

Case Study: Managing Health Pressures

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 (DTC), 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 DTC
- 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.



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