

# Annual Work Plan

Delivery Priorities  
for 2026/27



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# Introduction

**Cheshire and Merseyside Provider Collaborative (CMPC) consists of all 15 NHS provider trusts across Cheshire and Merseyside, encompassing acute, specialist, community and mental health services.**

Supported by a highly experienced programme team, we work collectively and alongside Cheshire and Merseyside's Integrated Care Board (ICB) to respond to the challenges that we currently face – those which cannot be solved by any single organisation, alone.

These include clinical fragility, workforce pressures, unwarranted variation and the need for long-term financial sustainability, all while protecting local access and improving patient outcomes.

Collaboration at the right scale is vital. CMPC members work together as a whole or in smaller clusters, depending on shared goals. This approach has already delivered significant results. In 2025/26, we secured £50 million of diagnostic funding and enabled NHS Cheshire and Merseyside to maintain its strong position in the top 4 Integrated Care Systems for diagnostic waiting time performance.

We also supported the delivery of over £40 million efficiency savings, reduced 52-week waiting lists by 39% in elective healthcare and increased Virtual Ward referrals by 51%. In addition to this, our introduction of dermatology AI pathways resulted in over 4,500 unnecessary face-to-face appointments being avoided.

Critical to our future success, is the CMPC Provider Strategy (CMPC Provider Blueprint), developed by and for the CMPC provider trusts. This is a robust response to the national context and direction for NHS providers, including the NHS Medium-Term and 10 Year Health Plans.

This provides a clear framework that will enable us to realise the benefits of working at scale, not least through the consolidation of corporate and clinical support functions over larger footprints, releasing capacity and resources back into frontline care. Through it we can strengthen fragile clinical services, better support

neighbourhood-based care, reduce duplication and create sustainable provider models fit for the future. Collectively, we hold the leadership, governance and capability needed to turn this ambition into action, supporting trusts to work differently, together.

Equally integral to achieving our delivery priorities for 2026/27 and beyond, are the CMPC's Programme Plans. These focus on what matters most: efficiency at scale, recovery and transformation in elective and diagnostic services, community and clinical pathways.

Our vision is to work collectively for a single healthcare system, to provide high quality, timely, efficient, productive and sustainable services to everyone in Cheshire and Merseyside.

We are proud to share the CMPC's Annual Work Plan for 2026/27. It is only through the harnessing of our collective experience, skills and passion for better, more equitable patient healthcare, that we will truly make our vision a reality. Together, we are stronger.



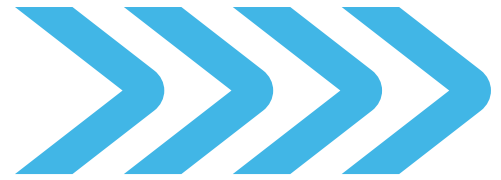
**Janelle Holmes**

Joint Chief Executive  
Wirral University Teaching Hospital  
NHS Foundation Trust and Wirral  
Community Health and Care  
NHS Foundation Trust



**Linda Buckley**

Managing Director  
Cheshire and Merseyside  
Provider Collaborative



## About us

**Cheshire and Merseyside Provider Collaborative was formed on 1 May 2025, when Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative (CMAST) and the Mental Health, Learning Disability and Community Provider Collaborative (MHLDC), separate entities since 2021, merged.**

Already we are realising the benefits of this one co-ordinated system, encompassing specialist, mental health, learning disability, and community providers.

Between us we provide a range of health and care services, with several specialist areas including paediatrics, neurology, cancer, cardio-thoracic and women's.

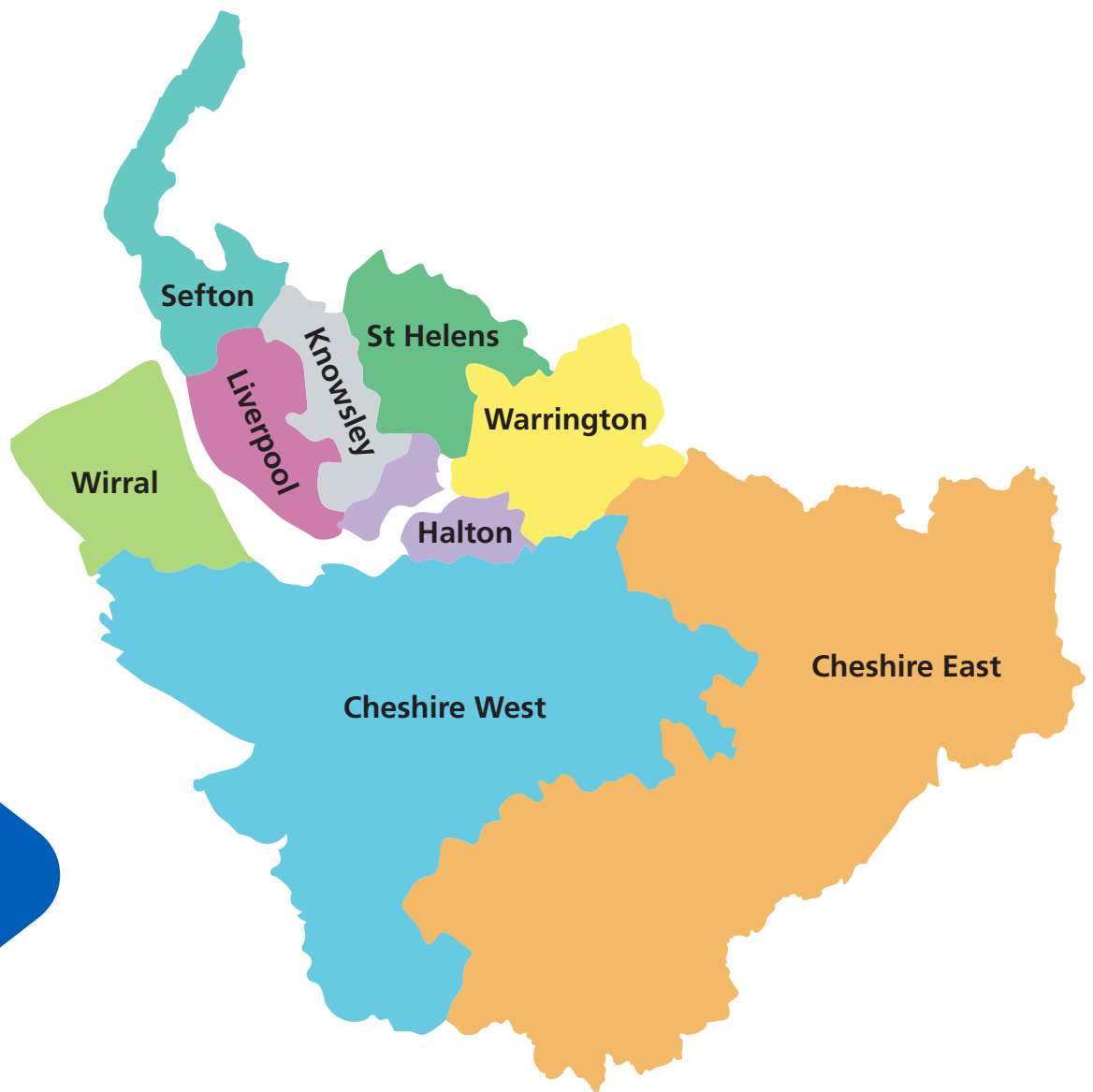
We are supported by a highly experienced CMPC programme team, drawn from specialist areas and chosen for their combined expertise.

Fair and equal collaboration is key to our success. We have a joint working agreement, robust Governance Framework and a Committee in Common, enabling delegated system decision making, where required.

Together, we are committed to providing the highest quality healthcare that will meet our communities' changing needs.



Image: Mersey and West Lancashire Teaching Hospitals NHS Trust



## The CMPC is all 15 provider trusts within Cheshire and Merseyside

- > Alder Hey Children’s Hospital NHS Foundation Trust
- > Cheshire and Wirral Partnership NHS Foundation Trust
- > The Clatterbridge Cancer Centre NHS Foundation Trust
- > Countess of Chester Hospital NHS Foundation Trust
- > East Cheshire NHS Trust
- > University Hospitals of Liverpool Group (Liverpool Heart and Chest Hospital NHS Foundation Trust, Liverpool University Hospitals NHS Foundation Trust and Liverpool Women’s NHS Foundation Trust)
- > Mersey and West Lancashire Teaching Hospitals NHS Trust
- > Mersey Care NHS Foundation Trust
- > Mid Cheshire Hospitals NHS Foundation Trust
- > North Cheshire and Mersey NHS Foundation Trust
- > Wirral Community Health and Care NHS Foundation Trust
- > Wirral University Teaching Hospital NHS Foundation Trust
- > The Walton Centre NHS Foundation Trust
- > North West Ambulance Service NHS Trust\*

\*CMPC partner

# Our impact in 2025/26

Just few of the ways in which we've been transforming healthcare across Cheshire and Merseyside...

## Efficiency at Scale Programme

- > Facilitated delivery of **£14 million non-pay efficiency savings**
- > Supported delivery of over **£30 million in medicines efficiencies**

## Clinical Services Transformation

- > **Ophthalmology single point of access pilot** in 5/9 Places **avoided circa 1,600 unnecessary outpatient appointments** and provided a centralised patient choice process
- > **Introduction of dermatology AI pathways** resulted in **29%** of Urgent Suspected Skin Cancer referrals being discharged (**4,640 unnecessary face to face appointments avoided**), **£1.8 million additional CDC income**, plus **efficiency savings** from reduced outpatient appointments and biopsies

## Elective Reform and Transformation Programme

- > **39% reduction** in patients waiting **52 weeks** or more
- > **93% reduction** in patients waiting **65 weeks** or more

## Diagnostics Programme

- > **Top 4 ICS ranking** throughout the year for patients seen **within 6 weeks** and **top 2 ranking** throughout the year for patients waiting **13 weeks or less**
- > **21% improvement** in sleep study waiting time performance, resulting in **number 1 ICS ranking**
- > **10 Community Diagnostic Centres operational** (with a further 2 planned) **providing 7 day week access** (where needed)

## Community Programme

- > **27% increase** in patients seen by Urgent Community Response services
- > **51% increase** in Virtual Ward referrals
- > Identification of a **cost saving opportunity for providers of over £5.5 million**



# Plan for 2026/27



Image: Mersey Care NHS Foundation Trust

## The CMPC Provider Strategy

**In August and September 2025, CMPC's providers developed a strategic framework to collectively address the challenges facing them, both now and in the future:**

- > Clinical fragility
- > Workforce pressures
- > Unwarranted variation
- > Long-term financial sustainability
- > Improving outcomes for patients

Whether these stem from national and regional directives, demographic shifts, or evolving medical needs, it is essential to recognise that no single organisation can address them in isolation.

The result was the CMPC Provider Strategy (CMPC Provider Blueprint).

Fundamental to our plan for the next three years, this sets out a shared framework for how we, as provider organisations across Cheshire and Merseyside, can align to work at scale, flexibly and over time to strengthen our services, reduce fragility and support neighbourhood-based care.

# Levers for change

The CMPC Provider Strategy brings together five interconnected levers to enable this change



## The creation of provider groups, alliances and partnerships

To create scale, resilience and shared leadership across geographies



## Developing service chains for specialist care

To reduce clinical fragility and improve access to expertise closer to home



## The transformation of fragile clinical services

To protect quality and workforce sustainability where services cannot safely standalone



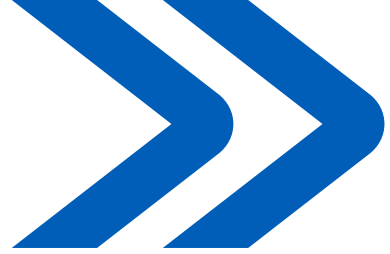
## The alignment of community services to Place/ integrated care footprints

To support neighbourhood health, integration and the shift from hospital to community



## The consolidation of corporate and clinical support functions on larger footprints

To release capacity and resources back into frontline care



# Working together for successful delivery

Through our collective strength and supported by the dedicated CMPC programme team, together, CMPC’s providers hold the leadership, governance, shared capability and pace required to successfully deliver the CMPC Provider Strategy.

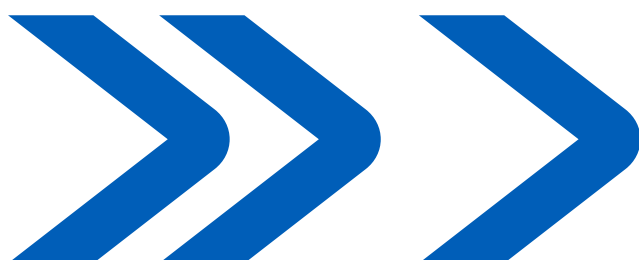
The CMPC’s four core functions will drive the CMPC Provider Strategy forward.

CMPC function	What this means in reality
System leadership	Creating shared strategic direction where national policy requires change
Enablement	Providing expertise, programme support and frameworks, so that each trust is not working alone
Pace and grip	Moving from discussion to implementation across groups, services and functions
Assurance	Ensuring changes improve quality, workforce sustainability and value

## Real life results, for better patient care

Through the CMPC Provider Strategy we will deliver significant transformation, with more resilient services, better patient outcomes, stronger workforce sustainability and a system that can live within its means, while keeping care as local as possible.

Together, we will turn it into action, supporting each other to move at pace, protecting quality and improving outcomes for the populations we serve.



# Clinical Services Transformation

**Clinical Services Transformation forms a core part of the CMPC Provider Strategy. Here, we use a co-ordinated, system-wide approach to strengthen services experiencing sustainability pressures driven by workforce shortages, scale limitations and operational variation.**

By bringing CMPC's providers together around their shared challenges, we are able to deliver improvements that cannot be achieved in isolation, reducing unwarranted variation, improving safety and resilience, supporting long-term clinical and financial sustainability, all for better patient care.

With its focus on collaboration, hosting models and service chain development, Clinical Services Transformation directly supports the aims of the CMPC Provider Strategy.

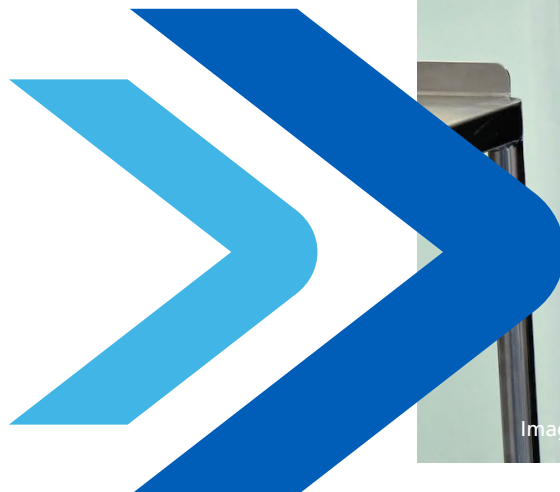


Image: Mersey and West Lancashire Teaching Hospitals NHS Trust

# Clinical Services Transformation

## Just a few of our achievements for Cheshire and Merseyside 2024-26

### Ophthalmology single point of access pilot in 5/9 Places

- > Circa **1,600 unnecessary outpatient appointments avoided** over 12 months
- > Procurement now underway for a **long-term commissioned model**



Image: North Cheshire and Mersey NHS Foundation Trust

### Community Musculoskeletal project

- > **5 providers** utilised NHS England funding to **validate waiting lists** and **resource additional clinic days**
- > **3/5 providers** piloted **Digital Triage and Routing tool**, which achieved **85% patient satisfaction score**
- > Achieved a **70% reduction in 18 plus week waits** to January 2025

### DERM AI project

- > **£1 million national funding** was used to introduce **dermatology AI pathways**, utilising DERM AI technology
- > **29%** of Urgent Suspected Skin Cancer referrals discharged (**4,640 unnecessary face to face appointments avoided**)
- > **£1.8 million additional CDC income**, with additional **efficiency savings** from reduced outpatient appointments and biopsies

# Clinical Services Transformation Plan 2026/27

**In 2026/27, the Clinical Services Transformation plan moves from short-term stabilisation to a structured, medium-term model. This is aligned with the NHS Medium-Term Planning Framework, 10 Year Health Plan and the collaborative ambitions of the CMPC Provider Strategy.**

It also builds on the strong progress made in 2025/26, where system level collaboration, innovation and data driven redesign delivered significant improvement across several pathways.

Collectively, these achievements demonstrate our ability to apply innovation, embed digital tools, redesign pathways and deliver cross-organisation solutions that stabilise fragile clinical services, reduce acute demand and delays and improve patient outcomes.

## Key strategic objectives

### > Identifying fragile clinical services

We will implement a unified, system-wide, data driven approach to assessing and prioritising fragile clinical services. In doing this, we can ensure that left shift is embedded in pathway redesign and that the plan is aligned to ICB ambitions.

### > Adopting best practice pathway redesign

Using best practice we will standardise and redesign pathways to reduce variation, improve quality and safety, and embed evidence based practice. This will enable the identification of opportunities to move diagnostics, monitoring and ongoing management into community and primary care settings. In this way, care can be delivered earlier, closer to home and outside of acute hospitals.

### > Supporting left shift pathway changes

Here, our focus is on accelerating the movement of appropriate care from hospital to community settings, reducing acute pressures and improving access. Through the utilisation of digital tools

To ensure long-term resilience and system sustainability, we will focus on the following key strategic objectives, all of which directly support the CMPC Provider Strategy priorities of collaboration, hosting models and service chain development. Through this approach, our fragile clinical services will operate both safely and sustainably.

such as virtual care, remote monitoring and system-wide data platforms, we will further enhance community management.

### > Optimising CMPC clinical networks / alliances

2026/27 will be a year of strategic consolidation and operational acceleration. By strengthening clinical networks and alliances we can support both service delivery at scale and hosted service models. Through this we will create a more resilient workforce and enable specialists to support community-based care, through shared governance and flexible workforce arrangements.

As part of this, the establishment of the Cheshire and Merseyside Clinical Reference Group provides the clinical governance needed to validate prioritisation, shape service model options and support coherent system level decision making.



Image: University Hospitals of Liverpool Group

# Cheshire and Merseyside Provider Collaborative Programmes

Whilst the CMPC Provider Strategy addresses the key systematic challenges we, as trusts, all face, our CMPC Programmes continue to support the achievement of our agreed strategic priorities of clinical improvement and transformation, sustainability and value. Our Community Programme in particular, also links more directly with the CMPC Provider Strategy.

Clinical improvement and transformation			CMPC strategic priorities
Sustainability and value			
CMPC Provider Strategy			Clinical Services Transformation
Elective Reform and Transformation	Efficiency at Scale	Diagnostics	Community

The strategic objectives of our programmes align both with national and regional directives and the areas of delivery trusts have agreed with the ICB. All provide a tight focus on patient centred delivery and the fulfilment of each trust’s NHS planning commitments.

Quality is a critical thread running through each programme and as such, can be demonstrated throughout this annual plan.

Concurrent with transformation must be our continued ability to deliver care that is

safe, effective and provides a positive patient experience. Crucially, health inequalities must be addressed, particularly within hard-to-reach communities.

To reflect and respond to our changing healthcare landscape and priorities, our programmes will continue to develop and evolve through 2026/27.

As with the CMPC Provider Strategy, we have and will continue to see success, by working collaboratively in these areas.

# CMPC Programmes – an overview

## CMPC Programme



Efficiency at Scale



Diagnostics



Elective Reform and Transformation



Community

## Benefits across Cheshire and Merseyside

Leveraging scale, standardisation and collaboration to deliver measurable efficiencies and improved productivity across NHS corporate services, procurement, digital and medicines optimisation.

Ensuring patients have access to safe, equitable, clinically effective, efficient, innovative, timely and sustainable diagnostic services, representing best value for money.

Optimising demand initiatives through the transformation of referral processes and outpatient services. Improving productivity and harnessing system-wide capacity for the delivery of high-performing elective healthcare.

Improving productivity, efficiency and clinical outcomes of community services through collaboration, sharing of best practice and alignment with national and regional priorities, including the shift from hospital to community.



Image: University Hospitals of Liverpool Group



Image: Cheshire and Merseyside Provider Collaborative

## Efficiency at Scale Programme Priorities

**The Efficiency at Scale Programme is a system-wide initiative, with CMPC trusts coming together to address shared challenges and deliver improvements that cannot be achieved in isolation.**

Through it, we use scale, standardisation and collaboration to:

- Reduce unwarranted variation
- Deliver measurable efficiencies
- Improve resilience and productivity
- Strengthen quality across corporate services, procurement, digital optimisation and medicines optimisation

Collectively, improvements brought by the programme reduce health inequalities and support the levelling-up of services across Cheshire and Merseyside, as well as strengthening the system's long-term financial sustainability.

# Efficiency at Scale

## Just a few of our achievements for Cheshire and Merseyside 2025/26

Forecasted **£14 million procurement In-Year Estimate savings**, equating to **£19 million Financial Year End savings**

Corporate services **cost growth held at 5%** (below national and North West levels)

Supporting **£20 million prescribing efficiency savings** across the system

Achieved **£10 million** high-cost drugs savings

Continued progress toward a single payroll model, **reducing in-house services from four to two**



Image: North Cheshire and Mersey NHS Foundation Trust

# Efficiency at Scale Programme Plan 2026/27

**This year, the Efficiency at Scale Programme Plan moves away from short-termism by balancing transactional in-year delivery with a strategic, medium-term approach.**

This aligns both to national planning and the CMPC Provider Strategy, with a focus on scale, standardisation and collaboration.

In this way it will reduce duplication, streamline processes and improve productivity across the system. Through realising these benefits, we will support more consistent delivery across all trusts.

## Key strategic objectives

### > Corporate services

We plan to create simpler, more scalable and consistent support functions across the system by progressing a single payroll provider, aligning finance ledger processes, developing shared service models and establishing a robust procurement hub. These elements combined will reduce corporate services costs and improve service resilience.

### > Purchase at scale

Through delivery of the £6 million system procurement workplan, optimisation of NHS Supply Chain routes and the development of an estates category workplan, activity will be consolidated, contracting approaches will be standardised and access to high-quality products will be improved.

Coupled together, our procurement hub model and purchase-at-scale workplan will enable co-ordinated procurement. Through this, we will improve equity of supply, ensuring patients receive the right products at the right time, whilst optimising the system's £1.2 billion addressable spend.

### > Digital optimisation

Our digital optimisation initiative will strengthen system and service harmonisation during the Commissioning Support Unit transition, delivering non-pay efficiencies and introducing innovation through Ambient AI and Agentic AI proof-of-concepts.

In this way, we will enhance interoperability, smooth workflows and release staff time for direct patient care, supporting reduced waiting times, providing a better patient experience, and improving patient outcomes.

### > Medicines optimisation

Through medicines optimisation, the delivery programme will continue to reduce unwarranted variation through high-cost drugs work, progress the Aseptic Full Business Case and deliver prescribing harmonisation and optimisation (£26 million efficiencies are forecasted) across key pathways and specialties.

This will improve medicines safety and support better, more consistent and equitable outcomes for patients, reducing avoidable harm and admissions and improving access to effective therapies.

# Diagnostics Programme Priorities

**CMPC's Diagnostics Programme is a collaboration across all NHS Cheshire and Merseyside organisations, incorporating Endoscopy, Imaging, Pathology, Community Diagnostics Centres and Physiological Science clinical networks.**

With 95% of patients requiring access to a diagnostic test, the programme (which covers over 70 tests) is a critical enabler both for the region and its trusts' cancer, emergency, elective and primary care performance.

Our work binds us all together, so that we can collectively deliver improved performance, productivity, value for money, resilience and quality for all our patients.



Image: The Clatterbridge Cancer Centre NHS Foundation Trust

# Diagnostics

## Just a few of our achievements for Cheshire and Merseyside 2025/26



Throughout 2025/26, **Cheshire and Merseyside ranked in the top 4 ICBs** for waiting time performance, with **93.4% of patients receiving their test within 6 weeks**

**Advanced Acceleration Technology** was installed on **11 MRI scanners**, resulting in an **extra 5830 scans per year**

**More than 3000 patients have experienced a shorter waiting time** due to CMPC's mutual aid procedure, **saving over £1 million spend**

**AI solutions** are being tested in Echocardiography, to **deliver increased productivity**. Demand management work has **reduced inappropriate referrals by 40%**



Image: University Hospitals of Liverpool Group

All Chest X-Rays are now reviewed with AI, **allowing more abnormalities to be detected** and **shortening lung cancer pathways by 3 days**

**Secured £46.8 million revenue to cover Community Diagnostics Centre activity**, training for sonographers, implementation of a new Laboratory Information System and patient pathways for breathlessness and hearing loss

# Diagnosics

## Programme Plan 2026/27

In 2026/27 we aim to deliver exceptional diagnostic services, supporting the left shift of care through improvement and transformation initiatives.

Our focus will be on four strategic objectives, all of which will have a substantial impact not solely on diagnostics, but the system as a whole.

### Key strategic objectives

#### > Performance and productivity - delivering minimum patient waiting times

By implementing system-wide demand management, utilisation and productivity plans, along with mutual aid and technology solutions that reduce the time taken for tests, we will ensure that 96.6% of patients receive a test within 6 weeks.

We will reduce the time it takes for results to become available, by implementing digital pathology and completing the Digital Imaging system Cloud upgrade. We will also reduce transfers from Urgent Treatment Centres to Emergency Departments, by ensuring more on-the-day tests are available.

#### > Strategy and standardisation - meeting population needs

Through the introduction of single queue technology, we will enable patients to select the provider with the shortest waiting time, as well as ensuring that they go straight to test stage, rather than having an outpatient appointment first.

We will also produce optimum service models for Interventional Radiology, Genomics and Phlebotomy, to maximise system resilience, drive out inefficiency and unwarranted variation.

#### > Digital and innovation – enhancing patient and clinician experience

By implementing several unified single digital solutions, cutting edge technologies and AI options, we will reduce duplication, save time and detect more abnormalities.

#### > Cost reduction - delivering best value for money

Through the consolidation of services and by minimising waste, we will reduce spend on non-NHS sub-contracting and deliver reduced spend in pathology. Additionally, we will maximise utilisation of all sites, so that spend per clinic is optimised.

# Elective Reform and Transformation Programme Priorities

The Elective Reform and Transformation Programme is a collaboration between CMPC's acute and specialist providers. It supports the delivery of NHS Operational Planning priorities and longer-term transformation aligned to the NHS 10 Year Health Plan.

Working closely with CMPC's providers and wider system partners, the programme enables 'at scale' opportunities, increasing productivity, tackling unwarranted variation and improving outcomes for patients.



Image: Mid Cheshire Hospitals NHS Foundation Trust

# Elective Reform and Transformation

Just a few of our achievements  
for Cheshire and Merseyside 2025/26



Image: The Walton Centre NHS Foundation Trust

**2.4% improvement** in 18-week  
**Referral to Treatment** performance

Reduced patients waiting **52 weeks**  
or more by **39%**

**Number of patients**  
**waiting 65 weeks**  
or more **reduced by**  
**93%**, from 1003 in  
April 2025 to 23 in  
February 2026

**Helped secure NHS England capital investment**  
**of £5.1 million** to improve theatres, clinical  
spaces and upgrade medical equipment,  
**delivering improved productivity**

# Elective Reform and Transformation Programme Plan 2026/27

In 2026/27, the programme aims to deliver high-performing elective care and support the left shift of care, through the provision of improvement and transformation.

## Key strategic objectives

### > Demand management

Through demand management we will optimise the referral pathway in line with national best practice guidance and the principles of 'left shift,' safely reducing unnecessary demand on acute services and delivering care closer to home.

The programme will continue to build on the NHS Advice and Guidance improvements 2025/26, to ensure it is available in ten high impact specialties via Single Points of Access by October 2026.

To support this, we will also work in partnership with the wider system to develop new and innovative referral pathways, enabled by digital solutions that support the left shift of care into a community setting and the right patient in the right place, first time.

This will include a focus on transforming outpatient services by developing virtual, asynchronous multi-disciplinary review processes that support 'straight to test pathways' and avoid the need for patients to attend traditional outpatient appointments.

### > Clinical and operational productivity improvement

This initiative will improve clinical and operational productivity through the development of productivity bundles across the elective pathway, using Model Hospital information, and the adoption of a system-wide productivity improvement programme. Both are designed to optimise use of workforce, clinical capacity and system resources.

A critical focus of this work will be to review and standardise clinic templates across high impact specialties, improve outpatient first to follow up ratios and increase capped theatre utilisation to 85%.

### > Referral to Treatment performance oversight

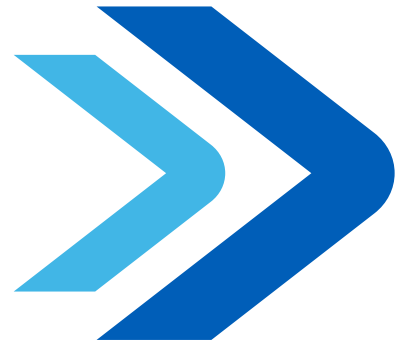
Focus on this area will provide leadership of Cheshire and Merseyside elective performance outputs, supporting the delivery of the national Referral to Treatment targets through oversight and system-wide support. Through this, we will reduce the risk of patients' health deteriorating whilst they wait, keeping them healthier for longer and reducing hospital admissions.

The CMPC programme team will continue to work closely with trusts and NHS England to support the delivery of Referral to Treatment performance targets, including reducing the Cheshire and Merseyside waiting list by 33,000 by the end of March 2027.

### > System capacity management

This workstream will optimise the use of system capacity to improve patient access and deliver high quality care, whilst ensuring the most effective use of resources for all CMPC trusts.

We will build on work completed during 2025/26 to improve the utilisation of elective hubs as system assets across Cheshire and Merseyside, through the development of a System Capacity Management Hub and a single, shared Patient Tracking List.



# Community Programme Priorities

**Our Community Programme brings together CMPC’s community providers, enabling us to support each other by realising the benefits of shared practice and delivery at scale.**

With a focus on urgent and planned community care, it provides effective alternatives to hospital based services, enabling people to remain safe and well in their own homes.

The programme directly links with the CMPC Provider Strategy by aligning community services to localities and ensuring equity of service provision. This is implemented through the methodologies set out in the NHSE Standardising Community Health Services Guidance 2025.

Critically, it addresses variation in commissioning and service delivery, identifying models of care that achieve the best outcomes in the most

efficient way. These are then adopted at scale, ensuring high quality, sustainable services that deliver value for money and, vitally, the best healthcare for patients.

As one of the three shifts described in the NHS 10 Year Health Plan, the programme identifies opportunities to move activity ‘from Hospital to Community.’ This is done with a particular focus on urgent care and providing community-based alternatives for people with an acute health requirement, those that can be treated without the need for hospital attendance and or, admission.



Image: North Cheshire and Mersey NHS Foundation Trust

# Community

## Just a few of our achievements for Cheshire and Merseyside 2025/26

**27% increase in patients seen** by Urgent Community Response services

**51% increase** in Virtual Ward referrals

**Introduction of a clinical assessment service** for 999 ambulance calls

**2% reduction in Category 3** ambulance conveyances

Identification of a **cost saving opportunity** for providers of over **£5.5 million**



Image: North Cheshire and Mersey NHS Foundation Trust

# Community Programme Plan 2026/27

**By working collaboratively to standardise and enhance the Community Services offer in Cheshire and Merseyside, we can keep more people safe and well in their own homes and reduce the demand for hospital-based care.**

Together we will ensure that our patients consistently experience reliable, sustainable and safe access to the most appropriate services to meet their health and care needs.

The programme will focus on three key strategic objectives in 2026/27.

## Key strategic objectives

### > Pre-hospital care

We will maximise the use of urgent community services as alternatives to emergency department attendance and ambulance conveyance. This will be supported by a clinical assessment service that enables rapid patient access to the most appropriate clinical team in the community.

### > Non-acute beds

This initiative will build on progress already made in delivering hospital-level care in community settings. It will include further development of the 430 Virtual Ward beds across Cheshire and Merseyside, as well as increased use of digital and remote monitoring technology. This workstream will improve access to community beds, increasing productivity and enhancing the system's ability to provide care in a non-acute setting.

### > Standardising Community Services

Focus on this important area will enable us to align services to national neighbourhood health priorities and NHSE requirements, mapping cost, activity, outcomes, workforce and commissioning arrangements. This will allow us to support consistency, resilience, and sustainability across the system.

Through better efficiency and productivity, we will improve equity of access to community services, reviewing the balance between resource use and outcomes, and delivering community capital plans, including digital infrastructure, point of care testing, and out of hospital clinical space.





Image: Wirral University Teaching Hospital NHS Foundation Trust

## Contact us

Whether you want to explore the idea of collaboration, discuss this plan further, or simply have a question, please contact us using the details below.



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