

Provider Collaboration: Building capacity through provider collaboration

This briefing covers the key messages from our webinar on building capacity through collaboration, with a focus on diagnostic programmes, featuring presentations from an acute and specialist trust provider collaborative.

Cheshire and Merseyside Acute and Specialist Trusts Provider Collaborative (CMAST)

Ben Vinter, corporate lead for the collaborative discussed the evolution of the collaborative, their priorities and focus, the development of their governance structure and the challenges and enablers for success.

Tracey Cole, diagnostics programme director, shared her experience of designing and implementing a system-wide diagnostics programme, including some of the positive changes being seen and challenges to progress.

Background

CMAST is a large provider collaborative, covering a population of 2.7 million and involving 13 trusts, with an overarching aim to support delivery and service improvement for patients across the system by reducing unwarranted variation and maximising equity of access. The trusts that make up the collaborative are:

- Alder Hey Children's Hospital NHS Foundation Trust
- Countess of Chester Hospital NHS Foundation Trust
- East Cheshire NHS Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust

- Mid Cheshire Hospitals NHS Foundation Trust
- Mersey and West Lancashire Teaching Hospitals NHS Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust

Key points of learning from the diagnostic programme

- Diagnostics feature in 90% of patient pathways and delivering improvements in diagnostics via collaboration has been a priority for CMAST since the implementation of the programme two years ago.
- All diagnostics tests have been included within the scope of the programme as there can be interplay between different diagnostic areas and a knock-on effect when there are challenges in individual clinical specialities.
- Robust governance has been key in allowing CMAST to navigate the complexities of working collaboratively system-wide across 13 partners with differing pathways and policies. A Cheshire and Merseyside diagnostics delivery board, chaired by the senior responsible officer (SRO) for the programme, oversees the work of the programme and reports to the CMAST Programme SRO group, which has strong links to the clinical networks.
- Since the implementation of the programme, the percentage of patients being seen in a six-week period has increased from 75% to 83%. 112,000 tests are now being carried out per month up from 87,000, and community diagnostics centres (CDCs) have increased from zero to 10.
- The community diagnostic centres (CDCs) have created additional capacity and their focus on modernising previous clinical spaces with existing CQC oversight rather than rebuilding has allowed them to move forward more quickly.

Challenges and enablers

- The diagnostic programme has brought together some work which had already been in place through existing networks, programmes and structures and has celebrated their successes to date. However, the implementation of the programme was also an opportunity to refresh, reorganise and mobilise teams around a common purpose and a new collaborative culture.
- Being clear and transparent around their plans for the programme, seeking stakeholder views and emphasising their position as an enabling network for the diagnostics work has helped to ensure that wider programmes are keeping the diagnostic perspective within their decision-making, and not inadvertently impacting on progress.

- The SRO for the diagnostics programme is also chief executive of two of the participating trusts, The Clatterbridge Cancer Centre NHS Foundation Trust and Liverpool Heart and Chest Hospital NHS Foundation Trust. This has been key in building relationships but also in emphasising that this work cannot be only acute focused – it must be connected to place and local clinicians operating in their local neighbourhood.

Next steps for the diagnostics programme

- Waiting times continue to remain a key priority for the programme, though they are now looking not only at the wait to receive a diagnostic test but the wait to receive the results, and this part of the diagnostic pathway will be a focus moving forward.
- Patient involvement and co-production is another priority for the programme, so they can separate and analyse the data around those who do not attend appointments and consider the patient perspective to understand and tackle the root causes of 'Did not attend's (DNAs).

Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit www.nhsproviders.org/provider-collaboratives for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources. To find out more, contact: Bobby Ancil, programme development manager - Bobby.Ancil@nhsproviders.org.