

Ref: FOI/00013/CMICB
05 August 2022

Your Request:

I am aware that Cheshire and Merseyside Integrated Care System are running a procurement to commission an independent review of the acute hospitals and community health model within Liverpool, but I have not been able to find the specification for the review.

I would be grateful if you could provide me with these details.

Our Response:

Please find enclosed a copy of the '*Liverpool Independent Clinical Services Review Specification*' held by NHS Cheshire & Merseyside ICB.

Further information regarding the Liverpool Independent Clinical Services review can be found in the 'Chief Executive's Report' on page 26 of the meeting papers and minutes from the NHS Cheshire & Merseyside ICB meeting held on 04 August 2022. A copy of which is publicly available on our website at the following link: <https://www.cheshireandmerseyside.nhs.uk/media/rl1h0m0y/nhs-cheshire-and-merseyside-icb-040822-updated.pdf>

LIVERPOOL INDEPENDENT CLINICAL SERVICES REVIEW

BID / SERVICE SPECIFICATION

1 Introduction

This external review is being commissioned to ensure acute hospital services in Liverpool are fit for purpose for the future, to improve outcomes and patient experience, improve equity, reduce variation, improve productivity, efficiency and effectiveness making best use of the systems assets.

Cheshire and Merseyside Integrated Care System (C&M ICS) have been asked by NHSE/I to commissioning an independent review of the acute care model with a view to identifying opportunities that will improve clinical hospital-based services in terms of clinical quality, efficiency, and effectiveness. The review needs to address the longstanding issue and position of Liverpool Women's Hospital NHS Trust, which has been subject to clinical review, however a solution is yet to be agreed. There are areas of outstanding practice and service which should be identified and built upon.

However, no service exists in isolation, the review must consider the opportunities to deliver care closer to home and principles, as set out in the "One Liverpool" strategy (https://www.liverpoolccg.nhs.uk/media/4145/000918_one_liverpool_strategy_v6.pdf) and the interdependencies with, and obligations to, the Cheshire and Merseyside System as a whole and beyond.

Our objectives are to:

1. Identify the optimum acute care model for Liverpool, and make recommendations about the priority of the service changes that need to be made (considering any consequences on out of hospital care including Mental Health)
2. Identify the risks and governance implications for any proposed model on the wider role played by all the Liverpool trusts in relation to services provided to populations outside of the city boundary, ensuring that the needs of these populations are appropriately met, and that due consultation is given to reducing existing inequalities of access.
3. Identify opportunities to move care closer to home/digitise the service model and consequences on Community and primary care (physical and mental health services, all age, all ethnicity), and consideration of the consequences for social care.
4. Improve equity and integration in terms of access and outcome (clinical and patient experience) in line with the aims and objectives of the ICS and One Liverpool Strategy.
5. Describe the outcomes and solution that will achieve financial and operational sustainability from a revenue and capital perspective giving recommendations on value for money.

2 Scale and scope of the review

The independent review will:

- Develop an acute care model for secondary and tertiary services across Liverpool and corresponding out of hospital model for primary and community services that must deliver
 - Best clinical/evidence-based practice and be patient focused
 - Reduce clinical risk
 - Improve equity and quality (clinical, patient experience and outcome)
 - Efficient and effective (value for money)
 - Safe and sustainable (workforce and financial)
- Ensure that the proposed model incorporates the opportunities to maximise education, research, and innovation opportunities, that enhances the reputation of the Liverpool system both nationally and internationally and improves workforce supply and retention
- Identifies opportunities to modernise service models, through better use of technology and telehealth and delivered as close to home as possible and delivers sustainable services out of hospital supported by a single longitudinal care record.
- Identify areas of good practice that could be rolled out/shared.
- Identify the estate and infrastructure (including Digital) requirements of any proposals and associated workforce, capital/revenue consequences
- Identify the risks to delivery and governing implications of any proposed models
- Consider the patient and public engagement and consultation requirements in any solution/options

This review should be conducted in full recognition of the NHS Long Term Plan and One Liverpool Strategy. The One Liverpool Strategy commits to being all age, all ethnicity, physical and mental health, aimed at empowering residents, improving equity and outcome focused.

3 Population included

It must be recognised that Liverpool Hospitals and community based providers offer services to a large population from across Merseyside, particularly across Liverpool, Sefton, and Knowsley. Tertiary providers also offer services to patients from Cheshire, Merseyside, Isle of Man, North Wales and nationally. Also supporting service provision at neighbouring District General Hospitals (DGH's), and train future staff for a significantly wider footprint.

The Cheshire & Merseyside Acute & Specialist Trusts provider collaborative (CMAST) will be included in the process as a major stakeholder.

4 Organisations to be included

1) To be included in the review, key organisations are as follows:

a. NHS Trusts

- a. Alder Hey Children's NHS Foundation Trust (FT)
- b. Clatterbridge Cancer Centre NHS FT
- c. Liverpool Women's Hospital NHS FT
- d. Liverpool Heart and Chest Hospital NHS FT
- e. Liverpool University Hospitals FT
- f. Mersey Care NHS FT
- g. The Walton Centre NHS FT

- b. General Practice – 1 Local Medical Committee (LMC) 9 Primary Care Networks (PCNs)
- c. Liverpool City Council
- d. Cheshire & Merseyside Acute & Specialist Trusts Provider Collaborative and Cheshire and Merseyside out of hospital collaborative

5 Accountability for the review

The Review will be commissioned by Liverpool Clinical Commissioning Group (CCG) on behalf of the ICS (until the Integrated Care Board is established) with day-to-day oversight through the One Liverpool Partnership Board. Regular updates and reports will be provided to the C&M ICB. Engagement with other partners will be built into the communication plan

6 Conflicts of Interest

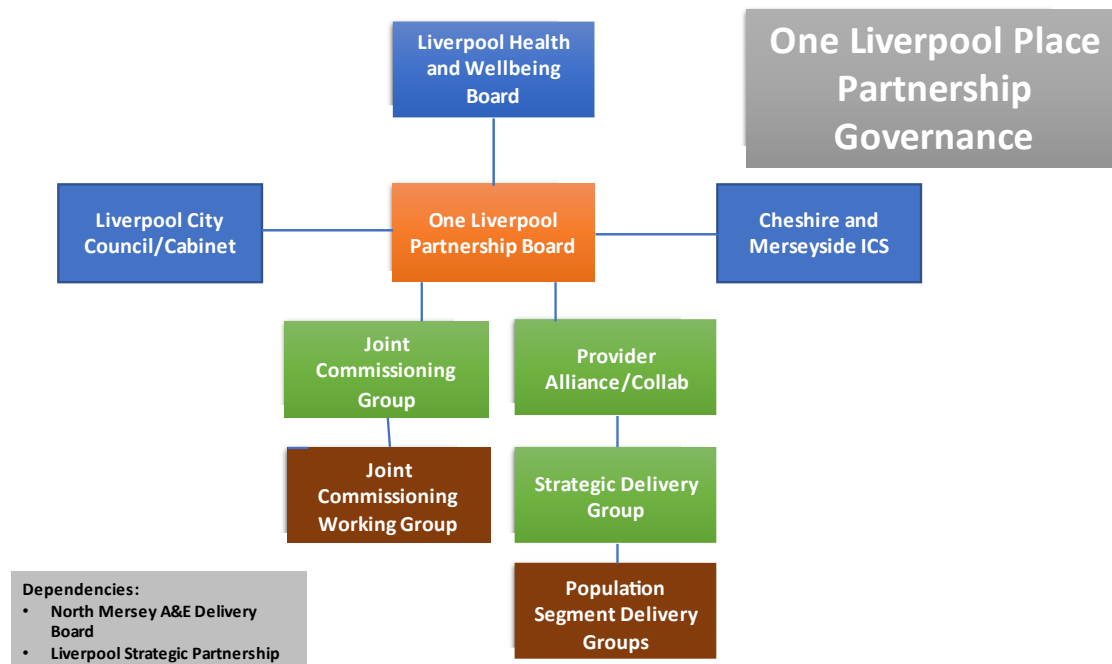
The Review will be independent, however arrangements to manage conflicts and potential conflicts of interest to ensure that recommendations made will be taken and seen to be taken, without any possibility of the influence of external or private interest.

7 Working Groups

To assist the review team deliver on its role and responsibility, the One Liverpool Partnership Board will provide guidance and support to the review process, support the establishment of working groups and agree the membership, role, and remit for each working group.

8 Monitoring Effectiveness

The One Liverpool Partnership Board will ensure delivery of the agreed work plan and deliverables in line with timescales. It will keep and provide regular updates on progress, issues, and risks to the C&M ICB. The local Liverpool governance diagram which describes the approach to local oversight is as follows:



9. Outcome and Timescales

Stage 1

Production of a detailed acute model of care and corresponding out of hospital model for primary and community services, together with an associated report considering the requirements outlined above, that describes any opportunity for wider reform and or consequences for other services across the system.

Our outcomes objectives for this review are:

- improved outcomes and equity for the population
- ensure patient/user/citizen centred services
- improved quality, safety, and patient experience
- improved efficiency and effectiveness
- increased ability to recruit and retain staff

The detailed acute model of care and associated report must set out the following:

- *An acute care model for secondary and tertiary services across Liverpool and a corresponding out of hospital model for primary and community services*

- *A description of the outcomes and solutions that will achieve financial and operational sustainability from a revenue and capital perspective giving recommendations on value for money*
- *Demonstrates how the proposed model incorporates opportunities to maximise education, research, and innovation opportunities, to enhance the reputation of the Liverpool system both nationally and internationally and improves workforce supply and retention*
- *Identifies opportunities to modernise service models, through better use of technology and telehealth, delivered as close to home as possible and delivers sustainable services out of hospital supported by a single longitudinal care record.*
- *Identify areas of good practice that could be rolled out/shared.*
- *Identify the estate and infrastructure (including Digital) requirements of any proposals and associated workforce, capital/revenue consequences*
- *Any identified risks, including but not limited to any consequences for :*
 - *Out of hospital care including Mental Health*
 - *Community and Primary Care (physical and mental health services, all age),*
 - *Social care*
- *Opportunities to improve equity and integration in terms of access and outcome (clinical and patient experience)*
- *Any identified governance implications,*
- *Any workforce risks/opportunities,*
- *A summary of sustainable capital and revenue requirements/consequences,*
- *High level actions which are clearly prioritised and based on clinical risk and patient outcome/benefit.*
- *A clear summary of the recommendations and decisions required.*

It is expected that this stage will take no more than 3 months from contract commencement and be complete by 30th September 2022.

PLEASE NOTE – A GATEWAY REVIEW WITH THE COMMISSIONER WILL BE REQUIRED BEFORE COMMENCEMENT OF STAGE 2.

Stage 2

Produce a detailed implementation plan that sets out the priorities for delivering the new model of care in a timely manner together with a corresponding report outlining the following aspects.

The plan and report must:

- *Clearly set out, in priority order, the actions required to implement the proposed changes with clear timescales for implementation and suggested action owners*

- *Consider the need for fulfilling statutory responsibilities to engage and consult on any new model, ensuring that the needs of the local population are appropriately met, and that due consultation is given to reducing existing inequalities of access.*
- *Set out clearly the clinical and workforce leadership requirements to deliver the plans.*
- *Consider and recommend the appropriate governance arrangement to support timely decision making and value for money.*

It is expected that Stage 2 will take no more than 3 months from the end of Stage 1 and be complete by 31st December 2022.

The proposed methodology, time scale and clinical leadership of this review needs to be set out in any proposal as part of the procurement process and be in place for the commencement of the contract noting the staged approach set out above.