications Team. Despite the scale of the recall and potential for anxiety, media coverage was balanced and reputation of the organisation was maintained by ensuring media and patient communications were consistent and controlled.

The results

The agreed key messages were communicated swiftly and consistently providing clarity and reassurance that the recall was precautionary.

There were no trends of patients moving practice or an increase complaints. Only two patients expressed concern publicly. These patients were contacted in person and as a result they raised no further issues.

Minimal public reaction indicated messages were appropriate and were heard. This was endorsed by the very limited level of patient panic and anger.

Anna Lynch, Director of Public Health acknowledged the work of the NECS communications team resulted in "detailed preparation and efficient media handling".

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Case Study:
Proactive Patient Support with Help Cards

NECS was instrumental in the creation and distribution of NHS 'Help Cards' to assist patients, by allowing NHS staff to quickly and clearly identify patients' needs for additional assistance.

The challenge

CCGs identified that the needs of attendees at GP surgeries, NHS hospitals, dentists and opticians often relate to the areas of communication and access.

Patients with physical or mental disabilities needed a mechanism to clearly communicate to the attending staff, the type of assistance they need. Equally, some patients for whom English is not their first language, also had difficulty understanding English and even the need to communicate their preferred language can be extremely difficult to convey to NHS staff.

As part of all CCGs drive for continuous improvement the CCGs wanted to improve both patient access and the patient experience.

The tasks

- Create a communication tool to enable all service users to communicate with NHS staff no matter what the situation.
- Create a mechanism sufficiently adaptable to allow each individual to communicate their own specific issues.
- Deliver a device that is as easy for patients to use and NHS staff to understand.
- Organise the distribution of the solution to all stakeholders across the region.

The execution

In response to the needs of both the CCGs and patients the NECS engagement team created a credit card sized 'Help Card'. Simple, discreet and easily personalised the 'Help Card' can be presented to NHS staff by patients in need of assistance.

Each 'Help Card' is pre-printed with language tick boxes so all the patient has to do is tick the box next to their preferred language. The six languages that were identified as most common in the region are Polish, Arabic, Bengali, Mandarin, Farsi and Kurdish. A tick box is also provided for BSL (British Sign Language).

Each card also carries a white write on strip above which are the words 'I need some extra help'. This allows each patient to customise their card by writing the specific help they need on the strip provided. This information may be a statement such as 'unable to understand English' or 'I have a hearing difficulty'.

NECS also organised the distribution of the 'Help Cards' and supporting information to all stakeholders across the region.

The results

By showing the new 'Help Card' NECS have developed, patients can now quickly and discreetly alert staff to any help they may need. This may result in help such as; being guided where to go, being given information in an appropriate language or being made aware that the doctor is ready to see them.

The card also makes it easier for patients to ask for help and puts the onus firmly on the NHS to respond to and support patients, whatever their query or concern.

By making the 'Help Cards' available to patients, relatives, friends and carers, NECS have ensured all parties involved in the care of a patient can benefit from support.

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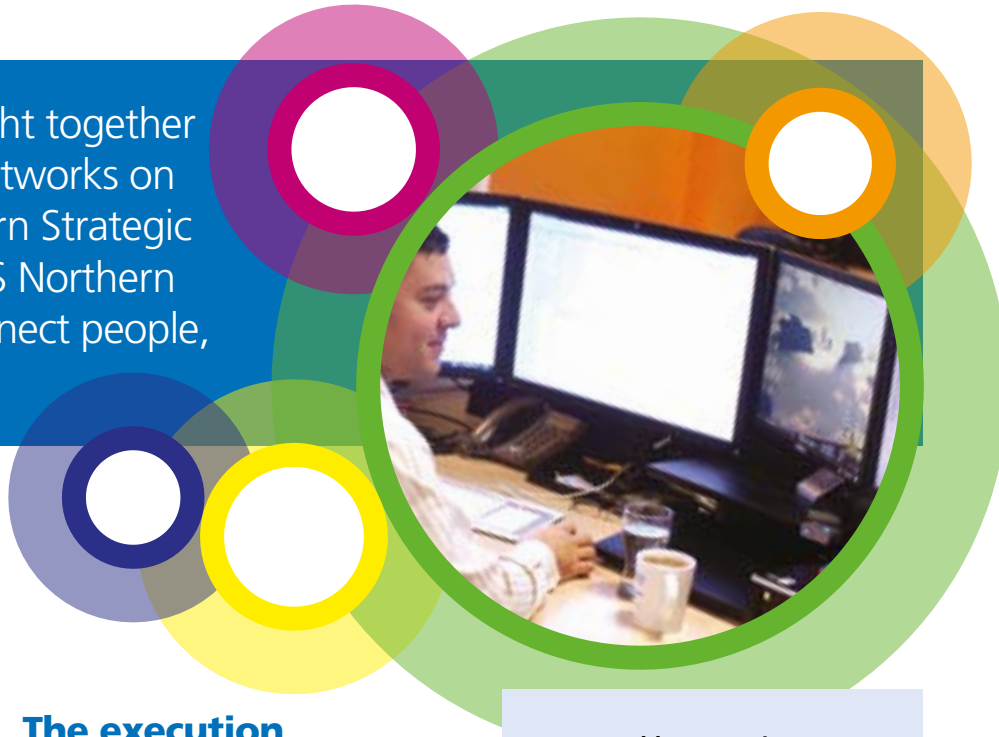
Case Study: **Website Creation for Clinical Networks**

NECS website team brought together all four principle clinical networks on a website for both Northern Strategic Clinical Networks and NHS Northern Clinical Senate to interconnect people, processes and practice.



The challenge

Two organisations, Northern Strategic Clinical Networks and NHS Northern Clinical Senate, needed a communication tool to share meeting / event information, guidance and documents as well as provide links to other websites for more in-depth information. The new websites would interconnect clinical people, process and practice to improve outcomes.

Each organisation wanted the website to be created for them but saw the benefit of being able to manage the content themselves.

The tasks

- Create two WordPress content management based websites in 12 weeks for Northern Clinical Senate and Northern Strategic Clinical Networks.
- Integrate information from all 4 clinical networks; Cancer, Cardiovascular, Mental Health, Maternity & Child Health.
- Construct a friendly, expandable and logical website navigation with pages that contain clear, visible and interactive content.
- Liaise with all interested parties to ensure the format and content meet the requirements of all stakeholders.
- Provide onsite support and training so the client administrators can manage all website content.
- Provide technical support and hosting.

The execution

The NECS Website team scheduled face to face inception meeting to agree roles, responsibilities, scope of project plan timescales and deployment. They also engaged in consultation with customers, patients, charities and clinicians to confirm format and content. The team then followed a 7 stage delivery process:

1. Creation of information architecture
2. Design of user interface
3. Development of content structure
4. Content provision and population of pages
5. Testing
6. Training
7. Handover

The result

In just an 8 week period the NECS website team in conjunction with the NECS Communications and Engagement team merged four websites into two while also adding two new clinical areas.

Roy McLachlan, Associate Director, North or England Strategic Clinical Networks and Senate praised both the process and the product:

Functionality and content management were key and NECS rose to the challenge as supportive 'critical friend' responding to our requirements, challenging some of our ideas and providing solutions to some of more technical challenges.

A shared project management approach with the Networks' PM working directly with NECS PM really helped keep the pace and direction of the project on track while the technical ability and knowledge of the NECS web development team helped translate our requirements into a vibrant and very usable website. The Senate site – was delivered in tandem by the same team to the same standard.

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Case Study:
Facilitate & Support National campaigns

NECS Communications & Engagement specialists working with a national campaign to leverage regional effectiveness.

BE CLEAR ON CANCER

The challenge

National research showed low public awareness of signs of cancer. The National Be Clear on Cancer (BCOC) initiative focused on encouraging patients to be familiar with early warning signs and to visit their GP sooner.

Given the North of England's high mortality rates from cancers NECS recognised the importance of working alongside the BCOC campaign in the region to ensure the campaign reached its target audience.

The execution

Linked to Cancer Research UK, the NECS Communication & Engagement team led seven coordinated BCOC campaigns via a steering group of public health, CCGs, cancer network, secondary care, cancer charities and the key media.

Activities included; chairing planning and mobilisation meetings, developing innovative partnerships with media outlets, sponsorship of Race for Life and patient reference group recruitment.

The task

Work with public health, CCGs and the cancer network in the region in advance of the national campaign. In doing so facilitate and support the campaign in the region and pilot the national BCOC campaign across the North East and Cumbria to develop a consistent approach across the region.

The results

The results of the NECS team leveraging regional effectiveness were reflected nationally, 700 extra cancers were diagnosed during the campaign, 400 more at early stages and 300 offered treatment, demonstrating how the campaign increased survival chances.

NECS has built strong customer relationships and reputation, and continues to seek opportunities to support existing and new customers and their local populations.

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Case Study: **Deciding Together**

deciding together

Often the NHS is criticised for making decisions without consulting the public, on behalf of Newcastle Gateshead CCG NECS implemented Deciding Together which sought feedback from service users and carers on how best to improve the Mental Health Services within the local community.

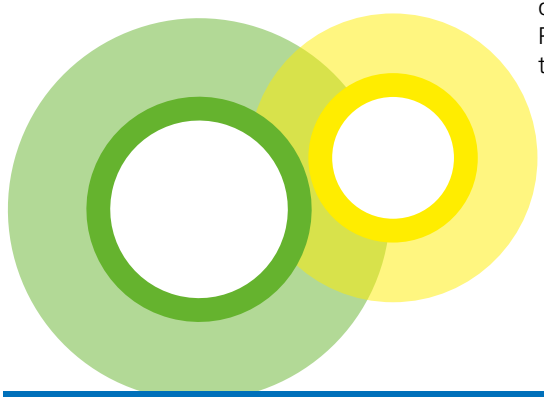
The challenge

Newcastle Gateshead CCG desired to hear a wide range of people's views regarding Mental Health Services. To help decide in partnership with the community how to arrange mental health services in a better and more effective way to help people recover sooner.

Deciding Together was an initiative developed by NECS using our extensive experience to in engagement methodologies to get the cross-section of feedback Newcastle Gateshead CCG required.

The tasks

- Create a co-productive engagement and consultation process across all public and third party partners of Newcastle Gateshead CCG.
- Ensure a safe listening process to gather in-depth insight suitable to inform scenarios for change.
- Develop a listening process which accurately reflects the social model of disability.



The execution

To action Newcastle Gateshead CCG' requirements NECS formed the Deciding Together: Communication and Engagement Advisory Group, facilitating communication between a range of public sector and third party organisations to review and enhance NECS' strategic plan.

After review from the advisory group these methodologies were deployed by NECS:

- Online and Paper Surveys - *were distributed to all key stakeholders in associated to the Mental Health Services gaining feedback on how to improve the service.*
- Focus Groups - *to facilitate discussion between community and voluntary sector Mental Health Service carers to help build upon surveys findings.*
- Market Stall Events – *separate ideas for improvement were divided into individual stalls, allowing for meaningful discussions.*

A unique solution was developed by NECS where two participatory budgeting events called "How to Spend the Mental Health Pound?" were designed and delivered in partnership with the UK Participatory Budgeting Network and the Consultation Institute.

The results

Deciding Together was a highly successful initiative with NECS' listening approach resulting in full feedback and thematic analysis conducted from 342 service users and carers being made available to Newcastle Gateshead CCG as they endeavour to improve the Mental Health Services in the local community.

Highlighted throughout Deciding Together was an understanding from NECS Communications team of how best to capture the opinions of service users.

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Case Study: **HR Support for CCG Merger**

NECS HR team facilitating and influencing the merger process of a number of CCGs forming a single body, such as the creation of the Newcastle Gateshead Alliance.

The challenge

Across the three Newcastle and Gateshead CCGs there were some acknowledged serious system wide challenges. These were compounded by an unprecedented level of future NHS pressures. These factors led the CCGs' member practices evaluating how they could rise to the challenge and deliver the scale of change needed, without negatively impacting existing organisational structures and stability. Following both a consultation and ballot with member practices on possible scenarios to address the challenges the member practices agreed to merge the CCGs and form Newcastle Gateshead Alliance.

This was a complex process because it had not happened before nationally and the process was vague and open to challenge. As a result the CCGs needed HR support to be able to clearly demonstrate the solutions and benefits associated with the merger.

The tasks

To prepare the application to NHS England to merge the CCGs the NECS HR Business Partner needed to be heavily involved to provide advice and guidance to the Alliance on the employment law aspects of their plans.

The HR team's interpretation of the NHS England guidance was also important and significantly the HR team provided the Alliance with justifications to challenge NHS England's views and guidance on the Alliance's proposals.

The execution

Working in partnership with the Alliance to understand their current and projected business needs, NECS provided the appropriate advice and guidance to support the Alliance in their quest for approval. An added pressure were the tight timescales dictated by the NHS England process.

The work of the HR team on the project included attendance at meetings with NHS England in support of the CCG management teams. This often required proactive preparation in anticipation of issues and reactive response to requests of information or detail.

The results

NHS England approved the proposals put forward by the Alliance to merge the three CCGs into the Newcastle Gateshead Alliance.

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Case Study: **HR review to sharpen the organisation**

South Tees CCG recognised its administrative support function could potentially work more efficiently. To identify areas of improvement the CCG engaged their dedicated NECS HR Business Partner to undertake a review.

The challenge

The CCG administrative support function was made up of several administrative staff who undertook a range of duties providing varying levels of support to projects and managers across the CCG.

The review was undertaken to ensure work was distributed consistently and appropriately across the function.

The task

As the CCG's dedicated HR Business Partner NECS was ideally placed to undertake a rapid and robust review of the support function. After collecting information from staff and managers, the team was required to produce a report for the Chief Officer and management team. The report needed to show the research findings and offer clear recommendations for improvements/ developments going forward.

The execution

A comprehensive briefing was prepared for staff and managers to communicate the purpose of the review, and to encourage cooperation and 'buy-in' from all those involved.

The team followed through with a rigorous review of job descriptions and workloads to provide quantitative data that reflected the current situation. The review also collected feedback from the support function members and the managers they work with. This provided softer data to put the information in an organisational context.

Once all information was collected it was analysed and the report was produced to highlight areas for improvement, suggested actions to address recommendations to address the issues highlighted by all those involved.

The result

The combined experience and knowledge of CCG objectives and operations enabled our team to deliver a timely and robust report. On receipt of our report the Chief Officer implemented all the NECS recommendations and this resulted in increased support for senior managers.

Specialist finance support was also brought in to allowing other members of the support function to focus their attention on their key areas of work; this has made the team more sustainable and able to achieve its objectives in both the short and longer term.

Feedback from **Amanda Hume, Chief Officer South Tees CCG** highlighted the benefits:

The services provided by the NECS HR team have been of a consistently high standard and it is a testament to them that this standard has been maintained even when there have been competing pressures on the team's time and resources.

The CCG has called upon the professional advice of the team on many occasions and have always received a prompt and reliable service. In addition to the day-to-day HR issues we also specifically requested our HR partner to undertake a review of the CCG's administrative function. This was carried out in a timely, robust and sensitive way and the approach taken ensured that the CCG was presented with findings and recommendations that addressed key issues identified by staff as well as giving a corporate understanding of the challenges and areas for improvement.

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Case Study: **Successful Information Governance Toolkit Submissions**

NECS Information Governance team enabled 12 newly-established CCGs to score, collate and upload evidence before the IG Toolkit publication deadline at the required Level 2 (Satisfactory).

The challenge

All CCGs must obtain an Information Governance Statement of Compliance in order to have access to N3. To do this a CCG must successfully complete the HSCIC Information Governance (IG) Toolkit to a level 2 or above, in all of the 30 requirements. These self-assessment categories cover areas such as confidentiality, information security and both clinical and corporate information assurance. The assessment is made through the use of a questionnaire and the supply of evidence to support the information provided.

Evidence may take the form of staff qualifications, policies, committee minutes and other documentation that must be uploaded with the completed assessment. Customers had never existed in their CCG format and therefore had never completed and published an IG Toolkit. Therefore all the CCGs were reliant on the Information Governance skills and expertise within NECS to help them deliver this project.

The tasks

- Write a robust Information Governance policy for each CCG that creates a pathway to compliance.
- Monitor and manage CCG activity to ensure each CCGs is able to score, collate and upload evidence in time for the IG Toolkit publication deadline.
- Through appropriate fulfillment of the IG Toolkit ensure CCGs achieve a satisfactory rating in the toolkit (Level 2 or above in all requirements).

The execution

To ensure clarity the NECS Information Governance team devised a series of communications to the CCGs explaining the format of the IG Toolkit process and how the NECS team would support them in this task.

The team worked with CCGs to obtain CCG-specific evidence. This involved work with NECS colleagues across multiple directorates to obtain the evidence required. This evidence can include certificates, schedules of activity and ICT–related documents and information.

Action plans were established and the IG team met with CCGs on a regular basis to review progress. NECS team uploaded the 500+ pieces of required evidence to the online toolkit for each CCG. This required the NECS team to have focus, persistence and exceptional organisation skills.

NECS also provided guidance to CCGs throughout the process and kept each IG Toolkit submission on track so they were able to press the 'Publish' button on time.

The results

The successful upload of evidence by the NECS team ensured that the CCG's evidence would be available for each annual Information Governance Toolkit submission.

Thanks to the drive and dedication of the NECS Information Governance team, all 12 CCGs successfully published their IG Toolkits at Level 2 in all requirements (Satisfactory) within the deadline.

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Case Study: **Centralising Digital Services for Digital Retinal Screening**

The NECS Infrastructure team is both experienced and adept at working with third party providers to produce seamless solutions for organisational needs such as centralising digital services.

The challenge

A third party provider, Medical Imaging UK (MIUK) needed a new solution for hosting clinical Digital Retinal Screening data.
The existing systems were designed around two separate operations based in different geographic locations (Newcastle General Hospital and Wansbeck Hospital) and managed by two different providers.
This was an overly complex system that led to a disparate model of care and delivery as well as health inequalities.

MIUK required the systems to be merged and made accessible from both a new main site and their HQ in Worcester. Added to this they required the provision of IT hardware, software and maintenance to support the delivery of the programme. The programme itself needed to comply with English National Screening Programme for Diabetic Retinopathy (ENSPDR) guidance.

The tasks

- Collaborate with the third party provider MIUK to create a new model of care that eliminated the need for the existing set of complex arrangements with multiple providers.
- Business continuity must be maintained during installation and the new solution for hosting the Digital Retinal Screening services must be both resilient and scalable.

The execution

NECS provided a proactive approach to the solution to ensure appropriate measures were in place to maintain business continuity. They worked with the third party provider to create a new resilient and scalable solution for hosting the Digital Retinal Screening services application (IP Optimise) and its associated data.
Finally they ensured appropriate access and support was available for all user groups.

Practically this involved a three tiered solution built on NECS virtual infrastructure using a web server, application server and a database. Digital images are stored on the local network and replicated for resilience.
Working in partnership with the software provider data was merged from the two existing systems and ported into the new solution. Access to the system by Optometrists and Ophthalmologists was enabled through a separate server.
A new administration base was then set up to provide proactive support and ensure business continuity was maintained.

The results

The innovative solution facilitated by the NECS infrastructure team allowed the third party provider to deliver seamless coordinated care within the ENSPDR patient pathway, through one centralised system.

The new system is also compliant with electronic transfer of information through improved systems such as GP2DRS.

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Case Study:
Data Backup and Management for GPs

GP practices must protect themselves against data loss. The NECS Infrastructure team provides a robust and reliable solution that reduces costs and eliminates the risk of data loss.

The challenge

Once a GP practice has migrated from the practice-based clinical two-way web system, the responsibility for ensuring that the practice's files and folders are backed up and tested becomes solely that of the practice.

The practical and financial aspects of a conventional approach to this would be very difficult to sustain in a busy practice because backup software licenses need to be regularly updated, tapes need to be replaced and the backup process needs to be faultlessly administered. In addition to these practicalities the tape drives used for backups regularly fail and become obsolete.

GP practices need an alternative solution that eliminates risk and the frustration of administration.

The tasks

- Create and maintain a cost of effective and easily managed backup system that removes the pain and the panic often felt when trying to maintain consistent backups.
- Provide a robust and reliable backup of GP practice data to support a disaster recovery process.

The execution

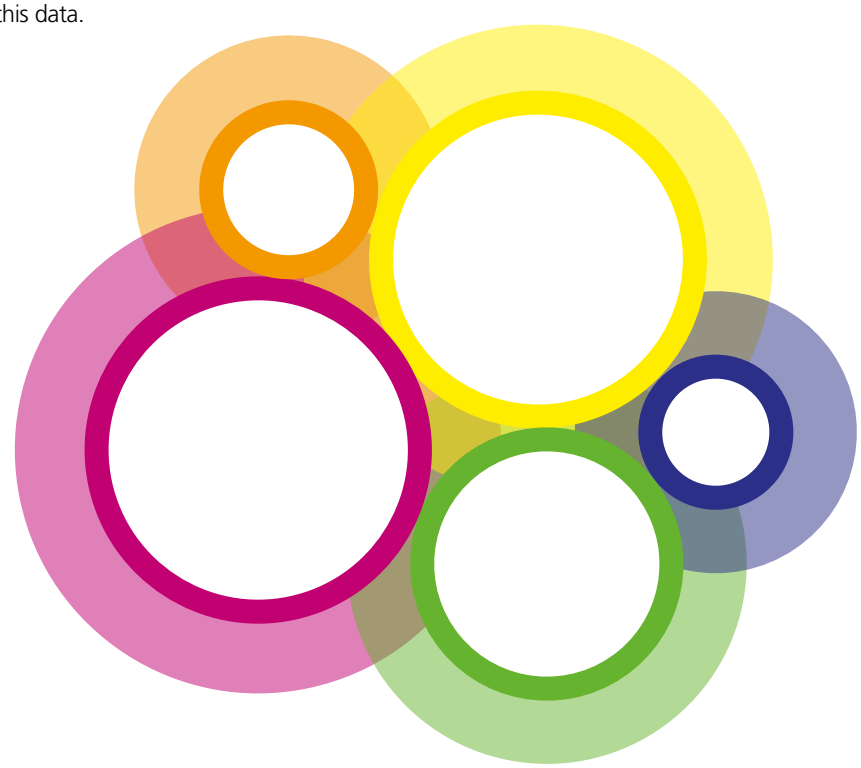
To achieve this the NECS team have combined the safety of the NECS datacentre with a tried and tested software tool OSSV.

The software tool backs up the practices data to a Storage Area Network (SAN) in the NECS datacentre. During each GP migration the data requiring backup is identified by the PM and a scheduled task is created to manage the backup of this data.

The results

Backups are managed centrally by the NECS infrastructure team, completely eliminating the need for GP involvement.

There is no need for onsite backup, software or tapes, which provides a major reduction in costs and also mitigates the risks of server failure and data loss. This reduces the resources required in the practice and the practical pain for the GP administrators.



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Case Study:
GP Phone System Migration Delivers Savings

The experience of the NECS Infrastructure team means that they can carefully select, test and install a GP practice phone system that will increase productivity and reduce costs.

The challenge

A GP practice with multiple sites found their current telecoms provider unresponsive and unhelpful when they looked to change. The practice needed to increase flexibility and functionality whilst also reducing costs. They saw the opportunity to integrate a telecoms change into the larger building refurbishment project.

The tasks

- Find a more stable telecoms system that facilitated free calls and transfer between desks and branch sites in order to support more flexible office arrangements.
- Deliver an easy-to-use system that would generate cost savings.
- Install the new phone system without disrupting the day-to-day operation of the practice.

The execution

NECS infrastructure specialists met with both the practice manager and the GPs to clearly define what they needed and expected from a new phone system. This included identifying the features and configurations required to maximise the benefit to the practice. From this the NECS team selected and briefed the most appropriate third-party providers.

In this case Cisco provided the hardware and Aspire TS provided the numbers and phone lines. Prior to on site delivery the reception phones and handsets were configured to operate from the core Call Manager Facility in Teesside. This meant that all the equipment was set up and bench tested prior to on-site installation and testing.

After installation the NECS engineers remained on site to be available for the inevitable minor tweaks and changes that users requested when they realised the full potential of the system.

The results

By working with the NECS infrastructure team the Belmont & Sherburn Surgeries were given a seamless migration to a new telephone system that delivered the flexibility and cost saving they required.

This enabled both the administrators and the GPs to adopt more flexible office arrangements because of the ease with which they could transfer calls between sites.

Since the installation NECS have been asked to extend the capability of the new system with an E fax solution so that the practice can gain further benefit from their new technology.

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Case Study: **Increasing Information Accessibility with a SWIFT Solution**

NECS infrastructure expertise enabled an existing limited social care IT system to be made accessible to all health professionals within the Northumberland care trust.

The challenge

Social Care IT System, SWIFT, hosted in County Hall, Morpeth by Northumberland County Council needed to be accessed by all Northumberland Health Sites. The system was only being used on the local network at County Hall and needed to be extended to all other sites but poor network connectivity and bandwidth prevented the application from working. The situation was further complicated as the system was being hosted by the council on a different organisation's network.

The tasks

- Bring the hosting of the SWIFT software into the County Council's datacentre.
- Extend access to the program across all Northumberland Health Sites.
- Build in extra resilience against failure.
- Negate the need to continually upgrade the PCs in the Northumberland Health network.

The execution

The NECS team created a terminal server farm built on a virtual platform in the County Hall datacentre which increased fourfold the servers available to users and provided extra resilience against failure.

This was done because terminal services allow the application to run across the very limited network links overcoming the connectivity and bandwidth issues with the network.

Because the server farm is hosted on the NHS network in the Northumberland County Council datacentre, the team were able to create a much simpler and secure connection through a firewall to the hosted application.

With the network in place changes to the client software only needed updating on the servers and not on the 800 individual PCs used in the remote sites.

The results

As there is now access to the system from any Northumberland Health or Council site health teams are able to provide a 'joined up care' approach to patient management. This reduces duplication of services, visits and documentation.

Access to the system provides the foundation for integrated care between health and social care organisations. As a result staff are able to share information easily and both services are able to deliver better care with greater efficiency.

From a practical point of view the new simpler system is easier to support and manage and reduces the need for paper because electronic information can now be viewed directly in the SWIFT system.

Potential loss of information due to duplication, transcribing errors or mislaid paper records is now dramatically reduced.

Overall access to the SWIFT system removes barriers to patient care by providing practical working arrangements and readily accessible information.

It is anticipated that the sharing of information will improve safeguarding outcomes as organisations work together to promote the well-being and safety of their patients.

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Case Study: **Proactive IT Monitoring and Support Using SCOM**

NECS Infrastructure team have significantly improved service levels through the use of specialist technical software that makes it possible to monitor systems and proactively address issues.

The challenge

Most issues associated with server failure are only addressed reactively when they have been reported by the customer to the IT service desk.

With increased demands on the resources available for service improvement projects, a change to a more proactive support model was required. Reactive management of IT infrastructure can result in delays that impact on the customer service level agreements and KPIs. The potential for loss of data and lost clinical time is a significant risk when there is a technical issue.

The tasks

- Implement monitoring and support processes that can proactively respond to potential risks and issues.
- Reduce or eliminate downtime as a result proactive monitoring.
- More effectively plan alternative strategies that provide workarounds that will maintain service continuity.
- Improve service user communication to keep users advised of changes in service levels.

The execution

The NECS team implemented the use of Microsoft System Centre Operations Manager (SCOM) in the NECS datacentre. SCOM monitors key systems and servers, generating alerts when certain thresholds are breached.

These thresholds are set so they can alert when there is a possible impending failure. This means they can be addressed proactively before an issue arises. Many of the key outputs of SCOM are shown on a large visual display and are continually monitored by the team.

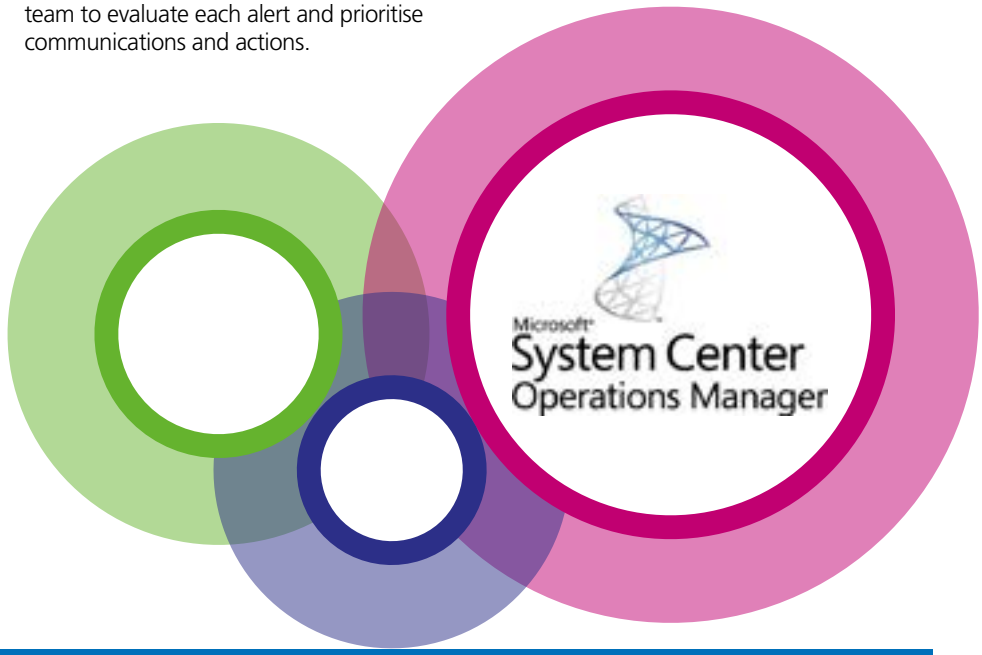
The department's in-depth understanding of the work of each user group allows the team to evaluate each alert and prioritise communications and actions.

The results

Proactive IT monitoring by the NECS infrastructure team has improved customer service by reducing or even eliminating downtime while also allowing the technical team to advise service users of a potential issue so a temporary alternative solution can be found.

Proactive IT monitoring also releases resources to service improvement projects that will positively impact general technical services levels.

The use of Microsoft's SCOM also helps NECS to continue to meet the service level agreements of our customers even in difficult circumstances.



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Case Study:
Reduce Costs with a 'Best Value' Print Solution

NECS have the technical and cultural experience to realise significant reductions in print costs and carbon footprints.

The challenge

There is pressure on all areas of the NHS to reduce printing costs and the costs associated with providing a printing service.

The cost of consumables continues to rise, the cost of support for individual local printers is significant and the use of non-standard devices complicates processes plus the lack of a readily available scan functionality all contribute to the overall cost of printing.

The tasks

- Work with all organisations to reduce unnecessary printing.
- Find a unified print solution with pin protection.
- Make it possible for everyone to scan to email.
- Facilitate continuous auditing of print usage.

The execution

Together with two third-party providers; Danwood Unified Print and Safecom Print Management Solutions, the NECS team introduced a unified print solution with pin protection that also supported scan to email and audit/account information on print usage.

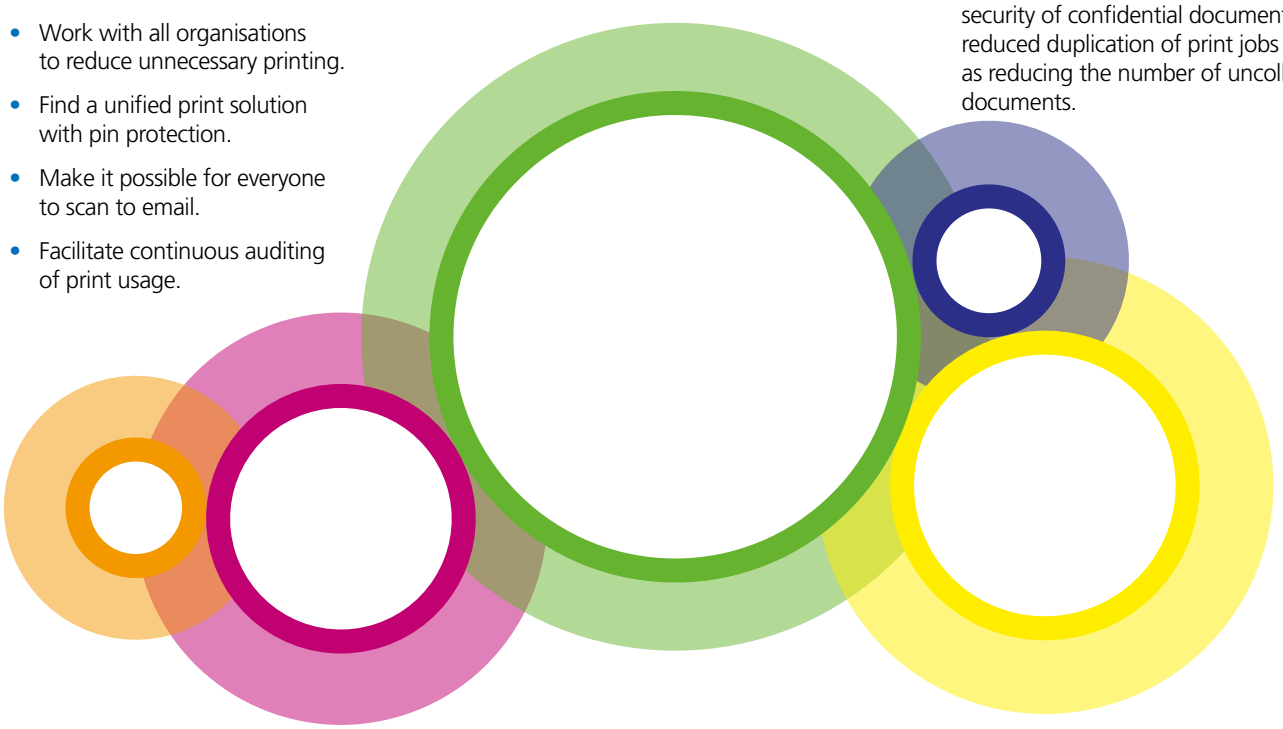
Local printers were removed and central print points were established to reduce unnecessary printing, simplify maintenance and more easily facilitate continuous auditing of print usage.

The results

The NECS infrastructure team implemented a unified print solution that reduced costs for the organisation and generated green efficiencies. Rationalisation of the number of printers available reduced the number of service desks as well as reducing hardware costs.

Resistance from staff to give up local printers was overcome when senior managers mandated that local printers be removed.

Pin protection on printers increased the security of confidential documents and reduced duplication of print jobs as well as reducing the number of uncollected documents.



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Case Study: **Replacing Paper Processing with Digital Delivery**

NECS infrastructure team have extensive experience in delivering paperless systems that reduce cost and errors whilst also improving the patient experience.

The challenge

North Tyneside Sexual Health Service, part of Northumbria Healthcare Foundation Trust, recognised a need to improve the speed and quality of communication between the sexual health service and the laboratory in the local hospital. The existing paper system was both time-consuming and prone to errors.
This often led to delays in responding to patients which resulted in unnecessary waits for patients.

The tasks

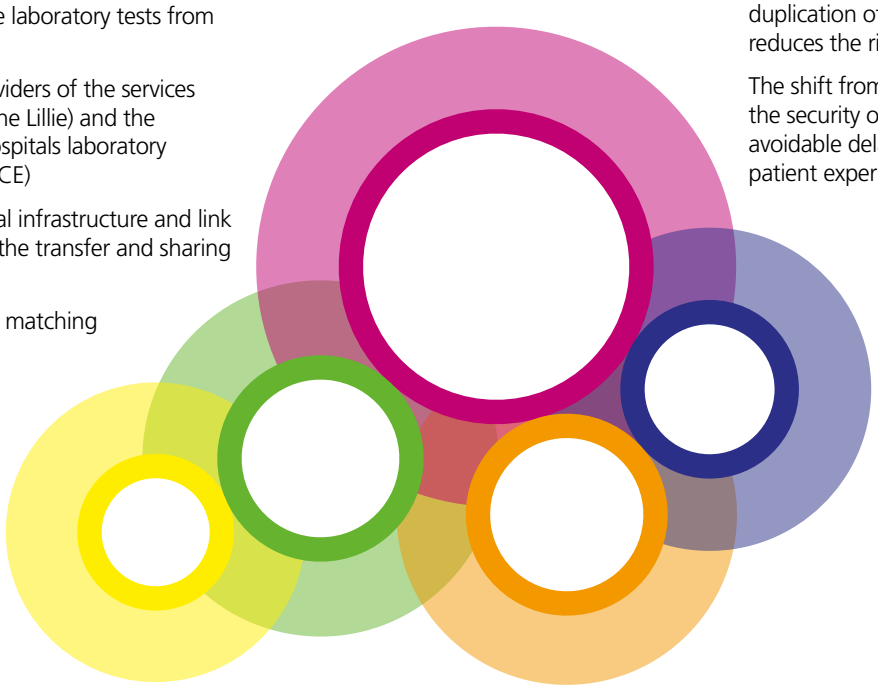
- Assist in the creation of electronic forms to request and receive laboratory tests from the local hospital
- Liaise with the providers of the services clinical system (Blithe Lillie) and the providers of the hospitals laboratory system (Sunquest ICE)
- Create the technical infrastructure and link system to support the transfer and sharing of forms and data.
- Ensure 100% data matching

The execution

Initially the NECS team met with the providers of the services clinical system and the hospitals lab system to establish the technical parameters of the project.

An integration engine was then created and installed into the clinical system with a communication, security and process enabled link into the laboratory system.

This was then monitored and managed through a direct link between NECS and Northumbria Healthcare Foundation Trust through a firewall.



The results

The NECS led digital solution improved efficiency through the reduction of paper flow through the service as well as creating cost savings in the area of printer consumables. Additionally the ability to report electronically on all requests improved the cross organisation collaboration to support the patient journey.

Overall the service was able to provide a quicker response to patients with a significantly reduced number of errors, missing information or test results. Errors were reduced due to a single data entry point for the user which minimises potential duplication of patient information and reduces the risk of transcription errors.

The shift from paper significantly improves the security of patient information, reduces avoidable delays and generally improves the patient experience.

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Case Study: **Secure Remote Access for GPs - Tees Cluster**

NECS infrastructure teams are experts in delivering secure and easy to use remote access solutions from non-NHS locations to enable more flexible and efficient working practice for GPs.

The challenge

Tees staff and GPs needed to be able to access IT resources from non-NHS sites including their home. Business continuity plans required ongoing IT access and GPs required Point of Care access. It was clear that a remote access solution would open the door to more flexible and efficient working practices.

The tasks

- Find a robust and reliable remote system access solution with a single interface that would enable GPs and key staff to securely access IT resources from non-NHS sites
- Find a solution that supports two factor authentication (smartcard) to allow access to clinical systems
- Minimise disruption to existing services during implementation.

The execution

The NECS infrastructure team undertook a review of compatible 3rd party software solutions and identified 3rd party provider (BMS) with an appropriate product called Secure-IT.

Secure-IT was selected because it offered; multiple methods of authentication, a simple interface and the ability to connect to a central IT resource.

The Secure IT software was tested, installed and commissioned by the NECS team in a system with centrally managed accounts and access.

The results

Through liaising with clinicians and third party technical providers NECS delivered a remote access solution that gave Tees users remote access to all clinical systems selected by GPs to be included.

Continuity was maintained because existing domain accounts were used for authentication and there was no break in existing services while the additional service was installed and commissioned.

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Case Study: **GP Practice Disaster Recovery Scheme**

The GP Practice Disaster Recovery Scheme is a crisis management solution allowing practices to stay live during times of disaster, providing them with continued access to their clinical systems to minimise the knock-on effect to the patients.

The challenge

During unexpected major incidents (e.g. power outages, building flooding) where Clinical Systems cannot be accessed there was a need to provide a temporary solution to keep sites open or allow them to be functional from alternative premises. Ultimately, allowing patients to remain being treated.

Two recent occurrences of a major incident being declared are:

- Fire damage at a practice resulting in the need to relocate to alternative premises.
- An external work force cutting throughtheir telephone line, leading to a loss of internet connectivity and all access to clinical systems lost.

The execution

The execution of this project involves the deployment of high specification laptops with clinical systems installed, 4G dongles allowing for internet access and soft phones to allow external calls to be answered via the laptops.

The highly reactive Support Service Engineers endeavour to configure these laptops within the working day so that doctors are able to continue to see patients and clerical staff can continue their roles. The service offered is comprehensive and provides continued support until the initial disaster is resolved.

The result

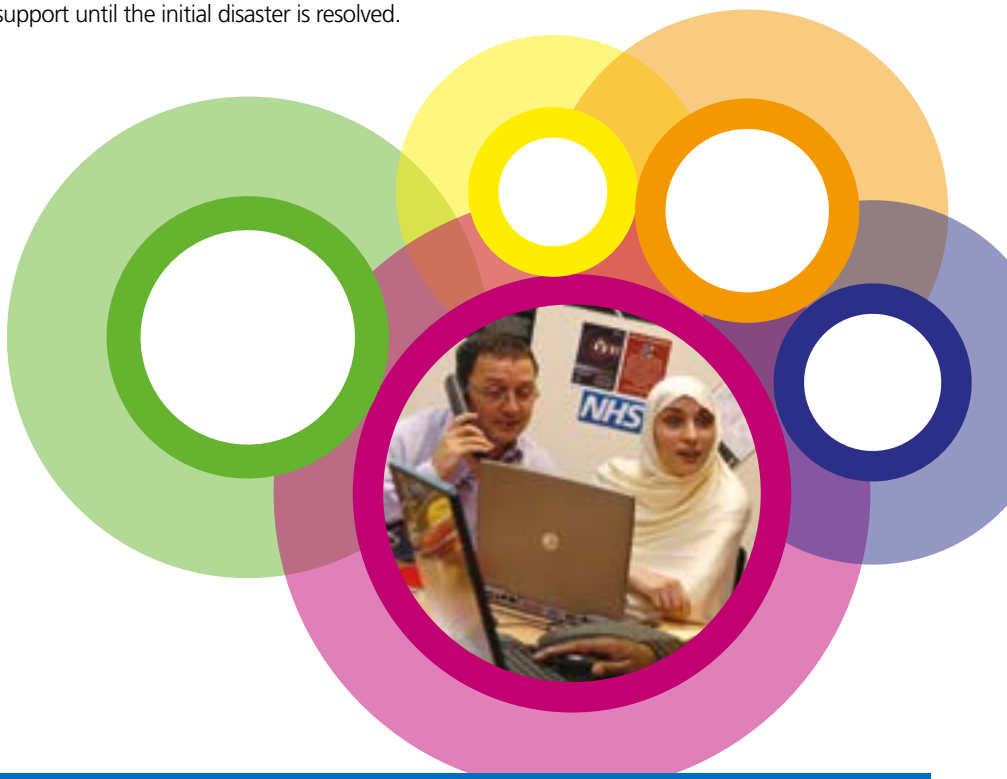
Recently, the Disaster Recovery Project has been deployed to great effect. In both instances at Carmel Medical Practice (Darlington CCG) and Borough Road & Nunthorpe Medical Group (South Tees CCG) laptops were configured within the working day, resulting in both practices staying active.

The overall result of this project is the ability to reassure practices that in times of crisis NECS are able to offer adaptive solutions to ensure communities are able to access healthcare.

The tasks

The Support Services Manager formed a solution that aimed to get practices back up and running in the shortest possible timeframe. The highest priority task during a major incident is to work in cohesion with the different support teams within NECS Business Information Services to combine knowledge and best practice to form a solution in a timely and efficient manner.

The next task was to develop the project so it offered continued support throughout the crisis, meeting the changing needs of the customer, through a clear communication plan and continued site visits.



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Case Study: **Regional Processing Centre for Personal Confidential Data**

NECS have lead the way in the creation of a Health & Social Care Information Centre (HSCIC) approved Regional Processing Centre (RPC) Domain.

The challenge

As a result of the Health and Social Care act 2012 the Health & Social Care Information Centre (HSCIC) is committed to the highest levels of Information Governance (IG) and control around the data it collects and manages. To do this each region has a Data Services for Commissioners Regional Office (DISCRO). For NECS to have DISCRO status and be able to access, analyse, process and store Personal Confidential Data (PCD) it must have a Regional Processing Centre (RPC) Domain. This RPC Domain must be able to demonstrate the highest levels of security and compliance at each annual audit.

The tasks

Create a Regional Processing Centre (RPC) Domain that meets the criteria provided by Health & Social Care Information Centre (HSCIC) to ensure NECS's DISCRO status, so it can fulfill its role as the leading Commissioning Support Unit in the North East.

The execution

With no template for design and no identifiable national experts the NECS team had to comply with the HSCIC's strict time table. To do this the team had to liaise directly with the HSCIC to formulate a template for the solution.

NECS architecture and design team worked with the HSCIC and agreed a design for the Regional Processing Centre (RPC) Domain.

The NECS team created a completely independent secure domain built on a virtual server and storage infrastructure. To ensure the appropriate operation of the RPC Domain the team wrote a complete set of new policies and procedures to support the domain.

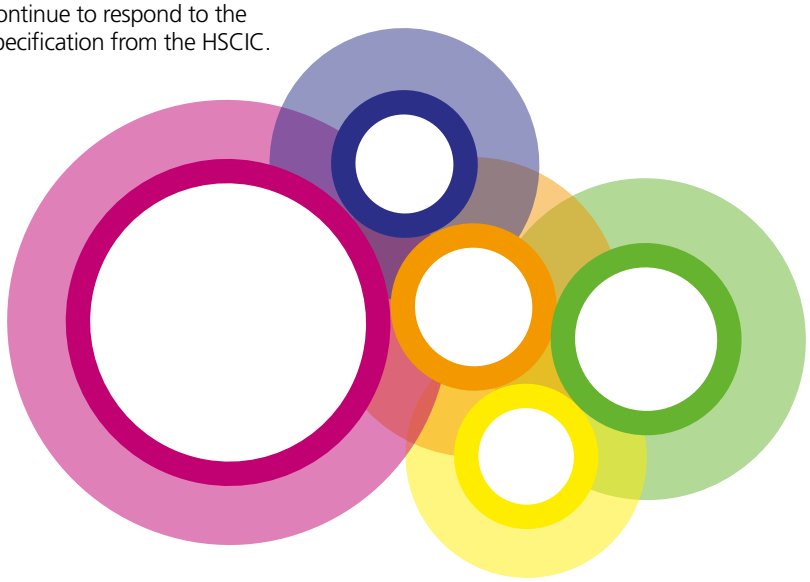
The team continue to respond to the changing specification from the HSCIC.

The results

NECS now have the ability to host Personal Confidential Data in a secure environment approved by the HSCIC.

This has brought with it increased data-processing capabilities as a result of increased investment in IT infrastructure which in turn offers greater IT technology capacity for service improvement projects.

NECS infrastructure DISCRO status enables its CSU teams as well as its CCG and local authority customers to adapt to the business need by integrating health care data more effectively. This means that new local models of health and well-being can be established within a robust legal framework.



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Case Study:
Mental Health Implementation Plan

NECS took the lead on the local implementation of the national mental health strategy. This involved collaboration with stakeholders to ensure the national objectives could be implemented in line with the region's key priorities.

The challenge

The national strategy, No Health Without Mental Health was published in 2011. Although both CCGs and Local Authorities commission a wide range of services, no area in the North East had implemented a plan to deliver the national objective; to help improve the mental health of all ages.

The CCGs recognise that common mental health problems such as depression, anxiety and long term conditions such as dementia are on the rise. Alongside this, it is also recognised that poor mental health is associated with a greater risk of physical health problems and vice versa. Because of these two factors the CCGs recognised the need for the local implementation of the national strategy: No Health Without Mental Health.

The task

The NECS Joint Commissioning team was engaged to develop a joint implementation plan on behalf of the Mental Health Partnership Board to be presented for agreement at the County Durham Health & Wellbeing Board.

The execution

NECS chaired and led an action orientated 'task & finish' group which included all the key stakeholders and partners including; the Acute and Mental Health Trust, voluntary and community sector providers, service users and carers.

The work of the group was to initially gather information from the existing knowledge base as well as by engaging with the wider workforce, users or past users of services and their family members or carers.

As part of the engagement process a number of roadshows and drop in sessions were held to ensure the NECS team got a strong cross section of views. The NECS team was also able to sense check the draft plans with stakeholders and the public to ensure that the priorities identified were appropriate. Additionally we met with both primary and secondary care clinicians to obtain direct clinical input into the plans and priorities.

The final draft plan was well received and signed off by CCGs, Local Authorities, Children & Young Peoples Partnership and the Health and Wellbeing Board.

Once the high level priorities had been established the strategy implementation group took the same approach to develop the actions for the delivery of the plan. A partnership approach enabled the NECS team to put both the community and people that use services at the heart of the design, ensuring their experience, insight and expertise shape the priorities.

The result

Through structured collaboration and proactive management NECS have provided the CCGs with a clearly defined plan to help shape and steer future investment in mental health services, by identifying high level priorities and actions.

The CCG now have a local implementation plan for the national strategy, and governance arrangements have been agreed to ensure accountability that will in turn ensure that the plan is appropriately commissioned and delivered.

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Case Study: **Personal Health Budgets (PHBs) for Children's CHC**

The NECS Joint Commissioning team have demonstrated how a well-managed PHB managed by parents, can result in a smaller care package that works more effectively for both child and parent.

The challenge

A child with continuing care needs had a complex and large care package provided through an agency.

Mum was the main carer and was continually raising issues about the extent to which the care package intruded on family life. Despite the parental concerns, when the child's health improved mum was reluctant to agree a reduced package. However, overnight visits were eventually decreased and day care was cut. But attempts to make further adjustments were difficult and the mother's relationship with the care agency deteriorated.

The tasks

- Enable the parents to improve the responsiveness of the care package to their child's changing healthcare needs.
- Improve the quality of family life to the benefit of the child and the parents.
- Reduce the conflict in decision making for a changing care package by giving, Mum, as the main carer, the authority and responsibility for directing her child's healthcare.

The execution

Mum was asked by her lead healthcare professional if she would be happier employing her own staff to support her child's healthcare needs. When she showed an interest, the healthcare lead explored how this would work with her.

A Personal Health Budget was then set up with a direct payment to the mother to employ her own personal assistants. In the process of developing the alternative arrangement the parents agreed to cover some overnights themselves and the local authority agreed to jointly fund the care.

The personal assistants who covered the other nights were then recruited by mother and trained by the Children's' Community Nursing team to ensure they had the levels of competencies necessary to provide safe care to the child.

The results

The NECS Joint Commissioning team have clearly demonstrated how a PHB for a child can deliver savings while also delivering significant benefits to the child and the parents. In this case the child's healthcare needs are now being met by a stable care package that involves their parents working with a group of personal assistants to provide continuity and a consistent level of care.

The new package of care is much smaller and part funded by the local authority. Mum now feels in control and her contacts are much reduced with the Children's Continuing Care team, who provide the service commissioned by NECS on behalf of CCGs.

The use of a PHB has delivered savings but it has also given the child care more closely matched to their needs and dramatically improved the quality of the child's family life.

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Case Study:
Personal Health Budgets (PHBs) for Adult CHC

The NECS Joint Commissioning team created a robust process and infrastructure to allow adults with a domiciliary package of care to gain significant benefit from a PHB.

The challenge

The client, aged 49, lived with his wife supported by a domiciliary package of care. The client had complex needs and required respiratory ventilation overnight. He had minimal functional movement, relying on care workers, appropriate moving and handling equipment and a powered wheelchair for mobility. Without his wife's support he would need 24 hour domiciliary care.

The tasks

- Give the client more control and flexibility over his package of care by using a Personal Healthcare Budget (PHB) to enable him to recruit his own small and stable team of personal assistants (PAs).
- Locate or develop relevant supporting services in what is a new market.
- Provide ongoing support during the client's transition to a PHB.
- Ensure the team of PAs employed by the client have the necessary competencies to care for him.

The execution

The PHB Assessor sent the client a blank copy of the PHB Support Plan so that he could familiarise himself with it before her visit. The client completed the support plan unassisted to a good standard with a realistic schedule of care that continued to include his wife as a carer.

The PHB Assessor visited the client and discussed the risks inherent in the plan and the training that his team of personal assistants would need to ensure they had the competencies necessary to care for him safely.

At this stage, there was no provider offering training in these circumstances and no adequate personal injury insurance for clients who employed their own PAs to perform clinical procedures. However, CHC managers identified a training provider and liaised with the local authority who found an insurer with a newly developed personal injury policy for clients employing their own care staff.

With this in place the PHB Assessor visited the client with the Direct Payments Support team, when practical employment arrangements were devised and initiated. The training provider then made an assessment visit to the client to determine detailed training needs and the specific competencies needed for this client.

The CHC manager negotiated with the training provider to clarify and agree responsibilities for clinical risk and the maintenance of competencies. Once copies of the training plan and evidence of a system to meet and maintain competencies had been produced the insurer provided a policy.

Throughout the commissioning process the PHB Assessor made multiple visits to the client to allay his fears and frustrations.

The results

The client employed a team of three PAs and their initial training programme ran over a month, followed by a further six months of supervisions to maintain competencies. The client's previously frequent contacts with the CHC team have now stopped since the start of his personal health budget. His wife's health continues to deteriorate and will be monitored to ensure a timely response when necessary.

With the support and guidance of the NECS team the client now feels in control of his care and his life because his care arrangements are now more flexible and responsive to his needs. He also no longer feels his home is being visited by strangers.

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Case Study: **Transformation of Child Adolescent Mental Health Service (CAMHS)**

The NECS Joint Commissioning team managed the CAMHS transformation of Tees CCG commissioned mental health services for children and young people.

The challenge

The transformation programme was previously led by NHS Tees in partnership with local authority (LA) commissioners and Tees, Esk and Wear NHS Foundation Trust (TEWV), through The Tees CAMHS Transformation Group. The group aimed to develop capacity for and shift resources towards, earlier intervention and support. This shift was aimed at reducing the level and duration of mental health problems and the demand for more expensive specialist services for children, young people and their families.

The change was to be achieved through the development and implementation of a new specification for TEWV CAMHS services. This was to be actioned alongside individual locality plans for delivering a comprehensive emotional health and wellbeing offer across the spectrum of need from universal to specialist.

The tasks

- Ensure the transformation of TEWV CCG commissioned mental health services through a focus on earlier intervention and support.
- Maintain local authority partnership working to develop a Tees Children and Young People's Emotional and Mental Health Strategy.

The execution

The NECS Joint Commissioning team co-ordinated and chaired the Tees CAMHS Transformation group to ensure full stakeholder engagement. Through the group the team lead the development of a joint Tees Children and Young Peoples Emotional and Mental Health Strategy. The team also facilitated agreement for additional CCG investment into TEWV Community CAMHS Service.

Members of the team were also able to work with provider management to ensure implementation of the new TEWV Community CAMHS specification and Service Development Improvement Plan to assure implementation progress, monitored by an agreed performance and outcome report.

The result

The NECS management of the transformation of Child Adolescent Mental Health Service helped establish the membership of the Tees CAMHS Transformation Group with clinical, LA and VCS representation.

As part of the CAMHS transformation investment into TEWV Community CAMHS Services was secured with a new specification and performance framework.

The Joint Commissioning team also created and agreed the first draft of the Tees Children and Young People's Emotional and Mental Health Strategy.

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Case Study: **111 Transition**

NECS managed the transition of NHS North East 111 from the PCT to the CCGs. In doing so patient outcomes were improved and significant management savings were generated.

The challenge

The disconnected provision of regional services can result in costs and risks that could be avoided through appropriate consolidation of services. Until March 2013 the North East 111 programme was managed by Durham PCT with accountability transferring to CCGs in April 2013. During transition it became apparent that contract and governance arrangements were operating in parallel but outside existing frameworks for commissioned services. This resulted in duplication, risk and increased management costs.

The tasks

NECS and the CCGs identified opportunities to consolidate the service and reduce costs and NECS was tasked to:

- Centralise the contract management of 111.
- Establish improved clinical governance arrangements.
- Redesign the DoS to help reduce urgent care demand.
- Manage communications and engagement.
- Oversee the implementation of 111 across Tees and North of Tyne on behalf of CCG customers

The execution

Through its at scale service provision, NECS swiftly absorbed elements of the 111 service into existing SLAs with CCGs, including Provider Management, Commissioning Finance, Business Intelligence, Communications, Service Planning & Reform. Clinical Quality and management of the DoS required new service components to be developed.

NECS implemented a rigorous governance framework ensuring oversight and effective management of the service including:

- Monthly 111 provider contract management group
- Bi-monthly clinical quality review group
- Regional Governance Group that includes CCG clinical leads

The latter has driven a number of service developments, the most successful being the implementation of special patient notes (SPN). This has improved palliative care patient outcomes as prior to this initiative a number of end of life pathway patients had been admitted to hospital as this information was not available to call handlers.

The results

At transition only a quarter of commissioned services were profiled on the DoS. NECS worked with providers and CCGs to develop an action plan to address this. Since October 2013 NECS has implemented 606 changes with a further 157 services under review. By ensuring the redesigned DoS linked to a broader range of community services the volume of callers directed to A&Es across the region from 111 has reduced. Patients are now sent to more appropriate settings, such as the Crisis Intervention team, who have seen a 180% referral increase from 111 since the DoS was re-profiled.

NECS successfully embedded and mainstreamed contract management of the 111 service, exactly meeting CCGs requirements.

NECS demonstrated the value of operating services at scale by absorbing significant management costs and delivering a bespoke solution that created a £368k annual saving for our customers.

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Case Study: **Managing Emergency Care Pressure**

The NECS Transformation team delivered major benefits through a service improvement project aimed at regional management of seasonal pressures.

The challenge

Surges in acute activity bring a number of challenges to all health and social care organisations that can affect service delivery. This may include the balance of emergency and elective activity, together with the flow of patients from admission to secondary care through to discharge. These challenges may be the result of severe weather, seasonal flu, norovirus or even public holidays. The regional CCGs recognised that working with NECS they could develop a collaborative cross boundary approach that enabled central management and co-ordination of emergency care pressures, whilst also delivering benefits of scale.

The tasks

- Create templates as part of a comprehensive best practice toolkit
- Establish cross boundary connectivity to monitor and respond to regional pressures
- Create a management and data management infrastructure that reduces ambulance handover delays and improves bed management

The execution

Customer involvement was central to the NECS service improvement project to help develop a winter management web tool. NECS worked with CCGs, acute providers, ambulance service, local authorities, primary care and the independent sector. NECS created a web tool to manage winter pressures in a holistic, cross-boundary way that enabled central management and co-ordination of emergency care pressures.

Working with real time data, NECS Winter Resilience team closely monitored growing pressures and worked with stakeholders to manage operational capacity. NECS also created a single on call rota across the North East realising significant efficiency and cost savings for CCGs.

Daily teleconferences and regular contact resulted in significant improvements in communications, operational management and service delivery outcomes. This enabled greater scrutiny of handover delays, reasons for delayed transfers of care (DTOC), improved data recording and validation processes.

The results

From November 2013 to February 2014, compared to the same period the year before, the project delivered a:

- 39% reduction in ambulance handover delays
- 21% reduction in beds unavailable due to DTOC
- 24% reduction in number of elective operations cancelled within 24 hours

NECS was the winner in the Health Service Journal Awards category for Value in Healthcare Awards: Value and improvement in Commissioning Support Services. The judges described the whole systems approach to managing winter pressures, involving both health and social care providers on behalf of 12 local CCGs as "a really good example of making an impact across a wide area, supporting whole-system management for urgent care".

The support and tools that NECS developed have been invaluable and have enabled us to work together to manage the inevitable winter pressures. The co-operation and co-ordination with health and social care service providers has been unprecedented and we have been delighted with the way it's helped improve management and outcomes in a period which inevitably is always difficult. This example has demonstrated the potential for the application of similar tools and processes across the range of commissioning support services provided to clinical commissioners.

Ali Wilson
Chief Operating Officer
NHS Hartlepool and Stockton Clinical Commissioning Group

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Case Study: **Reducing Unwarranted Variation across Primary and Secondary Care**

NECS have been instrumental in driving the reduction of unwarranted variation across primary and secondary care and supporting practices to improve quality of care.

The challenge

It is widely acknowledged that there is huge variation in healthcare practice across primary and secondary care resulting in health inequalities, waste of resources and poorer outcomes for patients. Hartlepool and Stockton-on-Tees CCG wanted to understand and reduce variation in spend across practices. The main aim of the project was for practices to manage demand and improve quality.

The tasks

- Build effective relationships with practice staff
- Support active engagement and implementation of key commissioning work streams
- Improve communication
- Support collaboration
- Minimise duplication and rework

The execution

A key to this project was the use of the commissioning support team to work with the practices to analyse the data, agree an action plan and support change.

A number of support tools were used to facilitate the process, one of which was a GP Variation in Spend (GVIS) tool.

A 'balance scorecard' allowed practices to compare spend against other practices. It also enabled practices to share examples of best practice. The report includes the cost of activity undertaken in secondary care and community providers, where information is available, at a practice level. The data is divided into several sections:

- List size (based on Carr-Hill formula)
- GP out-patient referrals (new and review)
- Elective outpatient, in patient and day case procedures
- Non elective admissions
- A & E attendances
- Prescribing

All practices regularly met with the commissioning support team, building effective relationships. Practices gained an understanding of QIPP projects using the GVIS to agree areas for further focus and improvement. Other tools have been used to support this approach:

- Peer Review of Referrals
- Urgent Care Dashboard on RAIDR the NECS Business Intelligence tool
- Map of Medicine
- Lunch and Learn events
- Visual wall to present information and escalate issues
- Support and escalation process

The results

GPs now consider primary care management as the first option before onward referral to secondary care.

There was a reduction in prescribing costs as well as reduction in GP out-patient referrals, non-elective admissions and A & E attendances. An improvement in the implementation of NICE guidance was achieved leading to improved outcomes for patients. Overall the approach has contributed to a reduction in spend across all localities. Benefits were particularly seen in Hartlepool with spend per head of population reducing during the first full year.

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Case Study: **Reconfiguration of A&E services**

NECS cross organisational experts supported a Foundation Trust to implement a major transformational change to their clinical services and pathways by closing an A&E department.

The challenge

Hartlepool and Stockton Foundation Trust was having difficulties sustaining emergency and critical care services across two hospital sites. This was in part due to new legislation which impacted on recruitment, working hours and the required level of supervision for trainees. The Foundation Trust also recognised the need to develop and improve the provision of primary and community services and where possible bring care closer to the patient's home.

The tasks

- Scope the project
- Develop a project plan and project initiation document
- Facilitate workshops to gather information
- Present findings and agree actions
- Redesign the service to reflect agreed objectives
- Review estates and make recommendations
- Create a capacity and demand model to enable predictive forecasting
- Implement pathway review and revision
- Review and revise processes and policies
- Evaluate results

The execution

The transformation process was supported by a cross organisational team of NECS specialists. A programme management approach based on the PRINCE 2 methodology was used with elements such as a project initiation document, key milestones and risk log with mitigating actions.

The NECS team scoped existing services using business intelligence, analysis and predictive forecasting. Activities related to elective and emergency care were robustly analysed using information from the NECS online business information tool RAIDR. This information was used to create a pre and post transformation model to predict patient pathways and flow for the new operational model.

Capacity and demand modelling allowed the NECS team to identify the required bed numbers for each speciality and the workforce requirements to support the new model. The team then facilitated workshops to ensure input from all stakeholders. Clinical pathways, protocols and policies were then compiled to support the service transformation. Communication was a key component of the service transformation to ensure all stakeholders were regularly updated of progress while also supporting and implementing the service changes. In addition a comprehensive presentation was developed and delivered to inform all key stakeholders of the transformation to services. The clinical pathways, protocols and policies were then implemented to support the service transformation.

The result

The transformation successfully centralised A&E services on a single site, enabling the closure of the A&E department on the second site, while continuing to sustain the provision of acute medicine. This was possible through the creation of a 24/7 integrated Urgent Care Centre providing minor injury, minor ailment and out of hours services running alongside a redesigned Coronary Care Unit and revised acute medicine model on the site without an A&E department.

The new medical assessment unit provides a rapid assessment area and an increased ambulatory care facility. The existing Coronary Care Unit was closed and monitored cardiac beds established on the acute medical admissions ward with advanced coronary care nurse practitioners. All pathways have been reviewed and revised with process and policies in place to reflect the new operational model. The centralised medical wards also provide further efficiencies that support the QIPP agenda. A period of monitoring was maintained following implementation to further ensure the level of care was maintained.

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Case Study: **Acute Provider Health Check**

A cross organisational team from NECS produced a comprehensive quality and performance report to help commissioners gain a wide-ranging insight into a local acute provider to enable the identification of improvement opportunities.

The challenge

South Tees CCG identified the need to optimise the performance of one of its larger acute providers. There is an abundance of performance data that comes from many different sources. The CCG and Area Team required a 'single version of the truth' that all stakeholders would recognise.

They also recognised that to do this effectively they would need an equal focus on Provider Management, Clinical Quality and Business Intelligence. To achieve this they sourced the input of an organisation that had the breadth of experience and expertise required to rigorously examine the performance of its acute provider in all these areas.

The tasks

To create a quality information report for South Tees CCG, with a two week turnaround, highlighting performance across a range of quality and performance indicators.

Use the findings from the report to identify areas for development.

Deliver the information in a form that directly supports the commissioners' prioritisation and decision making when planning future improvements.

The execution

Experts from NECS Provider Management, Clinical Quality and Business Intelligence teams worked together to collate data from a wide range of sources, covering areas including; mortality, patient experience, workforce safety, operational and clinical effectiveness, and governance. This information was benchmarked against similar sized Trusts and the team worked with the CCG to identify key lines of enquiry that required further investigation. The teams also supported the CCG in undertaking site visits in an attempt to triangulate the data.

The results

NECS had excellent feedback from both South Tees CCG and the acute provider.

NECS produced a comprehensive benchmarking report detailing the performance position against a range of quality markers and standards. This report has been pivotal in formulating the CCG's key lines of enquiry for the progression of improvement opportunities with the local Foundation Trust. The report was produced within a tight timescale and to a high professional standard.

Craig Blair
Head of Commissioning and Delivery for South Tees CCG.

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Case Study: **Emergency Health Care Plans**

Development of Emergency Healthcare plans for frail people in residential and care homes, to avoid emergency admissions and ensure preferred place of death.

The challenge

It was evident from analysis of emergency admissions using the NECS Business Intelligence tool RAIDR, that Hartlepool and Stockton-On-Tees (HaST) CCG had a high proportion of frail elderly admissions from residential and nursing homes. Further investigation by NECS Service Planning and Reform team highlighted that a number of patients were not dying in their preferred place of death because they were often admitted to hospital.

The tasks

To develop Emergency HealthCare Plans (EHCPs) for frail people in residential and care homes. An EHCP pilot was carried out in March 2013, which funded GP practices to provide proactive care to patients in residential and nursing homes. The aim of the scheme was to complete a quality assured EHCP with appropriate adult patients in residential and nursing homes, which should ensure that patients are involved in the decisions about their care, and are not admitted to hospital unnecessarily.

Early results and anecdotal evidence showed that the scheme had reduced emergency admissions and increased the number of patients dying in their preferred place of death. A decision was made to further extend and roll out the scheme in November 2013.

The execution

NECS Service Planning & Reform team developed a detailed service specification, produced supporting patient information leaflets and organised training for practices and residential and nursing homes. The team implemented, monitored and evaluated the initial pilot.

To ensure the success of the project the team also invested significant time and expertise in engagement to win support for the initiative and developed a series of outcome targets, agreed with stakeholders, to monitor successful implementation.

The NECS team also applied international best practice in care planning. This included the Chronic Care Management Model pioneered in the US and supported by more than 100 randomised trials.

The results

This programme delivered significant results:

- 10% increase in the number of patients in residential / nursing homes dying in their preferred place of death
- 90% of patients in residential / nursing care homes with a care plan
- 5% reduction in emergency admissions / re-admissions from residential / nursing homes

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Case Study: **Elis Knowledge Hub**

NECS led the creation of a much needed web based platform for sharing best practice and learning.

The challenge

All 13 CCGs in the North East and Cumbria recognised that they were working independently on service improvement schemes and often duplicating effort because they were not sharing best practice or lessons learned. They jointly identified the need to share best practice and learning and approached NECS to support the initiative.

The tasks

Both the Service Planning and Web Development teams worked together with CCGs to create a template for capturing case studies and an electronic platform for sharing best practice. The tasks involved in the project included;

- Consult with prospective users to clarify the most appropriate functionality and content
- Create a web based technical platform that enables users to post information and search for information
- Create an administration facility that allows information to go through an approval process before going live
- Create user friendly templates that make imputing information simple
- Provide ongoing content management
- Promote the use of the service amongst all stakeholders

The execution

The new facility was named 'The Knowledge Hub'. The NECS team consulted with all potential users to identify the headings and format for information and case studies as well as the most appropriate functionality.

NECS IT infrastructure and web development specialists designed and implemented the Knowledge Hub platform into which they integrated a bespoke search function, as well as a comprehensive administration function to manage the posting of information.

In this way the team created an easy to use portal for sharing case studies, projects and information across the North East and Cumbria where NECS, CCG officers and clinicians can all post case study details.

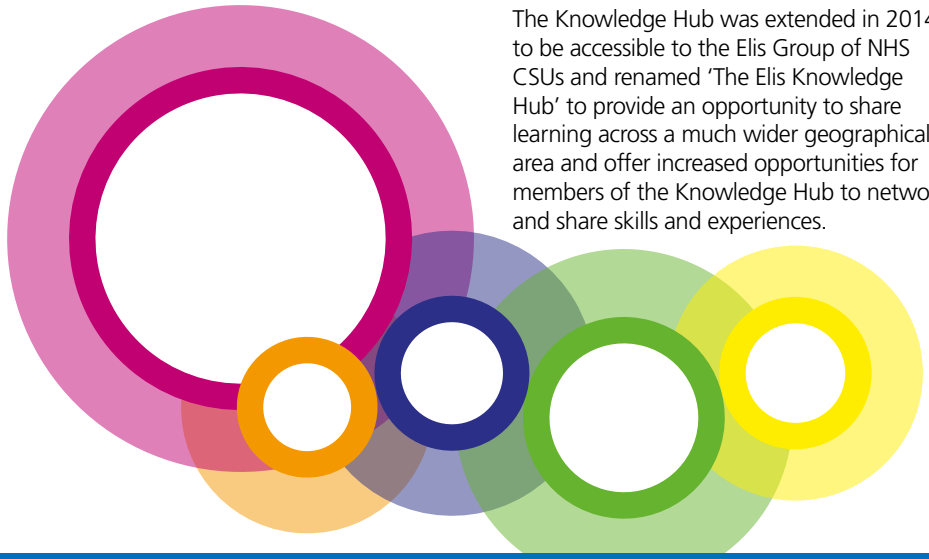
The results

The Knowledge Hub continues to develop as users share information and best practice. In doing so time is saved by removing the need for reinventing ideas that already exist elsewhere. Users can be more responsive because key information is readily available, case studies provide first hand examples of best practice.

These case studies can include how initiatives were implemented, difficulty, impact and evaluation as well as supporting documents.

Types of projects on the Knowledge Hub include details of an in-practice CCG monitoring service, emergency health care plans in residential and nursing homes and introduction of surveillance clinics into retinal screening.

The Knowledge Hub was extended in 2014 to be accessible to the Elis Group of NHS CSUs and renamed 'The Elis Knowledge Hub' to provide an opportunity to share learning across a much wider geographical area and offer increased opportunities for members of the Knowledge Hub to network and share skills and experiences.



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Case Study: **Regional Back Pain Programme**

NECS are currently managing the implementation of the Regional Back Pain Pathway (RBPP) that aims to improve the management of lower back pain and radicular pain for the population of the North East and Cumbria.

The challenge

Lower back pain principally affects people of working age and those with families, with a significant impact on their quality of life. Patient knowledge of the condition is limited, resulting in poor self-management, unrealistic expectations and high demands being put on the health care system.

Currently there is variation in the way that services are commissioned and delivered across the North East and Cumbria, resulting in differences in patient outcomes and experience.

The objective of this project is to implement an evidence based comprehensive care pathway which includes a full range of CCG commissioned services including primary and Secondary care as well as services under specialised commissioning. Also included is a regional public health campaign which will be developed to reduce reliance on health services to encourage patients to self-manage their condition.

The tasks

The NECS Transformation and Delivery Team are working with lead clinicians to implement the pathway across primary and secondary care providers. This complex transformational change is being supported by a team of people across NECS with a range of skills and experience.

NECS have led on:

- Engagement with stakeholders to agree a shared purpose and vision.
- The presentation of business cases to CCGs to gain support for the services change.
- Extensive analysis and presentation of primary and secondary care activity data.
- The development of GP system templates to facilitate the implementation of pathways within general practice.
- The creation of patient questionnaires to capture their views on current services
- The development of service specifications to support the implementation of the service model.
- The implementation of Service Delivery and Improvement Plans with providers to initiate service change.
- Ongoing programme management and benefits realisation.
- Evaluation and best practice sharing

The execution

This project has been executed using a dedicated Project Team who have used resources from the Communication Engagement Team, Business Intelligence Team and Primary Care Development Team within NECS. This project is being funded by the Health Foundation and local CCGs as a result of successful business cases.

NECS are developing this pathway in collaboration with multiple Stakeholders: CCGs, NHS Foundation Trusts, private providers, the North East Quality Observatory System, Teesside University, the Health Foundation and The Academic Health Science Network for the North East and North Cumbria.

The results

The expected results of the project are to reduce delays, eliminate ineffective therapies and improve patient outcomes with a reduction of disability and chronicity of lower back and radicular pain. In addition to significant improvements in patient outcomes and experience, this project is anticipated to result in savings to the NHS budget.

North of England Regional back pain programme

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Case Study: **New Care Model Value Proposition**

North of England Commissioning Support (NECS) supported Harrogate and Rural District CCG to produce a Value Proposition to the New Care Models. Demonstrating how they could make efficiencies with the aim of securing additional resources to support the delivery of integrated care in their region.

The challenge

To create a compelling value proposition that articulated a shared vision for Harrogate and Rural District CCG and their wider stakeholders including provider organisations and the local authority in the following areas:

- reducing emergency admission and A&E attendances within the region
- focussing on the personalisation agenda
- focusing on care closer to home by streamlining pathways

The tasks

NECS provided external facilitation with key stakeholders across the health and social care system ensuring they were clear and committed to a shared vision of reducing emergency admissions and providing personalised care closer to home.

The execution

By using a range of tools, NECS were able to identify local population needs, focussing initially on the older generation and extending this to all adults. The team were then able to forecast future emergency activity and associated costs using demographic intelligence applied to patient cohort data.

By facilitating workshops within the region we were able to connect the CCG with their key partners, North Yorkshire County Council, Harrogate Borough Council, Yorkshire Health Network, Harrogate and District NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust.

The results

Working to very tight deadlines, NECS were able to complete the work within 2 weeks. This left Harrogate and Rural District CCG with a clear vision of what the future should look like, built on a robust evidence base.

We were able to provide them with end to end commissioning support utilising our full spectrum of internal expertise from acute to community support.

Harrogate and Rural District CCG as a result of the work NECS provided them with were successful in securing funding to become a vanguard site. We were able to turn their Value Proposition into reality.

Feedback from
Anthony Fitzgerald, Director of Strategy and Delivery at NHS Harrogate and Rural District CCG.

North of England CSU were invaluable in their support of Harrogate and Rural Districts New Care Models Value Proposition requirements to NHS England. Their expertise in activity and financial modelling allowed us to articulate our economic case for change, and their facilitation of workshops and conversations across our six partner organisations allowed us to clarify our thinking and approach to the integration agenda.

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Case Study: **Success Regime**

North of England Commissioning Support (NECS) are providing the programme and project management to the health and care system known as 'West, North and East Cumbria' Success Regime, a new national initiative to help the most challenged health and care economies.

The challenge

The aim of the national programme is to provide increased support and direction to the most challenged systems. The problems in these health and care economies are deep-rooted, long-standing and spread across the whole system as opposed to individual organisations. Local and national organisations may have worked hard for some time to improve services for patients and the public, but have not made the required progress.

Working within the Success Regime there are a number of partners. Operating together as part of the Programme Management Team that forms part of the Programme Management Office (PMO), NECS were commissioned to help establish this essential function in conjunction with the other partners.

The tasks

- Working closely with the Transformation Director in Cumbria CCG, NECS were commissioned to co-ordinate the development of the Programme Initiation Document (PID) to ensure full engagement and support from key stakeholders.
- To set up the Programme Management Office, including the governance strategies for example; risk management, Information Governance and reporting mechanisms.
- Develop documentation on how to establish a Programme Management Office. Explaining the whole function of the PMO. To gain an understanding of the role and function of the PMO.

The execution

In preparation to mobilise the PID, the specialist Programme Management Team within NECS were able to confirm the governance arrangements and prepare the work areas for mobilisation.

By developing a document on how to establish a Programme Management Office, the NECS team have been able to successfully explain the Programme Management Office function and enable all parties to fully understand their roles.

The team within NECS provide support to the Programme Executive Group and Programme Board to ensure that:

- the correct agenda items are submitted
- reports are produced to report progress against the plan
- relevant risks are escalated

The result

As a result of the work carried out by NECS and the other partner agencies, West, North and East Cumbria have been successful in establishing the Success Regime Programme and has enabled them to successfully mobilise the Programme Initiation Document.

North of England Commissioning Support have been fundamental in supporting West, North and East Cumbria to set up the Success Regime Programme. Their professional approach to develop the PMO has been outstanding and we wouldn't hesitate to recommend NECS to any colleagues who are looking for programme and project management support.

Nicky O'Connor, Programme Director, West, North and East Cumbria Success Regime

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Case Study: **Antibiotic Stewardship**

In response to the Chief Medical Officer's 5 year UK antimicrobial resistance strategy 2013 -18, NECS have developed a series of impactful initiatives to assist in tackling this threat locally.

The challenge

There were at least five local primary care guidelines in circulation across the North East and Cumbria, many of which had expired or were due for review in 2014. A comprehensive review of all the guidelines found that they were all very similar which led to the concept of developing a single regional guideline.

A single guideline across the North East and Cumbria would improve consistency of antibiotic prescribing across the region. Some prescribers can work over several organisational boundaries so one primary care guideline would remove ambiguity and promote clinically appropriate antibiotic prescribing practices. The development of the single guideline was discussed at the Northern CCG forum and clinical senate where it was agreed that this was a sensible approach. **Professor Kate Gould, Lead Public Health Microbiologist from Public Health England**, has given the regional guideline her full support.

The tasks

- Set up an antimicrobial stewardship group in order to put in place actions and resources required as a result of the 5yr UK antimicrobial resistance strategy document.
- Facilitate a group consisting of a pharmacist representative from each of the NECS hubs, and the local trust antibiotic lead pharmacist.
- Develop an action plan focusing on 3 key areas of work:
  - A regional (North East and Cumbria) antibiotic prescribing guide.
  - An e-learning package on antibiotic prescribing.
  - An antibiotic awareness campaign for the public and health professionals.

The execution

The NECS Medicines Optimisation team created one single regional antibiotic prescribing guide for primary care prescribers across the North of England, which was consulted extensively through both primary care and secondary care prescribing committees. This was supported with an innovative antibiotic e-learning package for primary care prescribers and was made available through the NECS IT learning website. The team also sourced funding to present the guideline as a smart phone app which is being developed and will further improve accessibility.

NECS successfully developed a self-care winter 'Keep Calm' campaign in 2013 which had an antibiotic awareness campaign as part of this wider campaign. The group also developed an antibiotic non-prescription pad for patients presenting with self-limiting infections to provide them with information on self-care, which evidence shows makes patients less likely to ask their GP for antibiotics in future consultations, as well as awareness posters for GP surgeries, community pharmacies and public places.

NECS continues to refine the antibiotic awareness campaign year on year with information booklets and leaflets to raise awareness with both the general public and prescribers. The campaign antimicrobial resistance message continues to be "antibiotics aren't always the answer" alongside the distribution and promotion of the Self Care advice pad with supporting leaflets and booklets.

The results

The new regional antibiotic guideline created by the NECS medicines optimisation team was passed by all the relevant prescribing committees and has been well received by primary care prescribers. The innovative use of e-learning for prescribers is proving to be more time and cost effective, and feedback from users has been excellent.

The 2013 Keep Calm and Look After Yourself campaign won Healthcare Campaign of the Year at the Chartered Institute of Public Relations Pride Awards.

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Case Study:
Savings through Medicines Optimisation

NECS have clearly demonstrated that Medicines Optimisation can deliver major savings and significant patient benefits.

The challenge

The NHS must make £20 billion in efficiency savings by 2014/15 to invest in meeting demand and improving quality for the future. In order to do this the Department of Health has developed a programme to support NHS organisations to deliver these savings focussing on Quality, Innovation, Productivity and Prevention, or QIPP.

This programme is crucial to every service improvement project. Medicines Optimisation has been identified as one of the ten priorities for commissioners of services. This is due to prescribing costs rising at a rate of around 7% per year and that around one third to one half of all medications prescribed for long term conditions are not taken as recommended. Local JSNA documents have also identified the need for improvements in cardiovascular and respiratory treatments to improve life expectancies in many regions including the South Tees area.

The task

The NECS Medicines Optimisation team was tasked to produce a plan that would deliver the £1.2 million efficiency savings for South Tees CCG.

However, the plan was also required to deliver significant patient benefits through the use of cost and clinically effective medicines.

The execution

The prescribing data produced by members of the NECS Medicines Optimisation team was subjected to detailed analysis using the NHS Business Services Authority prescribing analysis toolkit. This provided vital financial information on the therapeutic areas where there was significant potential for savings to be made, by comparing local data to the national average.

From this, the NECS team identified 6 key areas as having the ability to produce the required cost savings. The 6 areas were chosen by assessing the financial impact they could create, ease of execution including consideration of the clinical evidence base and the potential resistance from clinicians and impact on patients. Medication reviews were also a key part in the implementation of the plan.

The Medicines Optimisation team sought agreement to the plan from a number of key stakeholders. This was done by using a stakeholder map. To secure clinical engagement the plan also was put before the Tees Medicines Management Committee, as well as communicated through the organisation by the CCG to help drive the need for change. Local LINKs groups were also used to inform people of the initiative and get feedback.

The results

In total the improvement plan implemented by the NECS Medicines Optimisation team delivered £1.36m in cost savings, and led to a £793,886 underspend on the CCG's prescribing budget.

The use of cost effective formulations of Venlafaxine for the management of depression led to efficiency savings of £245,848 bringing CCG prescribing in line with national prescribing levels.

An initiative to establish medication reviews in local care homes logged 884 interventions reducing possible hospital admissions and realising an average annual saving of £165 per patient.

This approach led to NHS Tees winning an HSJ award for Efficiency in Medicines Management 2012

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Case Study:
Savings in Practice Medicines Management

NECS worked with Northumberland CCG to enable the generation of major savings through efficiencies in prescribing, sharing best practice and development of new SLAs between CCGs and GP practices.

The challenge

Northumberland CCG (NCCG) has historically delivered the Medicines Optimisation agenda through a system of Practice Medicines Managers (PMMs) based in each practice working with the support of a lead GP. The Medicine Optimisation team has provided support to the work plan and training/development of these staff delivered by a PMM and pharmacist.

During 2013/14 NECS Medicines Optimisation team supported the CCG in changing the structure and delivery of the PMM scheme whilst ensuring cost effective prescribing was maintained within a robust and safe governance framework.

The tasks

- Change the format and funding of the scheme so that practices are more accountable for delivery. Delivery of outcomes is directly linked to the PMM funding.
- Continue to drive efficiencies in prescribing and improving quality in medicine related processes.
- Develop an annual work programme providing tools and clinical support to the PMMs and lead prescribing GPs.

The execution

NECS established that NCCG wanted to make efficiencies in how the scheme was delivered. NECS worked in collaboration with the CCG prescribing lead to evaluate the current service; its effectiveness in delivering QIPP savings, reducing cost growth and maintaining the CCG position as one of the lowest cost per capita for primary care prescribing in the North East.

A robust service specification was developed and incorporated in a standard NHS contract between practices and the CCG to link outcomes directly to payment in an equitable and transparent manner. The 14/15 service specification was then launched.

The NECS team also developed a method of sharing best practice and resources for PMMs. Along with the appropriate use of IT the sharing process reduced face to face input and increased independent working.

The results

The new Service Level Agreements between the CCG and individual practices mean 40% of the payment is directly linked to measurable outcomes.
The programme will deliver cost savings as well as quality and system improvements. Outcomes are reviewed quarterly with the CCG prescribing lead to provide ongoing assurance.

Examples of achievements in both quality and cost include:

Quality indicators - reduction in total antibiotic prescribing, % cephalosporin and quinolone antibiotics and % co-amoxiclav for qtr. 1 - 14/15 cf qtr. 1 - 13/14, helping to deliver the Healthcare Acquired Infections (HCAI) agenda.

Cost focus - The CCG is 2nd lowest CCG across the NECS area in terms of prescribing cost/ASTROPU – this is a weighted patient denominator.

Additional savings realised over and above the service specification focus areas, but also delivered through the PMM network, include cost saving initiatives in 13/14 of £171,357 (annualised across the CCG).

Face to face PMM meetings have been reduced freeing up time for the support pharmacist and manager to focus on improvements in the service and support model. A dedicated Medicines Optimisation website has been developed, the website went live in April 2014.
This website includes a PMM discussion forum, antibiotic, repeat prescribing and PMM induction e-learning packs and links to local decision making groups with access to resources such as formularies and clinical guidelines.

The RAIDR MO dashboard has also been improved and developed to allow practices to self-monitor their progress as well as enable the CCG to performance manage the scheme.

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Case Study: **Controlled Drugs (CD) Service support infrastructure**

The creation of a support, communication and monitoring infrastructure for the Controlled Drugs Local Intelligence Network.

The challenge

Each NHS England region has a Controlled Drugs Accountable Officer who has the statutory responsibility for ensuring that there are safe systems and processes for implementing controlled drug legislation across the local health economy.

NECS was approached by the North East Controlled Drugs Accountable Officer because, as it was a new structure, there were no established systems and processes within the area team. The Controlled Drugs Accountable Officer wanted NECS to engage with the teams to deliver the systems and processes needed to comply with the legislation surrounding the use of controlled drugs.

The tasks

- Develop the infrastructure needed to implement controlled drug legislation.
- Set up a Local Intelligence Network made up of the local Accountable Officers working in the organisations in the region.
- Set up and facilitate a forum as a platform for communication, chaired by the Regional Controlled Drugs Accountable Officer.
- Set up a system to monitor and deal with incidents, issues or concerns relating to the management or use of controlled drugs.
- Create an information network that supports best practice by sharing ideas and information with the Local Intelligence Network as well as CCGs, GPs and FTs.

The execution

The team created and managed a mail and email distribution list of all members of the Local Intelligence Network and other stakeholders. The team also:

- Facilitated forum meetings through managing attendees, agendas and format, where best practice is shared.
- Created Information and briefing packs for all stakeholders.
- Established a standard email address for the Local Intelligence Network.
- Adapted a NECS incident monitoring system to record incidents, errors and issues.
- Developed standardised reports for distributing information and incident records to the Local Intelligence Network to provide Points of Learning that may prevent issues in the future.
- Distributed regular newsletters containing Local Intelligence Network updates, information for prescribers and local and national best practice.

The results

The NECS team have received positive feedback from all the Area Teams and have been asked to present the concept and implementation of a Local Intelligence Network at regional and national patient safety forums. The network continues to facilitate excellent local engagement and confidence in the incident reporting process has been demonstrated through the high levels of reporting using the new system.

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Case Study: **Medicines Optimisation practice support team work plans**

The NECS Medicines Optimisation practice work plans provide a shared best practice resource for MO teams in a CCG while also improving performance management.

The challenge

Across NECS there are a number of Medicines Optimisation practice support teams working in GP practices for CCGs. These teams work to ensure the safe, cost effective use of medicines within primary care. On an annual basis each team must develop a work plan supported by all the appropriate documentation. Each work plan must reflect the operational processes in each CCG and provide the required financial savings on prescribing budgets. Work plans have therefore tended to be standalone documents. Because of this, they did not share best practice, lacked consistency, and were not easily comparable which meant they did not support performance management.

The task

In order to ensure efficiencies of scale could be leveraged across the organisation a work plan needed to be designed and developed which could be used by every practice in each CCG as the standard medicines optimisation practice work plan. This needed to reflect NECS areas of operation as well as the specific needs of the CCG. The plan needed to take the form of a brochure of areas which could be offered to the CCGs and form the base plate for discussions regarding specific CCG requirements. It also had to take into account national prescribing initiatives and any commissioning for value areas highlighted for prescribing.

By ensuring greater visibility of all work completed by practice based teams the work plan should form the baseplate for improved performance management across the CCG.

The execution

A task and finish group was set up with membership from each NECS hub. All potential ideas for inclusion were discussed in conjunction with commissioning intentions and the high impact interventions from the Any town health system guide.

The work plan was then developed into a single page document designed around the QIPP areas which formed the basis of further discussion with CCGs.

Following approval through the strategic oversight and planning group of the MO team, standard operating procedures were developed for all items listed in the productivity section and all other required resources were collated into a resource folder and shared across all MO teams.

Following on from this consolidation of information a recording log sheet was developed to enable all practice teams to record the work done in each specific practice while also being linked to an overall summary sheet for the whole CCG. This log was created to help with performance management of the plans and staff involved in delivery of Medicines Optimisation process. It also enabled individual practices to see the work underway in their own practices. Information from this log sheet was then used to inform a bespoke monthly prescribing report for the CCG.

The results

The Tees and Durham CCGs adopted both the work plan and recording log to help in delivery of their QIPP targets for medicines.

The standardised work plan also enabled a saving of £73,272 on the use of specially manufactured medicines in the period April to January 2014-15 compared to the same period in 2013-14.

A full set of resources were made available to practice support teams across all NECS areas to help deliver the work.

The work logs are also used to inform discussions around performance management of the teams on an ongoing basis and to identify barriers to delivery of the agreed plans.

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Case Study: **Smooth System Migration**

When a GP practice changes clinical systems it must continue to provide uninterrupted patient care. NECS have a specialist team experienced in smooth system migration and systems improvement.

The challenge

Cambridge medical group serves a population of approximately 7400 within the area managed by South Tees CCG. Following the announcement that support for their legacy clinical system (iSoft Stnergy) was to end they made the decision to migrate to a new system (TPP SystmOne). The practice was keen to retain the working practices they had developed and so they requested a Business Change resource from NECS to facilitate the transition.

The tasks

Ensure the practice did not take a retrograde step in their working practice by interrupting the workflow or impacting on patient care. Ensure seamless migration of existing systems and processes such as;

- A third party Read Code Picker (Macro Express), containing over 700 macros, used by both the clinical and admin team to ensure consistent data entry for since symptoms, diagnosis and routine admin.
- System specific software (Sophies) that provided flowchart prompts for the clinical team in patient clinics.
- Practice specific workflow processes for managing medication.

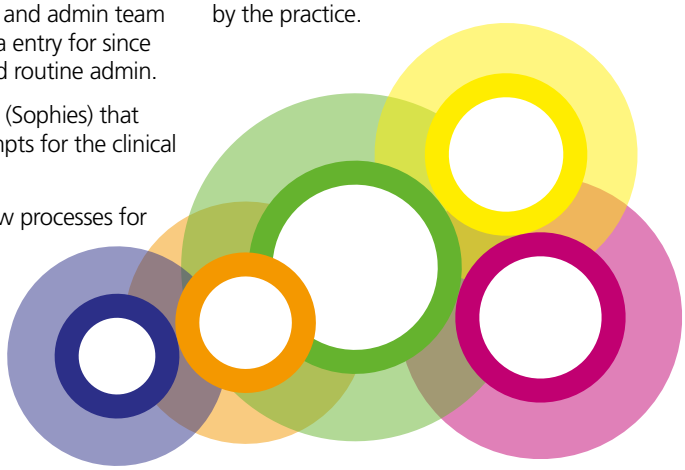
The execution

The team mapped the existing processes to ascertain what, if any, adjustments would be needed to be made within the different functionality provided by the new system.

To ensure smooth system data entry using TPP SystmOne functionality the NECS team mapped over 700 Read Code macros. It was also necessary to review and adapt functionality options to map flowchart prompts (Sophies) for clinics. In consultation with the practice team, workflow processes were adapted to ensure the practice developed protocols for medication management.

The result

While implementing a smooth system migration the NECS team of specialists were able to adapt, consolidate and improve the software driven systems and processes used by the practice.



Dr Robertson, Cambridge Medical Group clearly identified the benefits of a system migration that also maximised the functionality of the new system:

The initial system analysis highlighted areas where change was needed and provided a detailed plan of how this could be achieved. In particular the use of the brand-new protocol functionality allowed us to preserve our care provision pathways within the nursing team which underpins all our preventive work. Without this input we would have had to change the structure of our entire preventive programme which would have caused chaos to us and our patients.

In summary, some four weeks after going live, the Cambridge medical group has emerged relatively unscathed, our data intact, providing us with an ideal platform to care for our patients. Your team has provided excellent support throughout.

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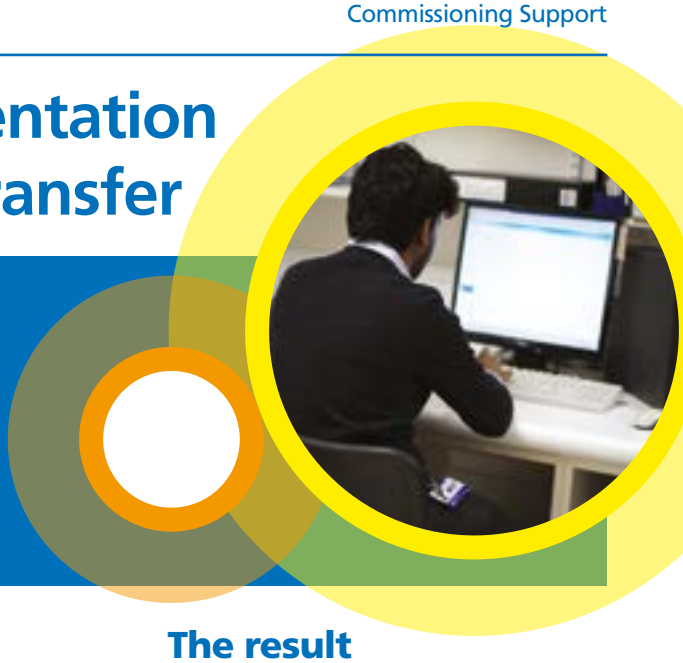
Case Study: **Pilot & Implementation of GP2GP Patient Record Transfer**

NECS successfully implemented GP2GP data access which can significantly improve clinical safety.



The challenge

GP2GP enables patients' electronic health records to be transferred directly and securely between GP Practices. It improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

GP2GP is not a replacement for the transfer of paper-based records, which must continue for the foreseeable future until GP patient records are 100% transferrable between all GP clinical systems. However, it was essential to the development of GP2GP that a regional pilot was put in place to identify issues and opportunities while developing an understanding of best practice locally. To do this three practices were identified to work with NECS and participate in the GP2GP pilot.

The tasks

- Switch on the TTP SystmOne functionality
- Check documentation provided
- Document the installation process
- Create a local approach for rollout
- Facilitate training as required
- Provide training for clinical and administrative staff

The execution

The NECS specialist team developed a clear understanding of the different ways the three participating practices approached the manual transfer of patient records and how the introduction of electronic transfer of patient records using GP2GP functionality would be appropriately implemented.

The team then created a local pack that consolidated a project approach based on best practice from lessons learned in the pilot process.

Initial process issues were identified but the training and business change leads worked with each practice to devise a workaround where possible and each issue was resolved to the practice's satisfaction. Training was provided on the Go Live day and additional sessions were arranged to resolve issues as they arose.

The result

All three pilot sites went live on their agreed dates. As this was a pilot project there were many unknowns, however a huge amount of knowledge was amassed that will be used in future rollouts.

Julian Saul, Falkland Medical Group identifies the dramatic improvement in patient care that is made possible by the GP2GP system:

Even though there were some technical issues and it's a relatively new module from TPP SystmOne we have still seen the benefits of being able to see patient records much sooner than having to wait for the paper records. This dramatically improves patient care and reduces risk of prescribing errors.

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Case Study: **Electronic Prescription Service (EPSr2)**

South Tees CCG commissioned NECS to implement Electronic Prescription Service release 2 (EPSr2) in 39 practices, enabling prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment.

The challenge

There are currently in excess of 9,000 GP Practices and 10,000 Pharmacies in England dispensing over 1.8 million prescriptions daily of which approximately 70% are repeat medications.

The second release of EPS sought to increase the flexibility for patients and the efficiency for GP's prescription services with the desire to allow for vast time savings for staff. Ultimately, the biggest beneficiaries are the patients with their desire to get prescriptions sent to a nominated pharmacy being addressed.

The tasks

The project approach incorporated the standard deployment model recommended by the Health and Social Care Information Centre (HSCIC) which involved:

- Business change activities for both practice and pharmacy.
- Delivery of Go-Live training.
- Practice support and floor walking support.

We arranged and facilitated Business Change workshops for GP practices and pharmacies to expand on the process required to successfully deploy EPSr2. Furthermore, these workshops provided an opportunity for 'questions and answers' sessions as well as encouraging communications between stakeholders.

The execution

Each GP practice had an on-site business change session, which facilitated the completion of the pre Go-Live checklists and helped the practice to formally define their Standard Operating Procedure for prescribing electronically.

On Go-Live day, our knowledgeable NECS clinical systems trainers were present at the GP practice to deliver tailored training on EPSr2 for practice staff. Furthermore, as part of the comprehensive service offered by NECS, also on site were Registration Authority Agents to help with Smartcard queries and Support Service Engineers to help with any hardware issues, all ensuring the transition was as seamless as possible.

The result

The successful utilisation of EPSr2 benefited the patients allowing them greater flexibility and control collecting their prescriptions. For the practices it is a time saving project with less time spent preparing patient prescriptions.

> Since EPSr2 Go Live our workload has not changed, however we are saving a vast amount of time. In the first few days after go live the prescribing clerks were saving approx. an hour a day. GP's have commented to me that it is saving them time and we are not having lost prescriptions.
>
> **Kerry Edwards**
> **Saltscar Surgery**

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Case Study:
Online fracture risk tool improves patient outcomes

NECS developed an online fracture risk tool to help GP decision making and promote better case finding so that patient outcomes can be improved and costs reduced.

The challenge

In the UK the combined cost of hospital and social care for patients with a hip fracture amounts to more than £2.3 billion per year.

NECS were approached by a GP, who was already a user of the NECS Business Intelligence Tool, RAIDR, and a consultant from a large local hospital. These clinicians had realised that data surrounding patients at risk of fracture was readily available but there was no easily accessible tool to allow them to view the information in a way that would help them manage those patients.

The tasks

- Find a cost effective and accurate software tool to work inside the existing NECS Business Intelligence Tool to allow care providers to view clinical and patient information and proactively manage fracture risk.
- To integrate the software into the well-established NECS Business Intelligence Tool, RAIDR, to provide a solution that enables GPs to quickly identify patients at risk of fracture and allow them to provide appropriate interventions for those patients.

RAIDR® Reporting Analysis & Intelligence Delivering Results

The execution

The NECS team worked closely with clinicians to evaluate existing algorithms for identification of patients at risk of fracture, taking into consideration licencing costs, accuracy of output and ability to incorporate into the RAIDR tool. The selected algorithm used clinical and patient information as well as NICE guidance and trial evidence to support the new fracture risk screen in the primary care online dashboard.

The fracture risk screen on RAIDR was developed to help GPs accurately identify patients who are at heightened risk of fracture. For example GPs can assess the 10 year risk of hip fractures for every patient in their practice aged 30-90.

The screen was also designed to benchmark the user against other GP practices in the CCG or locality and show if patients identified as being at risk were being treated. An additional function on the dashboard enables the user to compare rates of osteoporosis diagnosed against the numbers of patients at high risk of hip fracture.

The completed NECS fracture risk tool now gives all GPs using RAIDR the capability to drill down from CCG level to individual patient level and look across different points of delivery on the care pathway.

The result

The creation and rollout of the fracture risk tool has achieved the key objective of encouraging proactive case finding and prevention. This means that GP practices can identify patients at risk of fracture and target treatment to these patients.

For example, the tool showed GPs and nurses that patients receiving prescriptions for bone sparing agents had three times the risk of major fracture and five times the risk of hip fracture. As a result of accessing this information GPs are now able to target these patients for preventive support and in doing so reduce acute admissions.

Dr Mike Scott, Senior Partner, Newburn Surgery endorsed the benefits of the fracture risk tool:

RAIDR has been a huge help to me in improving care especially in areas of COPD and osteoporosis. The RAIDR fracture risk screen gives a detailed breakdown of patients at risk of fracture and hence the opportunity to intervene to prevent life threatening hip fractures. It is intuitive and simple to use.

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Case Study: **Dementia Diagnosis Improvement (DDI) Programme Call Centre**

A NECS specialist Programme Management Office (PMO) conceived, created and ran a call centre for NHSE that in just 14 weeks successfully contacted every GP Practice in England to promote the Dementia Diagnosis Improvement Programme.

The challenge

A positive outcome for the Dementia Diagnosis Programme relied on NHSE ensuring all GPs understood the registration and download processes for Secondary Use Statistics (SUS) Dementia Data. To encourage GPs to download the SUS data, NHSE communications needed to highlight the benefits to both the practice and their patients. In the initial release, communications became diluted and failed to reach the target audience. GPs failed to register and therefore could not download the SUS data. NECS was asked by the NHSE Operations Delivery Directorate to find a way of successfully bridging the communications gap.

The tasks

- Communicate with GPs to promote greater engagement with Dementia Diagnosis Programme through registering for and downloading Secondary Use Statistics (SUS) Dementia Data
- Conceive and deliver a realistic, measurable, timely and cost effective communication, delivery and support solution to aid the improvement of dementia diagnosis
- Create and operate a Programme Management Office (PMO) enabling the effective implementation and running of the DDI Programme alongside appropriate financial management process to ensure a rapid response
- Support the selected solution with an HR, IT and facilities infrastructure

The execution

NECS proposed the creation of a standalone call centre with the sole purpose of directly connecting with all the GPs in England to increase registrations and downloads of the SUS Dementia Data. NHSE agreed to the immediate implementation of the proposal.

The speed with which the NECS Rapid Response Team had the call centre fully operational and live gave rise to the name the 'Pop Up' call centre. Within seven days the Programme Manager and PMO Support Officer created a fully functional call centre while continually negotiating the best possible terms and discounts for the accommodation and infrastructure. The Programme Manager started by identifying and securing short term serviced office accommodation with appropriate ICT infrastructure. Together with a recruitment agency the team shortlisted 20 candidates and appointed 15 for whom they organised the supply of phones, PCs, software, printers and email addresses. With the team and infrastructure in place induction training was developed and delivered along with scripts, detailed support notes and a fully implemented and managed escalation process.

A master GP contact database was sourced by NECS saving the client several thousand pounds. The database was further developed to enable all call-centre data to be entered and intelligence made available so poor performing areas could be monitored, trends could be identified and call frequency could be managed. The master data set enabled the provision of support information for a full suite of reports which were shared with key stakeholders at a national, regional, sub-regional and CCG level, as well as providing weekly reporting for the Secretary of State for Health. When fully functional the call centre team had meetings twice a day to ensure any issues were highlighted and addressed without impact on the call centre operation.

Data management was a vital ingredient in the effectiveness of the 'Pop Up' call centre. The PMO Support Analyst, working alongside the back office team, entered call data as call sheets were completed. Each team member worked through a list of practices, using a series of activity / reporting codes. Completed data was then entered into the master database to ensure the data was continually updated. Intelligence from the master database allowed the team to appropriately staff the call centre to cover peaks and target call activity throughout the day. Structured daily reporting was provided to the key stakeholders and weekly programme calls were undertaken to update on progress.

At the core of the call centre operation was the NECS IT Team who not only provided the IT Hardware but also provided the on-site and remote support that ensured continuous service. The team's ICT solution was quickly scalable so high impact results were achieved seamlessly and quickly.

The result

The NECS 'Pop Up' call centre approach is the first of its kind for NHSE. The 38,133 calls made to 7,800 GP practices achieved registrations with over 5,247 GP practices. The programme ran in parallel with the Dementia Quality Toolkit and DDI Data Services for Commissioners Regional Offices (DSCRO) Baseline and Reporting Programmes all of which were delivered on time and under budget.

The focus of the NECS call centre and PMO team was always on the quality outcome of calls rather than the number of calls made. The ultimate aim was to ensure successful registrations so that GPs could successfully download this important dementia data. The team's quality focus delivered the volume needed because it reduced repetition and increased engagement. The lack of any complaints made about the contact centre team endorses the quality approach. The focus on the capture of appropriate data has resulted in a full audit trail being available showing everything from calls made, to who received the SUS data at a practice, CCG and regional level as well as when the data was received.

On behalf of the sponsor **Andrew Prudames, Deputy Head of Performance, NHS Performance Team – Commissioning Operations Directorate** commented:

"The practical support that you have provided to GP practices to help them with updating and cleansing their dementia registers means that they are now in a much stronger position in ensuring that two thirds of the estimated number of people with dementia in their practice population receive a diagnosis and appropriate care support by March 2015."

Dr Martin McShane, National Medical Director for Long Term Conditions also commented :

"Well done - contacting all the practices is no mean feat!"

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Case Study: **Cancer Research Regional R&D**

NECS specialist Research and Development team implemented a research project on behalf of the Wolfson Institute of Preventative Medicine.

The challenge

When researchers working at Wolfson Institute of Preventative Medicine at University of London had to carry out a project in Newcastle they needed the services of a research team with experience and expertise in the area of health.

The project was being funded by Cancer Research UK who had identified Newcastle as having the best population profile for the type of research they were undertaking.

The tasks

- NECS Research and Development team were tasked to undertake the research in Newcastle on their behalf.
- Liaise with the Wolfson Institute regarding process and methodology.
- Accumulate and communicate findings in the pre-agreed format.

The execution

The NECS Research and Development team worked in collaboration with the Wolfson Institute to deliver the project in the North on their behalf.

As well as making sure that research assurance was undertaken, appropriate people were recruited and the project was delivered in the timescales.

The team also brought in colleagues from NECS communications team to help with the publication of the findings. This team was also able to offer support to the Institute as they endeavoured to secure further funding.

The results

The team from the Wolfson Institute were delighted because as a result of their findings they also obtained European research funding and they are keen to collaborate with the NECS Research and Development team in the future. This will allow more patients to get involved in research, which is a pledge in the NHS Constitution.

Dr Anne Szarewski, Clinical Senior Lecturer, Centre for Cancer Prevention, Wolfson Institute of Preventative Medicine was as complimentary of the process as she was about the result:

> I would like to thank you on behalf of myself and my team, for your help with the SHINE Trial. Your knowledge, enthusiasm and efficiency have made this a very positive experience for us all. We've enjoyed working with you a great deal and hope to be able to collaborate with you again in the future.

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Case Study: **Fire Safety**

NECS are specialists in ensuring compliance with Fire Safety legislation and our experience and rigorous process tools can ensure CCGs and other organisations fulfill their legislative obligations.

The challenge

When the North East CCGs first formed there was no defined and monitored fire safety management in place for the CCG's buildings. This fire safety gap was clear through the lack of procedures, trained personnel and appropriate fire safety documentation.

The task

NECS was required to review the whole portfolio around Fire Safety Management to ensure each CCG met its statutory obligations around the Regulatory Reform Order Fire Safety, as well as the Health and Safety at Work Act and related regulations such as the Management of Health and Safety at Work.

The execution

As part of the authorisation process NECS had already developed a Fire Safety Policy for the organisations stipulating Fire Safety Management for the CCGs and how this should be implemented.

The Senior Governance Officer visited the sites to review current Fire Safety arrangements. The initial meeting also involved NHS Property Services (NHSPS) to clarify the role of NHSPS as landlord and the CCG's responsibility as tenant.

Following each onsite review and report, a work plan was put in to place to ensure compliance with legislation. This plan included the following key areas of activity:

1. Development of Fire Safety Procedures for the CCG within its occupied area with consideration given to the CCG's Fire Safety Policy and other tenants within the building
2. Creation of documentation to support fire safety activity, for example; weekly fire alarm checking documentation, fire warden checklists for building and fire drill documentation. Additionally Fire Packs were created containing information such as user instructions for fire alarms, useful contact information and building plans.
3. Development of a Fire Warden training package for the members of staff nominated by the CCG.
4. Fire Warden training was delivered by the NECS team to ensure that the selected Fire Wardens had the skills and knowledge to ensure safe evacuation. This training included; Fire Warden training, use of fire extinguishers, use of evacuation chairs and details around Fire Warden responsibilities in relation to monthly checks.
5. Test Fire Drills were organised and coordinated by the NECS team to test procedure and training effectiveness
6. The Organisational Development team were informed regarding the statutory and mandatory training requirements relating to fire safety and this was included in the CCG's overall training plan.

These and other actions were implemented to ensure each CCG complied in all areas of fire safety.

The results

The result of the work of the NECS Risk & Assurance team is that the organisations are now compliant with their responsibilities around fire safety and they are adhering to all fire safety regulations and responsibilities. Key performance indicators have been developed around fire safety and are taken to quarterly governance meetings.

Robust action plans are in place as well as a yearly work plan to ensure ongoing compliance. This is supported by NECS H&S audits which includes fire safety.

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Case Study: **Health and Safety Management**

NECS are specialists in ensuring compliance with Health and Safety legislation and our experience and rigorous process tools can ensure CCGs and other organisations fulfill their legislative obligations.

The challenge

Prior to the CCGs forming as an organisation each North East CCG had in place a policy set around Health & Safety stipulating their legal and moral obligations as an organisation. However, as a new organisation they needed to ensure compliance with legislation by carrying out its duties as stipulated in policy as well as fulfilling their obligations as an employer under the legislation.

The task

NECS was required to review the whole portfolio around Health and Safety Management to ensure each CCG met its statutory obligations around the Health and Safety at Work Act, as well as the Management of Health and Safety at Work and First Aid regulations.

The execution

As part of the authorisation process NECS had already developed Health and Safety Policies and Procedures for CCGs stipulating their responsibilities around H&S and what was required from them as an organisation.

As the CCGs Risk and Assurance partner NECS were well placed to be able to undertake this work providing expert advice and operational procedures.

The team at NECS used a Health and Safety Audit Tool which covered all legislation and regulations. The tool was developed with a weighted scoring system that gives an overall percentage compliance figure that correlates to a 1-4 star rating.

The SGO attended site and using the NECS Safety Audit Tool, went through each element with the CCG. This gave the CCG a baseline of how compliant the organisation was in relation to H&S. As a result, action plans were developed in areas of low or no compliance.

Examples of the type of work undertaken included:

- Display Screen Equipment (DSE) Assessments for all staff.
- Training for First Aiders (external company)
- Signage throughout building.
- H&S Strategy Development.
- Setting of key performance indicators around H&S.
- Terms of reference developed around H&S to be included in relevant committee.
- NECS representation in governance meetings.
- Draft report templates around Governance.
- H&S information added to intranet site.
- New working partnerships with NHS Property Services.
- Guidance around Statutory and Mandatory Training relating to H&S

These and other actions were implemented to ensure each CCG complied in all areas of H&S.

The results

The result of the work the NECS Risk and Assurance team have undertaken is that each CCG now has assurance that they are adhering to all H&S regulations. KPIs have been developed around H&S and are taken to quarterly governance meetings.

Robust action plans are in place as well as a yearly work plan to ensure ongoing compliance.

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Case Study: **Improving End of Life Care**

The NECS Service Planning and Reform team used their specialist expertise to compile a business case with evaluation to support the rollout of a programme to improve the end of life care in nursing homes.

The challenge

North Tyneside CCG wanted to make a difficult time for patients and their families a little easier when it undertook a pilot project to work with nursing home staff. Research showed that many patients would prefer to stay in their nursing home than spend their final hours in hospital. The CCG wanted to respond to this and reduce the numbers of this patient group being hospital emergency admissions.

As a pilot project, North Tyneside CCG commissioned specialist nurses to link with nursing homes in the area to provide training to staff and support with implementing advanced care plans to help improve the quality of care for patients at the end of life.

The task

North Tyneside CCG tasked NECS to create a business case with evaluation to support rolling this innovative programme out as best practice.

The execution

The Service Planning and Reform team needed to gain a good understanding of the pilot and gather and analyse evaluation data. Working closely with the specialist nurses the team brought in colleagues from NECS Business Intelligence service to help evaluate the data.

As part of the process the team also had to address the national restrictions on sharing data relating to patient activity across healthcare providers.

From this information the team presented a business case for the new initiative supported by an evaluation of the proposed pilot.

The result

From the work undertaken by the Service Planning and Reform team North Tyneside were able to make an informed decision regarding the potential expansion of the project. The implementation of this new approach will help reduce emergency admissions, increase the quality of care in the home, support staff when dealing with end of life care and most importantly meet patient preferences at the final stage of their life. The project will be expanded to more staff in nursing homes and even wider to residential homes staff.

Dr Kathryn Hall, End of Life Clinical Lead at North Tyneside CCG clearly expressed her satisfaction with the project**:**

This is such an important piece of work for ourselves, nursing home staff and patients and their families. There were additional challenges around gathering and validating the data but the NECS staff who contributed to producing the report were excellent. We are very happy with the result and its impact could be far reaching, especially for people at a very difficult time.

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Case Study: **Quality Improvement Scheme**

The Quality Improvement Scheme (QIS) is an incentivised scheme offered to local practices within Hartlepool and Stockton to improve their clinical quality and patients' outcomes by delivering targets within areas highlighted where efficiency could be improved.

The challenge

The QIS was designed by the NECS Service Planning and Reform team on behalf of Hartlepool and Stockton CCG with the aim to address unexplained variation within general practice. Through the utilisation of available data, areas for improvement are identified and agreed. The scheme requires practices to improve the clinical quality in those identified areas which should have a knock-on effect on the quality and outcomes of patient care.

Nine targets of areas to improve quality were predefined, which would be monitored by the NECS Data Quality Team. Practices were then required to decide upon three of these indicators to proceed. This was incentivised, with benefits to practices being offered for partaking in the scheme and then subsequently for achieving agreed targets.

The task

The tasks the Service Planning and Reform team performed were:

- To work in conjunction with Hartlepool and Stockton CCG to produce a robust service specification and reporting templates.
- To arrange meetings between practice and CCG clinicians to negotiate and agree upon indicators and targets with clear and measurable outcomes.
- Facilitate and offer guidance to practices on submitting their Practice Improvement Plans and targets.
- Producing 'top tips' guidance for each target area for practices to help achieve targets and improve patient outcomes
- Collect and measure data related to indicators remotely directly from GP practice systems, to avoid time consuming data collection.

The execution

Once all indicators and targets were agreed practices performance was monitored using NECS' market leading Business Intelligence & Information Analysis tool, RAIDR, which extracts data directly from practice systems. This data in turn is analysed by the Service Planning and Reform who offer a bespoke service with on-site visits to offer guidance upon trends and work together with the practices to help achieve their targets.

Each indicator agreed contained a sliding scale of achievement, with incentives received proportional to achievements in improved clinical quality and in correlation to amount of patients seen.

The result

QIS ran in 2014/15 and was viewed as such a success that Hartlepool and Stockton CCG decided to continue the scheme into 2015/16. The scheme was praised for its broad range of indicators which could be tailored to individual practices to correlate to their greatest need for improvement.

The outcome of 2014/15 scheme saw practices make improvements in clinical performance and quality higher than the baselines set by the CCG. With feedback saying that the RAIDR dashboard allowed practices to easily access their current performance. Combined with NECS' desire to assist improvements were possible.

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Case Study: **Safe procurement delivers financial savings for an Area Team**

Rather than just renewing contracts with the incumbent providers the NECS procurement team can give your organisation a safe well-managed competitive process that can generate savings and improve services.

The challenge

The health and justice unit within the West Yorkshire Area Team were seeking to procure a non-clinical substance misuse service that would deliver quick savings. Because there had been some safety issues in their service, the Area Team was also looking for the procurement process to facilitate a redesign of processes that would make them more clinically robust.

Aware that an inadequate process could lead to a challenge that could result in the suspension of services they required professional procurement support.

The tasks

- Engage with all stakeholders and work with the Area Team to develop a commercially sound service specification.
- Design all documentation to go out to market.
- Engage with providers and professional networks to identify potential markets including the specific market dynamics for this specialist area.
- Coordinate the evaluation and scoring of bids in line with the criteria that had been defined, in conjunction with the area team.
- Facilitate contractual engagement of new providers to make savings.

The execution

Engagement was critical in securing support for the project. The NECS team worked with the prison governors to confirm support for outsourcing as well as building a better understanding of the issues and risks in order to agree a strategy for change and improvement.

The NECS team also engaged with providers and professional networks to identify potential markets including the specific market dynamics for this specialist area.

In creating a service specification NECS produced a recommendation report that was signed off with the Area Team. Potential risks were included in the report and this formed the basis for a risk log in which the team identified risks and how they might mitigate against them.

By making sure the requirement was clearly defined potential service providers were given an accurate return on investment (ROI) so they could appropriately scope and cost their proposals. From this information the team formulated the criteria by which the bids were scored.

In this way NECS provided a safe legally compliant process to enable the area team to make savings in the required timescales, while making sure they are kept safe.

The rigorous procurement process ensured the area team were consistently compliant and also protected them from challenge should an incumbent supplier not win a bid.

The results

The procurement demonstrated without substantial market engagement that there was a healthy market in the region who could deliver this service.

The contract with the new service providers resulted in a projected cost saving of £222,000 over a three year term based on the affordability threshold.

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Case Study: **Market analysis report identifies savings in care homes**

The NECS Procurement team provided a market analysis report that enabled two CCGs to reduce risk, save money and improve services.

The challenge

Hartlepool and Stockton CCG and South Tees CCG funded continuous healthcare (CHC) and nursing care home costs for people in care homes in their area. This was facilitated by the CCGs paying the local authority to issue and manage care home contracts on their behalf.

The CCGs wanted to find out whether there was a more cost effective and efficient way of managing commissioning arrangements for CHC and nursing care home costs. The CCGs had previously received a number of papers considering this complex issue that identified a need to provide clarity and consistency in this area.

The tasks

- Evaluate existing research, materials and contracts.
- Understand what was possible in the marketplace by obtaining information from potential local providers in the areas of service models, care pathways, KPIs and finance.
- Gain a better understanding of the risks within the market and their potential impact on the commissioning arrangements.
- Create a market analysis report that provided the CCGs with clear options and advice.

The execution

A NECS project manager was appointed and a team established with specialists in the areas of joint commissioning, contracting, finance, continuing health care, communications and engagement and procurement.

A draft specification was drawn up with a set of proposed quality indicators. This was then approved by the CCGs prior to market engagement.

Initial market intelligence was obtained and reviewed by the team including current adverts and specifications for similar services. This information was then used to inform the development of a draft service specification that then allowed the team to test the capacity and capability of the care home market for the provision of CHC services.

A market engagement process was then undertaken to enable the CCGs to understand the capacity and level of expertise within the market to deliver the service and to assess the viability of the project. A Request For Information (RFI) was created, issued and followed to generate expressions of interest from all potential providers. The NECS team then invited the interested parties to a market engagement event to obtain information from potential providers in the areas of capability, capacity and approach while also gaining feedback on the draft specification and quality indicators.

Pre and post event RFI responses were then evaluated by the project team along with the researched market information.

A market analysis report was then provided to the CCGs. This contained an options appraisal that highlighted the benefits and risks of three possible options and a recommended course of action.

The results

The CCG initially felt that there must be savings to be made if they went out to procurement. The NECS market analysis report was able to test this assumption and identify the most appropriate course of action.

The market analysis demonstrated that it was not advisable or necessary to undertake a procurement process. In doing so the activity saved the CCG the costs involved in undertaking procurement and avoided the risk that service costs might increase as part of the procurement process.

The market analysis report also identified the need for a clinical quality scheme. This was created, funded and managed by all of the CCGs. The scheme boosted clinical quality, reduced risk and reassured the care home management.

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Case Study: **Procurement of regional NHS 111 service**

The NECS procurement team supported the regional implementation of a national initiative using market analysis, stakeholder engagement, contract design and bid management.

The challenge

There was a national requirement to establish a 111 service to reduce unnecessary hospital admissions. County Durham PCT commissioned a successful pilot of NHS 111 service and a regional steering group was established to oversee the introduction of the service across the north east. NECS provided the procurement support for the whole project.

The tasks

- Undertake market analysis to identify availability of national and local providers.
- Manage engagement with local and national stakeholders.
- Identify appropriate providers, design Return On Investment (ROI) and manage bid process.
- Test use of standard contracts and redesign where required.
- When contract is agreed hand over to provider management team.

The execution

The output of the market analysis informed the design of the procurement process and enabled the team to identify the capacity and capability within the market and the level of interest. Ultimately a single contract was awarded for the North East because it was deemed to be the best way of delivering the service, based on the team's understanding of the market.

NECS used feedback from market engagement to provide procurement recommendations for regional steering group approval, and considered national policy to design the procurement strategy. The team also used information on legislation and best practice through continuous engagement with policy bodies such as; Monitor, Department of Health (DH), NHS England, HM Treasury, and legal updates through specialist procurement lawyers. The NECS team shared this knowledge nationally through membership of National Healthcare Procurement Network.

Particular attention was given to identifying the right level of expertise in specialist areas such as telephony where there was limited national expertise.

The NHS Standard Contract was assessed and deemed unfit for the requirements of NHS111 and approval was obtained from PCTs for a bespoke contract to be developed. NECS also gained DH National Steering Group support for the contract and ran national procurement workshops shaping contract design.

An innovative approach to testing services was developed using clinical scenario sessions, requiring a panel from bidders to review and present service solutions to the evaluation panel.

The results

The success of the NHS111 procurement is the direct result of the scale of support provided by the NECS team. Through the application of economies of scale and safe contractual management the NECS team reduced unit price and delivered the service in excess of £4m below budget.

This was achieved through reduced procurement costs and optimised input from specialist clinical, commercial and legal experts in evaluation. Additionally centralised resources ensured continuity of service delivery moving forward while also enabling access to shared learning.

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Case Study: **Data Reporting and Challenging**

NECS provide an end to end process to manage the main providers of a CCG using a data reporting and challenging process to check billing against delivery.

The challenge

All CCGs must manage the activities involved in patient interventions in the secondary healthcare sector. To do this the clinical interventions in a standard patient pathway must be checked against the criteria contained in provider's contract and billing agreement. This can't be effectively achieved manually so an automated process is needed that can remain responsive to changes in best practice, practical processes, criteria for evaluation and lessons learned. NECS' clients include 13 CCGs who have contracts for delivery of multiple healthcare services from a varied range of health care providers that include large tertiary and small acute and community providers.

The tasks

- Create an automated system that progressively improves the quality of the data available to allow clinicians in all 13 CCGs to more accurately review pathways and refine services in the future.
- Develop a proactive data management tool that is continually recalibrated to increase accuracy and performance.
- Implement an interactive provider management and monitoring process that improves data quality and challenges inaccuracies and anomalies.

The execution

The combined specialist skills of the NECS provider management, data management, business information and contract finance teams created a robust and flexible software tool to enable the collection and evaluation of data from secondary healthcare interventions. This data was then matched against the agreed contractual billing of service providers. The process involves 40 plus automated data challenges that cross check billing against delivery. These challenges may detect data quality or performance issues or anomalies such as; charging twice for the same service, charging of the wrong commissioner or charging when it is not appropriate. For example, when a patient has been admitted for ambulatory care and is charged for non-elective inpatient services. To ensure the effectiveness of the system the challenges are regularly reviewed, refined and recalibrated to ensure the system continues to operate appropriately and efficiently.

Alongside the ongoing recalibration of the automated data challenging software, members of the NECS team have face to face meetings with both service providers and the CCGs. Formal provider contract meetings happen monthly to notify the challenges raised, which is backed up with informal discussions with providers once or twice a month to evaluate delivery and interpretation of data. This is followed through with a formal presentation of observations and system outputs to the CCGs.

The results

Cost are controlled and reduced through a combination of automated data challenges and constructive dialogue with service providers. Clinicians are able to make more informed decisions regarding clinical pathways because they have a clearer view of both service delivery and finances.

The information gathered as a result of data challenging continues to form the baseplate for driving economies of scale that are created when a single provider is engaged with one contract for multiple activities.

A review of outpatient diagnostic charges for one CCG resulted in a successful challenge to one of their Foundation Trusts of £250,000 in 2013/14 as the provider had been charging for duplicate MRIs on the same day.

Provider management through data challenging is an integrated part of the NECS contract management process.

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