

Dorset CCG Clinical Services Review

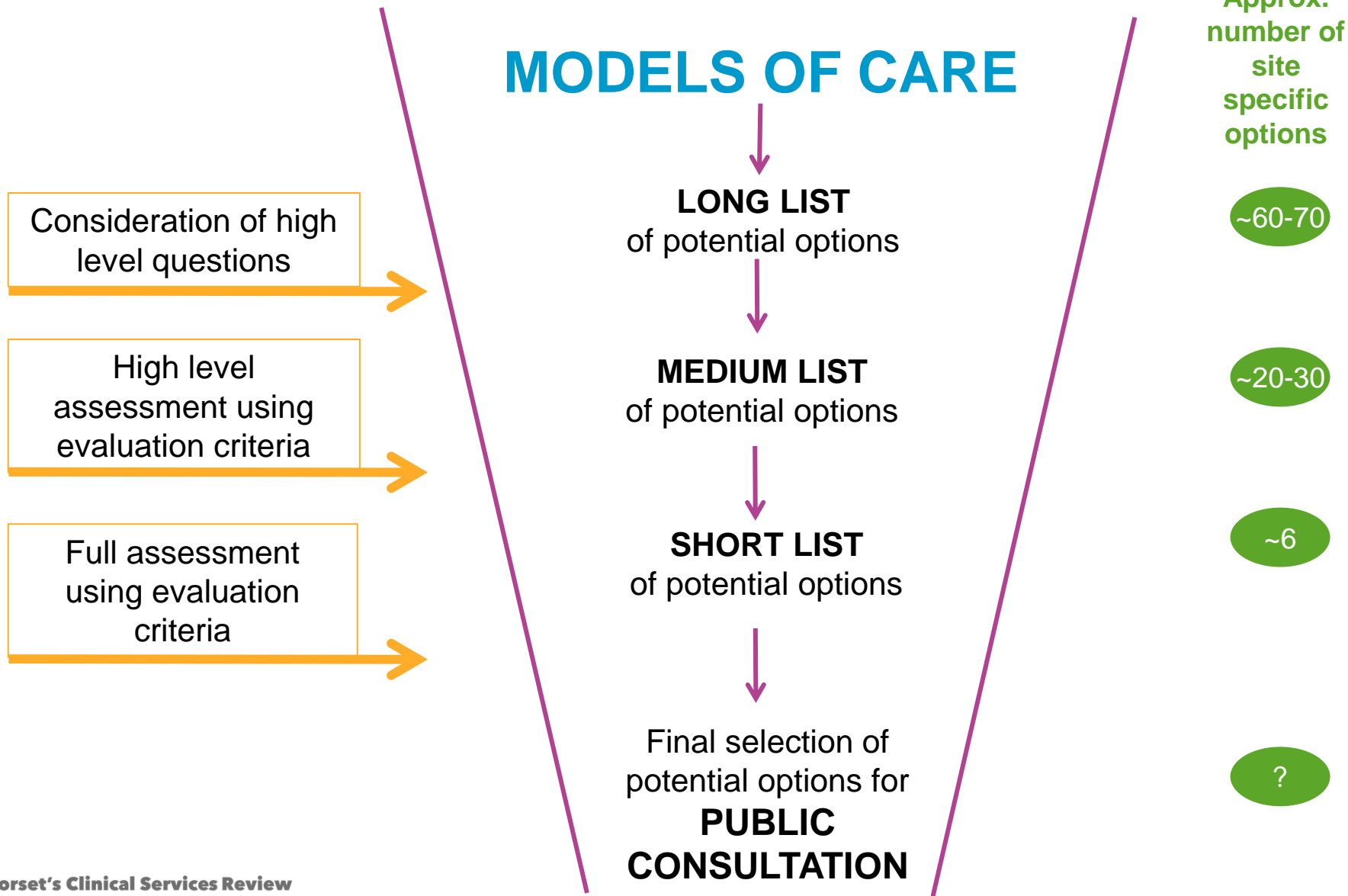
EVALUATION CRITERIA

FEBRUARY 2015



Process for narrowing down long list of potential acute hospital based service options for Dorset

MODELS OF CARE



Evaluation criteria to assess potential options

| Criteria ¹ | Sub-criteria | Description |
|--|--|--|
| 1 Quality of care for all | <ul style="list-style-type: none"> Clinical effectiveness Patient and carer experience Safety | <ul style="list-style-type: none"> Improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites Improved patient and carer experience (overall holistic/personalised care, respect and involvement in decisions and consistency) with excellent communication and improved estate Expected impact on excess mortality, serious untoward incidents |
| 2 Access to care for all | <ul style="list-style-type: none"> Distance and time to access services Service operating hours Patient choice | <ul style="list-style-type: none"> Impact on population weighted average travel times (blue light, off-peak car, peak car, public transport) to reflect average impact for emergency and elective treatment and total impact for more isolated and/ or rural populations Ability of model to facilitate 7 day working and improved access to care out of hours No. of sites delivering emergency, obstetrics, elective, outpatients, diagnostics; no. of Trusts with major hospital sites |
| 3 Affordability and value for money | <ul style="list-style-type: none"> Capital cost to the system Transition costs Net present value Meet license conditions | <ul style="list-style-type: none"> Capital requirement to achieve required capacity & quality One off costs (excl. capital & receipts) to implement changes Total value of each potential option incorporating future capital and revenue/cost implications and compared on like-for-like basis Meets regulatory requirements e.g. surpluses generated by each Foundation Trust |
| 4 Workforce | <ul style="list-style-type: none"> Scale of impact Sustainability Loss of Dorset workforce | <ul style="list-style-type: none"> Potential impact on current staff and retraining required Likelihood to be sustainable from a workforce perspective, facilitating 7 day working and taking into account recruitment challenges and change in what work force does i.e. ability to ensure sufficient people with the right skills in the right places? Potential impact on staff attrition due to change |
| 5 Deliverability | <ul style="list-style-type: none"> Expected time to deliver Co-dependencies with other strategies | <ul style="list-style-type: none"> Ease of delivering change within 3-5 years Alignment with other strategic changes (e.g. Better Together, national and local NHS strategies) and provides a flexible platform for the future |
| 6 Other (e.g., research and education) | <ul style="list-style-type: none"> Disruption to education & research Support current & future education & research delivery | <ul style="list-style-type: none"> Disruption to Research and Education Support for current and developing research and education delivery e.g. meeting college standards of training individuals and service specifications |

High level questions

1

Quality of care for all

Do any of the potential options fail to support the delivery of high quality care in line with standards for high quality services/best practice care pathways, or in line with specific criteria referred to?

2

Access to care for all

Do any of the potential options have an excessive impact on travel times?

3

Affordability and value for money

Are any of the potential options likely to be highly unaffordable – for example will they require a considerable amount of capital expenditure for minimal positive impact on running costs?

4

Workforce

Are any of the options likely to not be deliverable and/or sustainable from a workforce perspective?

5

Deliverability

Are any of the potential options not deliverable within a reasonable time frame? E.g. within next 5-10 years?

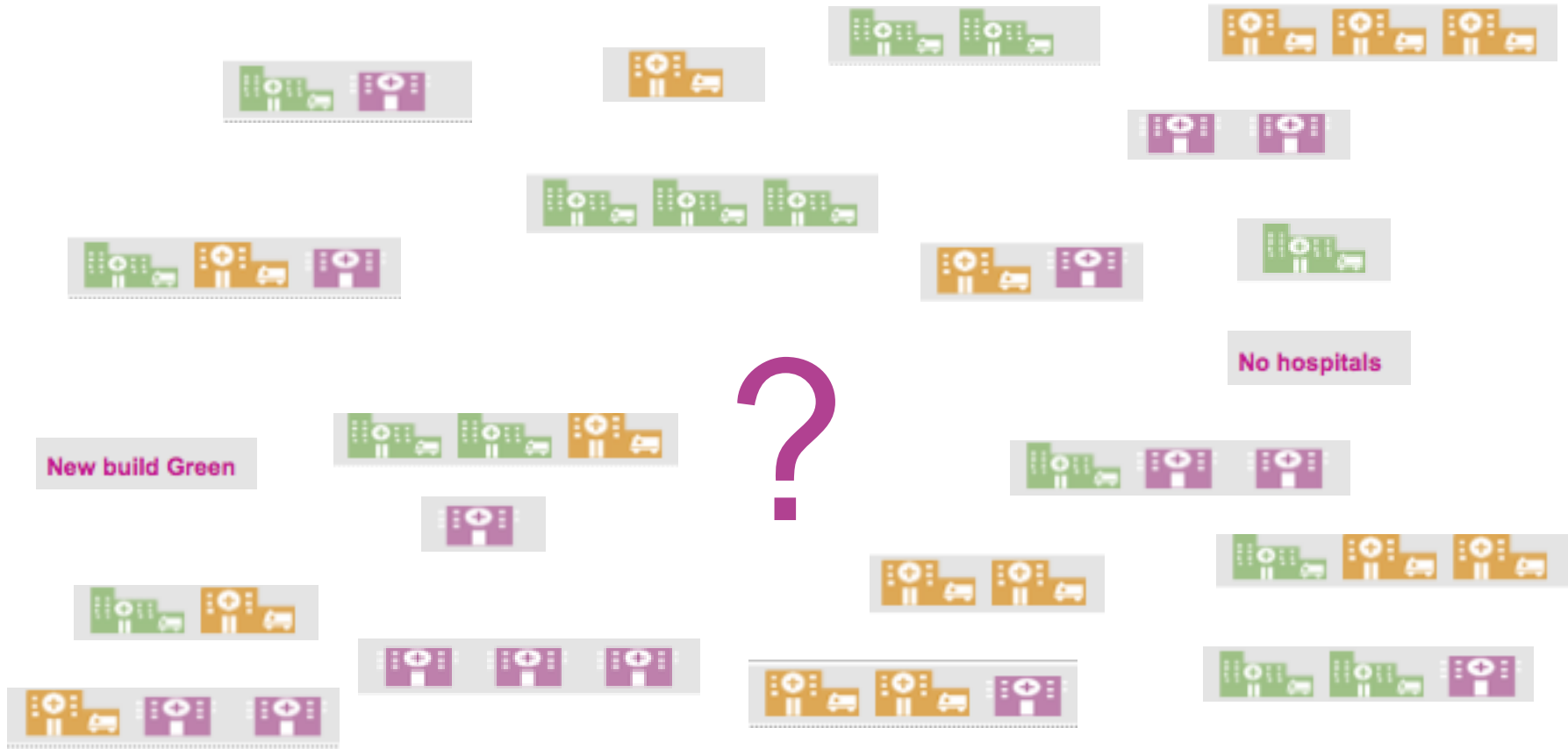
6

Other (e.g., research and education)

Are there other factors which would justify removing any potential options at this stage?



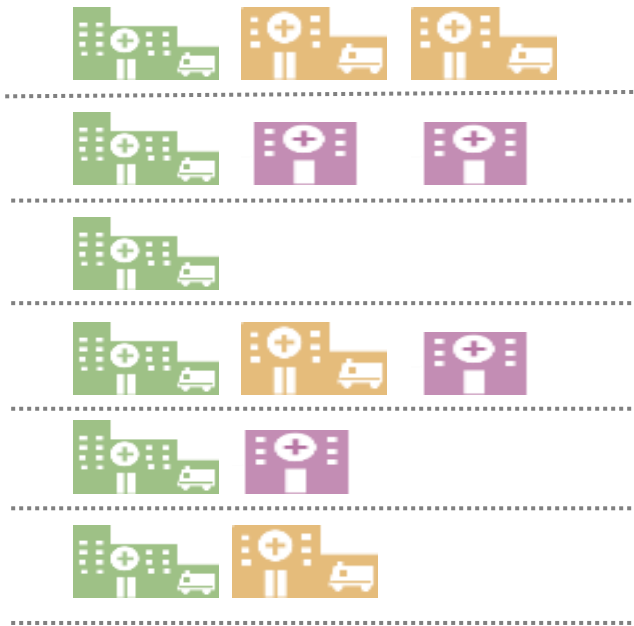
Applying models across Dorset produces many different potential hospital based options



PLUS
Mental health services
Elective Services
Primary care, community care services, social care services

An initial assessment of acute hospital service options against the high level questions to identify medium list

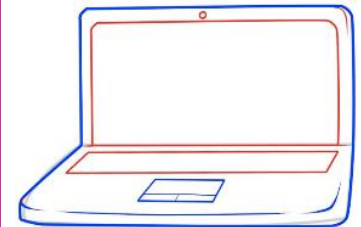
Hospital based service potential option



New build green

These options have passed the high level questions and are being analysed against the status quo.

No site specific decisions have been decided.



Next steps

- On-going analysis of the medium list of potential hospital-based options
- On-going discussion and debate to describe the out-of-acute-hospital models of care
- Assessment of the medium list of potential hospital-based options using the evaluation criteria
- Conduct analysis to understand the impact of out of acute hospital models of care on acute hospital potential options
- CCG to make decision on potential options to take to consultation
- Run public consultation in summer 2015 to get people's views about the potential options
- CCG to decide what changes to commission in autumn 2015
- Implementation of any agreed changes from autumn 2015