Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

HEALTHY WESTON

Evaluation criteria

Final Version Considered by Healthy Weston Steering Group on 7th September

The Joint HOSC is asked to note and support the evaluation criteria. These have been developed drawing on the feedback from the Healthy Weston co-design work, informed by the Healthy Weston Clinical Service Design and Delivery group and tested with the Healthy Weston Public and Patient Weston Group. The criteria will be used to objective test the clinical service options developed for evaluation.

The Evaluation Criteria will be formally considered and approved by the CCG Governing Body in October.

Proposed evaluation criteria

Evaluation criteria	Defined as
1 **Quality of Care**	1.1 Clinical effectiveness 1.2 Patient and carer experience 1.3 Safety
2 **Access to care**	2.1 Impact on patient choice 2.2 Distance, cost and time to access services 2.3 Service operating hours
3 **Workforce**	3.1 Scale of impact 3.2 Impact on recruitment, retention, skills
4 **Value for money**	4.1 Forecast income and expenditure at system and organisation level 4.2 Capital cost to the system 4.3 Transition costs required 4.4 Net present value (10, 20 and 60 year)
5 **Deliverability**	5.1 Expected time to deliver 5.2 Co-dependencies with other strategies/strategic fit

1 Proposed sub-criteria: Quality of care

Evaluation criteria	Questions to test
▪ Clinical effectiveness	▪ Will this option lead to people receiving equal or better quality care/outcomes of care in line with national standards or best practice? ▪ Will this option result in more effective prevention in order to improve life expectancy in the system and reduce health inequalities? ▪ Will this option account for future changes in the population size and demographics? ▪ Will this option lead to more people being treated by teams with the right skills and experience?
▪ Patient and carer experience	▪ Will this option improve continuity of care for patients? (e.g., reduce number of hand offs across teams / organisations, increase frequency of single clinician / team being responsibility for a patient)? ▪ Will this option enable greater opportunity to link with voluntary / community sector health and wellbeing services? ▪ Will this option improve quality of environment in which care is provided?
▪ Patient safety	▪ Will this option allow for patient transfers/emergency intervention within a clinically safe time-frame? Will travel time impact on patient outcome? ▪ Will this option offer reduced levels of risk (e.g., staffed 24/7 rotas, provide networked care, implement standardization)?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

2 Proposed sub-criteria: Access to care

Evaluation criteria	Questions to test
▪ Impact on patient choice	▪ Does this option increase or decrease choice for patients? ▪ Will this option make it easier for people to understand which services they can access when and where?
▪ Distance, cost and time to access services	▪ Will this option increase/reduce travel time and/or cost for patients to access specific services? ▪ Will this option involve patients travelling more/less frequently, change the number of journeys to access urgent medical intervention? ▪ Will this option reduce/increase patients' waiting time to access services? ▪ Will this option increase/reduce travel time and/or cost for carers and family? ▪ Will this option support the use of new technology to improve access?
▪ Service operating hours	▪ Will this option improve operating hours for the service? ▪ Does the option reduce the risk of unplanned changes and improve service resilience?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

3 Proposed sub-criteria: Workforce

Evaluation criteria	Questions to test
▪ Scale of impact	▪ What proportion of current staff will be impacted by the changes across the system?
▪ Impact on recruitment, retention, skills	▪ Will this option improve the recruitment and retention of permanent staff with the right skills, values and competencies? Will it enable staff to maintain or enhance competencies? (e.g., impact on volumes of activity / specialism; increased training / opportunity for accreditation and career progression) ▪ Is the staff travel, relocation or retraining required for this option acceptable? ▪ Is it possible to develop the skills base required in an acceptable time frame? ▪ Will this option optimize the use of clinical staff and enable them to work at the "top of their license"? ▪ Will this option enable accountability and governance structures to support staff? ▪ Will this option increase multi-disciplinary / cross-organisational working?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

4 Proposed sub-criteria: Finance/value for money

Evaluation criteria	Questions to test
▪ Costs & income at organisation and system leve	▪ What are the implications on income and expenditure for each acute Trust within the system? ▪ Does this option reduce the requirement for additional provider subsidy? ▪ What are the implications for total acute spend across the health and care system? ▪ What are the opportunities for investing in more appropriate / alternative settings of care?
▪ Capital cost to the system	▪ What would the capital costs be to the system of each option, including refurbishing or rebuilding capacity in other locations? ▪ Can the required capital be accessed and will the system be able to afford the necessary financing costs?
▪ Transition costs	▪ What are the transition costs (e.g., relocating staff, training and education costs)?
▪ Net present value	▪ What is the 10, 20 and 60 year NPV (net present value) of each option, taking into account capital costs, transition costs and operating costs?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

5 Proposed sub-criteria: Deliverability

Evaluation criteria	Questions to test
▪ Expected time to deliver	▪ Is this option deliverable within 5 years? ▪ How quickly could this option deliver benefits?
▪ Co-dependencies	▪ Is this option compatible with the Healthier Together STP vision? ▪ Does this option support the Healthy Weston vision? ▪ Does this option enable the system to maximise the role of and adapt to new technologies? ▪ Will this option rely on other models of care / provision being put in place and if so, are these deliverable within the necessary timeframe? ▪ Will the wider system be able to deliver on this change including the community and voluntary sector? Can the additional capacity requirements be delivered? Will it destabilize any other providers in a way that can not be managed? ▪ Does the system have access to the infrastructure, capacity and capabilities to successfully implement this option?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group