

# Health Overview and Scrutiny Panel

## April 2022

**Report of:** BNSSG Healthy Weston Phase 2

**Title:** BNSSG Healthy Weston Phase 2

**Ward:** N/A

**Officer Presenting Report:** Colin Bradbury, Ian Barrington, Andy Hollowood, Sarah Jenkins

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### Recommendations

The committee is asked to:

1. Note this update report and the progress made by the BNSSG Healthy Weston Phase Two programme team in developing the concluding phase of the work to secure Weston General Hospital as a dynamic and thriving hospital at the heart of the local community
2. Give a view on whether the proposed model of care and either/ both of the two emerging options<sup>1</sup> constitute substantial variation to current services which would require formal consultation with the local authorities via HOSP/JHOSC and with the public
3. Share comments and feedback on the high-level approach for either a public consultation or a robust engagement period (depending on the panel's determination around substantial variation), recognising that a comprehensive and more detailed specific plan for either consultation or continued engagement will be finalised in due course
4. Discuss and support the draft evaluation criteria that it is proposed are used to assess the options, to underpin the decision-making process.

### Executive Summary

Local clinicians have developed a model that builds on the progress made as a result of Healthy Weston Phase 1 and the merger in 2020 between Weston Area Health Trust and University Hospitals Bristol. We believe that our proposals:

- Preserve the current 14/7 A&E service at Weston, seeing the same range of people and providing the same treatments as today
- Deliver better outcomes for patients of all ages. This includes using digital technology to get specialist opinion and, if someone needs specialist inpatient treatment, transferring them to larger centres that can deliver better outcomes and shorter lengths of stay in hospital
- Give a clear and sustainable service model that is more likely to attract key staff to come and work at Weston, building on recent success of teams both in the hospital and in the community who have been able to attract new staff to come and work in Weston

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<sup>1</sup> Noting that Option 2 is the favoured option at this stage in the process (subject to final assurance and evaluation processes)

- Drive further integration with local community and primary care services
- Mean that many more people can be treated locally at Weston.

## Healthy Weston's Strategy

The overall strategy for Healthy Weston – which is a long-term programme of change across primary care, community services, mental health and acute care – follows the key domains of the North Somerset Health and Wellbeing Board's Strategy. Whilst this paper is about specific proposals to improve the quality and sustainability of services provided at Weston Hospital under Phase 2 of the programme, it is helpful to outline the wider strategy that underpins our objectives. This is broken down into three parts:

### Start Well

We want Weston to be a great place to start and raise a family. That is why we are investing in and continuing the 24/7 midwifery service, strengthening the specialist paediatric service at Weston Hospital and working to improve primary care provision (for example by building a new state-of-the-art GP practice in the Villages development). Further, the Clinical Commissioning Group is investing significantly more per head of North Somerset's weighted population in Children and Adolescent Mental Health Services (CAMHS) than anywhere else in BNSSG.

### Live Well

Our objective is to ensure that services people most often need are available locally. That is why we are developing plans to significantly increase the number of planned operations and procedures at Weston, thereby helping to tackle the backlog that has built up over the course of the pandemic. We also want to have comprehensive mental health services available when people need them most. The Safe Haven service, which serves and supports 50-80 people in mental health crisis every week, came about directly from feedback we heard during the first phase of the Healthy Weston programme.

### Age Well

As we age, we are all likely to need healthcare services more often. We want to support people to live in their own home for as long as possible and – if they do need an inpatient stay in hospital to get an intense period of tailored treatment and rehabilitation - to help them return home as quickly as possible. To do this well, we need to ensure that we build teams that have special training in the treatment of older adults, who often have complex and specific medical needs that are not as well served by generalist clinicians.

## Update on the Healthy Weston Programme (Phase 2)

### Progress to date and the ongoing case for change

The BNSSG Healthy Weston Phase 2 programme, led by clinical and other health service leaders in North Somerset, has an ambitious vision for Weston General Hospital. The ambition is for Weston General Hospital to lead the country as a pioneer for successful local hospitals delivering truly integrated, safe, and high-quality services that meet the specific needs of the population, now and in the future.

We are already on the way to achieving this ambition through the changes implemented at Weston General Hospital a couple of years ago. These have made services safer and more sustainable, particularly for urgent and emergency care, critical care, emergency surgery and acute children's

services. We established much closer working between local GPs and hospital staff and put more focus on providing the services needed by the majority of local people, most of the time. These improvements were all delivered as part of the initial phase of the Healthy Weston programme, agreed in 2019. Outcomes we can point to from the first phase of our Healthy Weston programme include:

- An established and stable model of urgent and emergency care including A&E at Weston Hospital, with a sustainable workforce, running 14/7 and serving on average 137 people every day
- Improved cover of paediatric specialists in A&E so fewer children need to be transferred to Bristol
- An intensive care unit that is now fully integrated with the unit at the Bristol Royal Infirmary
- Local GP practices working together under the banner of Pier Health. This meant that operating out of the formerly closed Riverbank practice, Pier Health practices were able to deliver up 1,000 Covid-19 vaccinations per day to local people
- A new Safe Haven mental health crisis service in the heart of the town. Operating since early 2020, Safe Haven is regularly helping between 50-80 people a week, supporting them to stay well and local rather than having to be referred to more intensive out-of-area services
- Building on our experience of the pandemic to ensure more patients can have virtual consultations by using technology which reduces the risk of infection transmission, reduces travel times/ carbon emissions and enables the waiting list backlog to be addressed more quickly.

This is all welcome progress. However, when the decision was made in 2019 to enact the proposals of Healthy Weston Phase 1, we said at the time that more work would need to be done to realise our vision for a sustainable hospital at the heart of the community. This is because there are still several compelling reasons to continue to improve the provision of care for people in the local area, and the way in which we organise services in Weston General Hospital and beyond: These include:

- **The health needs of the population are changing:** The population is growing, getting older, living with more long-term conditions and there are significant inequalities amongst local communities
- **The current model of care is unsustainable:** Some health services at Weston General Hospital are not able to consistently meet national and local clinical quality standards because of low activity volumes and shortages of specialist staff
- **Whole-system changes are required to ensure timely access to equitable, integrated care:** The introduction of integrated care systems and the merger of Weston Area Health Trust with University Hospitals Bristol give opportunities to improve patient care across the system, increasing access and continuity of care
- **There is an opportunity to better use our resources:** Healthcare resources are limited nationally and across our system and the COVID-19 pandemic has put further pressure on them. We must invest wisely to get the greatest outcome for local people for every NHS pound we spend.

To address these reasons for change, clinicians of all professions, patient and public representatives, social care staff, and service leaders have been working together to develop the proposed new model of care for Weston General Hospital. This second and concluding phase

builds on the work that was undertaken for Healthy Weston Phase 1, as well as national standards for the safe and high-quality delivery of care.

Clinicians, patient and public representatives, and health and care leaders are also looking at how best to improve community-based services. Our ambition is for an integrated health and care system in Weston, Worle and surrounding areas, that will support people's health and wellbeing and ensure that everyone in the area has access to specialised services when they most need them.

## The emerging model of care and two emerging options for consideration

Over the past few months, we have been continuing to make good progress on designing and refining a proposed new model of care for Weston General Hospital and developing potential options for how that care could be delivered in the future. We have been working closely with our regulators and the South West Clinical Senate in terms of assurance on the proposed model, and the development of a pre-consultation business case. In addition, we have continued to work with and involve system partners, stakeholders, staff, and patient and public representatives in our detailed work to date (See Appendix A for more detail on this work).

In order to explain what we are proposing to change (that may or may not fall under the definition of substantial variation and is for discussion with HOSP members), it is also helpful to confirm what Healthy Weston Phase 2 is *not* proposing to change within Weston Hospital. The services that Weston Hospital currently provides covers 12 different core service areas:

Service area	Change proposal
<b>Emergency department (A&amp;E)</b>	No changes proposed under Healthy Weston Phase 2
<b>Same day emergency care (SDEC)</b>	Expand the range of specialties able to provide same day outpatient services through urgent assessment clinics; enabling patients to be rapidly assessed, diagnosed, and treated without being admitted to a ward or trolleyed area
<b>Specialist stroke inpatient rehabilitation</b>	No changes proposed under Healthy Weston Phase 2
<b>Children's services (Seashore Centre)</b>	No changes proposed under Healthy Weston Phase 2
<b>Maternity services</b>	No changes proposed under Healthy Weston Phase 2
<b>Intensive care unit</b>	No changes proposed under Healthy Weston Phase 2
<b>Cancer care</b>	No changes proposed under Healthy Weston Phase 2
<b>Inpatient medicine</b>	Transfer anyone (other than care of elderly patients) needing more than 24 hours inpatient care to larger neighbouring hospitals, resulting in shorter stays and better outcomes for those patients. In our preferred option, this would mean eight additional transfers per day
<b>Outpatient medicine</b>	No changes proposed under Healthy Weston Phase 2

<b>Planned inpatient and day case surgery</b>	Use capacity freed up by changes to inpatient medicine to develop a surgical centre of excellence. Once fully operational, this unit could treat 20 – 130* extra people at Weston Hospital every day
<b>Support services e.g. x-ray, pharmacy, pathology, therapies</b>	No changes proposed under Healthy Weston Phase 2 (although some services may need to be increased to service the significant extra activity of the proposed surgical hub)

The proposed new model of care for Weston General Hospital is focused around three areas of care:

- Urgent and emergency
- Older people
- Planned surgery and procedures.

For each area we have a specific objective:

**A: Providing urgent and emergency care services for all ages 14/7, as now, with those requiring specialist inpatient care being treated at the most appropriate place for their needs**

**B: Creating an integrated centre of excellence for the care of older people**

**C: Developing a surgical centre of excellence, serving a catchment area of ~1m people for a variety of planned operations and procedures.**

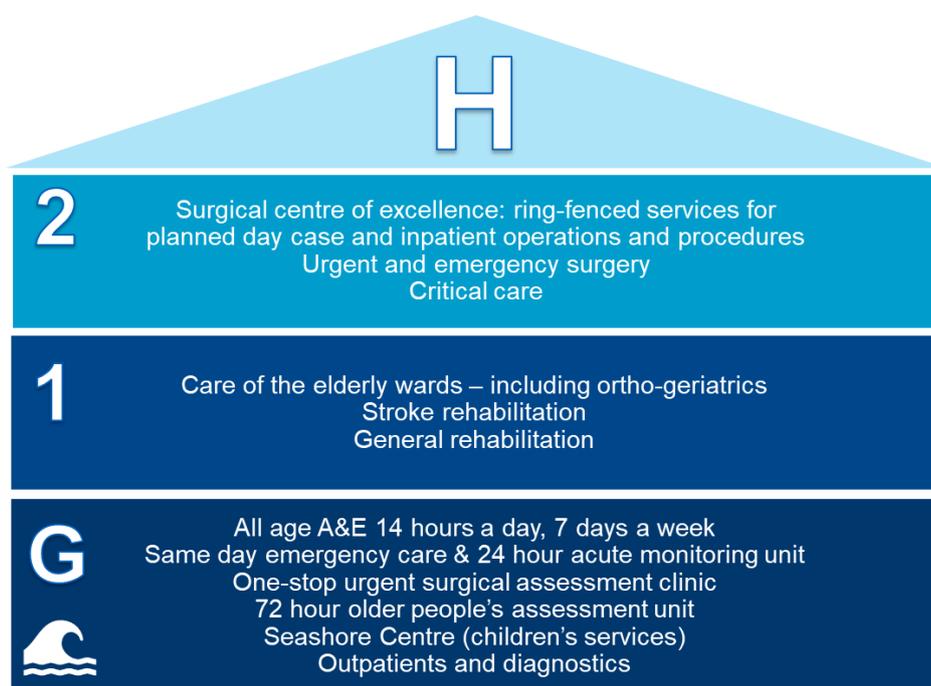
Under our proposed new model of care we would:

- Continue to provide A&E services 14 hours a day (8am to 10pm) seven days a week, exactly as now, and extend the Seashore Centre for urgent children's service to the same opening hours (Objective A)
- Re-focus our resources to provide more same day emergency care, establish a 24-hour acute monitoring unit, a one-stop urgent surgical assessment clinic and a 72-hour older people's assessment unit. These developments would allow us to assess and treat people more quickly and reduce the amount of time they need to spend in hospital (Objective A)
- Transfer anyone (other than older people) needing more than a 24-hour inpatient stay to other hospitals in the area (Objective A)
- Continue to provide outpatient appointments and diagnostic tests for a wide range of specialties at Weston General Hospital (Objective A)
- Expand our care of the elderly services to create **a centre of excellence for older people** recognising that older people are much more likely to need inpatient medical care than others. This particularly reflects the local need as due to our population characteristics Weston Hospital has the highest average inpatient age of any general hospital in the country (Objective B)
- Use the capacity created by changes to urgent and emergency care and unplanned inpatient stays (under Objective A) to establish **a surgical centre of excellence** increasing the amount and type of planned surgery and procedures (such as endoscopies) we can offer. Subject to capital investment, this could (for example) enable **8,159 – 8,945 more hip replacements** or **41,749 – 45,773 more cataract operations** to be performed on the Weston Hospital site every year (Objective C)

- Continue to provide urgent and emergency surgery and critical care for people without complex needs (Objective C).

Clinicians and health service leaders believe the proposed model will be more accessible and better able to support the changing needs of the local population.

In addition, this proposed model of care will help address the fact that Weston is not able to sustain the wide range of teams and rotas to deliver certain specialist inpatient care for areas such as gastroenterology, cardiology and respiratory. Under the proposed new model, inpatient medical specialties are concentrated in other surrounding hospital leaving Weston to focus on developing centres of excellence for older adults (Objective B) and planned surgery (Objective C). The main components of the proposed model of care described above are shown in figure 1 below, mapped against the three floors at Weston General Hospital:



**Figure 1: Proposed model of care for Weston General Hospital**

As described above, the new model of care is designed to meet the specific needs of our local population and proposes establishing a specialist service able to treat older adults (Objective B) holistically within a dedicated older adult's inpatient service. Other types of specialist inpatient medical care (e.g. gastroenterology, respiratory, cardiology) would be provided by larger other local hospitals (Objective A).

This would free up around 40 beds at Weston General Hospital. This released resource, combined with bed capacity freed up by other BNSSG initiatives (most notably £20m of recurrent new investment to reduce length of stay through a programme called 'Discharge to Assess'), would be re-purposed to create the surgical centre of excellence (Objective C) able to treat many thousands more patients a year. It is proposed this facility would support a wide catchment area across BNSSG and Somerset CCGs, to reduce the length of time that people are currently waiting for a broad range of planned operations and procedures.

Therefore, under the proposed model of care we need to consider options for the management of emergency patients (other than older people) who would need specialist inpatient medical care for more than 24 hours. We have identified two potential options for delivering this model of care. The services shown in figure 1 above would be provided under both emerging options.

The two emerging options for emergency services for people in Weston, Worle and the surrounding area are:

- **Option 1:** Patients in ambulances (other than older people) who may need more than 24 hours specialist medical inpatient care are taken straight to another hospital
- **Option 2:** All people in an ambulance, other than those with conditions for which there are existing established pathways (e.g. major trauma) would be taken to Weston General Hospital for assessment and initial treatment. If, on assessment, they needed specialist inpatient care for more than 24 hours (other than older people) they would be transferred to another local hospital.

See Appendix B for a diagram of each option.

**It should be noted that although the evaluation and assurance process is still in train, the programme's Clinical Design Group is strongly in favour of Option 2.**

This is because Option 2, when compared to Option1:

- treats more emergency cases at Weston
- reduces emergency ambulance journey times
- reduces the number of non-elective beds displaced to neighbouring hospitals
- gives Weston staff a wider range of patients to treat, thereby aiding recruitment and retention.

The two emerging options build on the existing approach taken by hospitals across Bristol, North Somerset and South Gloucestershire that already work closely together on a networked basis to provide specialist services for conditions such as major trauma, stroke and serious heart attacks. Under existing arrangements, patients with these conditions do not necessarily get treated in their nearest hospital but are instead seen by the specialist team in the relevant lead hospital.

The key differences between the options are the number of ambulances that would arrive at Weston General Hospital and the number of secondary transfers of patients there would be from Weston to an alternative neighbouring hospital if needed. The tables below provide a more detailed comparison of the two options.

#### Both options

- 14/7 A&E, 24-hour assessment unit, children's urgent and emergency care, outpatients and diagnostic tests
- Patients would not need to 'know' where to go – the A&E front door for 'walk-in' patients (rather than a patient transported by emergency ambulance) would remain the same
- Existing specialist pathways (e.g. major trauma, stroke, vascular, major heart attack) to other hospitals remain the same as now
- Two centres of excellence: one for specialist care of older people and one for surgery (serving people aged 16+)
- People not suitable for our specialist older people centre of excellence **and** in need of more than 24 hours inpatient care would be transferred to other hospitals
- Would free up around 40 beds which, coupled with other BNSSG wide changes, would mean many thousands more people per year from across the BNSSG and Somerset

catchment areas could get their planned operations at Weston (as an example, up to around 45,000 more cataract operations or 9,000 more hip replacements).

	Current	Option 1 (not favoured)	Option 2 (favoured)
Bed capacity at Weston Hospital	Elective: 28 Non elective: 247 Total bed capacity: 275	Elective: 119* Non elective: 156 Total bed capacity: 275	Elective: 111* Non elective: 164 Total bed capacity: 275
Weston A&E attendances (per day)	137	119	137
Ambulances going to Weston A&E (per day)	34	16	34
Additional people transferred from Weston A&E to another hospital (per day) compared to now	N/A	5 extra	8 extra
Extra non-elective beds needed at other hospitals (and % increase in their total non-elective admissions)	Bristol Royal Infirmary	28 beds (4.4% increase)	19 beds (3.1% increase)
	Southmead	13 beds (1.8% increase)	9 beds (1.2% increase)
	Musgrove Park	18 beds (3.6% increase)	12 beds (2.5% increase)
Extra surgical procedures at Weston	N/A	24 -128 extra procedures per day**	22 -114 extra procedures per day**

\* Note: full delivery of this change would require capital investment.

\*\* The number of patients each day would be dependent on the type of operation or procedure carried out. The range shown here is based on two common procedures: hip replacements and cataract operations.

## Travel

We know people care deeply about travel, transport and where they go for their care, and we understand changes to where care is provided can make it difficult to visit loved ones in hospital.

Our proposals would mean significantly more people than now would be able to receive planned operations and procedures at Weston General Hospital. The proposed changes within Objective A would facilitate this by freeing up the space for a surgical centre of excellence described in Objective C. Additionally, bringing more planned operations and procedures to Weston would also mean many local people would no longer need to travel to Bristol for outpatient appointments before and after their procedure. For example, someone living in Weston who needs a cataract operation currently has to travel to Bristol 4-5 times for each eye treated – this would no longer be the case.

However, both options would result in some people having longer ambulance journeys in an emergency and/or having their inpatient care in a different hospital

There are a number of things that will lessen the impact:

- The most life-threatening emergencies (e.g. stroke, major heart attack and major trauma) already go by ambulance to larger specialist centres, improving outcomes for these patients
- People going to hospitals for specialist services will have a shorter length of stay and better outcomes
- Strengthening our community service and same day emergency care offer will mean fewer people will need a hospital admission in the first place
- Where possible, people who are transferred to other hospitals can come back to Weston Hospital once they have had specialist input, to finish their inpatient stay closer to home.

The additional impact on South Western Ambulance Service would be primarily felt in Option 1, as a separate Patient Transport Service for planned inter-hospital transfers is already in place and would be extended for Option 2. Under Option 1 there would be approximately 18 longer journeys per day to convey patients to other hospitals in the area. This has been calculated as the equivalent of one additional ambulance crewed by two ambulance staff per 12-hour shift. The costs for this extra provision have been factored into our proposals. Our modelling indicates that in Option 1 an extra five people per day and an extra eight people per day in Option 2 would be transferred to another hospital following stabilisation/treatment in A&E and/or on short stay wards.

### Discounted options

In developing the two emerging options set out here the Healthy Weston Programme has considered two other potential ways forward, which have since been discounted. These are summarised below:

Option	Rationale for discounting
<b>Do nothing</b>	Under this option, there would be no further changes to services at Weston General Hospital. This option was discounted because it does not address the case for change or help to secure a sustainable model of care that would secure Weston General for the long term.
<b>Frailty only A&amp;E</b>	This option would have seen the A&E open only to older and frail patients. This option was discounted because it does not meet the needs of our local population and, since confirming the change to A&E opening hours back in 2019, we have been able to stabilise our workforce meaning we are able to continue to offer A&E services to all ages.

***The Panel are asked for their view on whether the emerging model of care constitutes substantial variation requiring consultation with the local authorities via HOSP/JOHSP and with the public. As the development of the options is still in progress the HOSP is also asked for their view on whether both the emerging options would constitute substantial variation, or if there is one option that would not constitute substantial variation.***

## High level approach to consultation or engagement

Irrespective of the decision of the HOSP regarding substantial variation, the Healthy Weston Programme will undertake a dedicated period of engagement with staff, patients, the public and stakeholders on any proposed changes to services at Weston General Hospital. This would become a public consultation period if HOSP consider the proposals to be substantial variation to current services.

We will build on the successful and comprehensive consultation carried out for the first phase of the Healthy Weston programme which saw over 5000 people getting involved in contributing to the development of and responding to the proposals for changes to services.

A detailed and comprehensive plan for public consultation or engagement is under development. This plan will cover the principles driving our approach and the core activity we will deliver to encourage responses to the proposed changes. The plan will describe how we will make sure we get as broad and as diverse a range of views and opinions as possible, including those from the nine protected characteristic groups under the equalities' legislation and those from seldom heard and marginalised groups. It will set out how we will use different research methodologies to engage a representative sample of the Weston, Worle and surrounding areas catchment population, and in particular to reach those who may be disproportionately impacted by the proposals.

Importantly, our consultation plan will consider the most up to date pandemic environment and make sure we can engage and consult in a covid-safe way, in line with any relevant restrictions and recognising different levels of concern among local communities. We will seek to exploit digital means of engagement – for example, through online listening events – but also to recognise the digitally excluded and those who can't or don't want to use digital means to engage, through the provision of printed materials, a telephone enquiry line and telephone surveys.

Responses to our consultation or engagement will be analysed by an independent agency, as per best practice. Their report will be considered in full by BNSSG CCG governing body members (or their successors in the newly established Integrated Commissioning Board) in the decision-making phase of our programme. The report will form an important part of our decision-making business case. We are planning that the responses to the consultation/engagement will be considered by the Integrated Care Board members later this year alongside a range of other data and evidence (clinical, financial, workforce, estates etc) we have collated over the course of our review.

***The panel are asked to share comments and feedback on the high-level approach for public consultation and engagement, recognising that a comprehensive and more detailed plan will be developed in due course.***

## Draft evaluation criteria

We will use a clinically led evaluation process to help assess and evaluate our potential options to deliver our proposed new model of care for Weston General Hospital. Model development is a careful process over a period of time, assessing, evaluating and refining potential options and eventually leading to a shortlist of potential options for consultation.

We have refined the evaluation criteria that we propose to use in our decision-making. Our original evaluation criteria were developed in conjunction with local people and clinicians as part of the BNSSG Healthy Weston Phase 1 Programme. These were agreed by the Joint Health Overview and Scrutiny Committee (JHOSC) on 26 September 2018. The evaluation criteria have since been tailored to the Phase 2 programme with the support of patient and public representatives in order to ensure that they are still appropriate for application to Healthy Weston Phase 2. The draft criteria are:

- **Quality of care:** To what extent does the option improve safety, clinical effectiveness, and quality? To what extent does it help us meet best practice recommendations? To what extent does the option improve patient and carer experience?
- **Access to care:** To what extent does the option improve patient choice? What are the impacts on travel distances, costs, and time for patients, visitors, and staff?
- **Workforce:** To what extent does the option support our ambition to create a sustainable workforce? To what extent does the option have a positive impact on recruitment, retention and the skills needed to deliver care? What impact does the option have on staff with protected characteristics?
- **Value for money:** What impact does the option have on spending across the whole healthcare system in our area? Does the option offer opportunities for capital investment in services? What costs would be associated with transitioning from current services to new ways of working under the option?
- **Deliverability:** How long do we expect it to take to implement the option? Are there any inter-dependencies that we need to consider?

See Appendix C for more detail on the evaluation criteria.

***The HOSP are asked to confirm their support for the proposed evaluation criteria, intended to be used for any further shortlisting of the options and, with further refinement, for final decision making. HOSP is asked to note that these have been reviewed and updated by the local NHS system leaders.***

We look forward to ongoing meetings with HOSP in relation to the Healthy Weston programme and welcome the discussion and feedback from members on our proposals and progress.

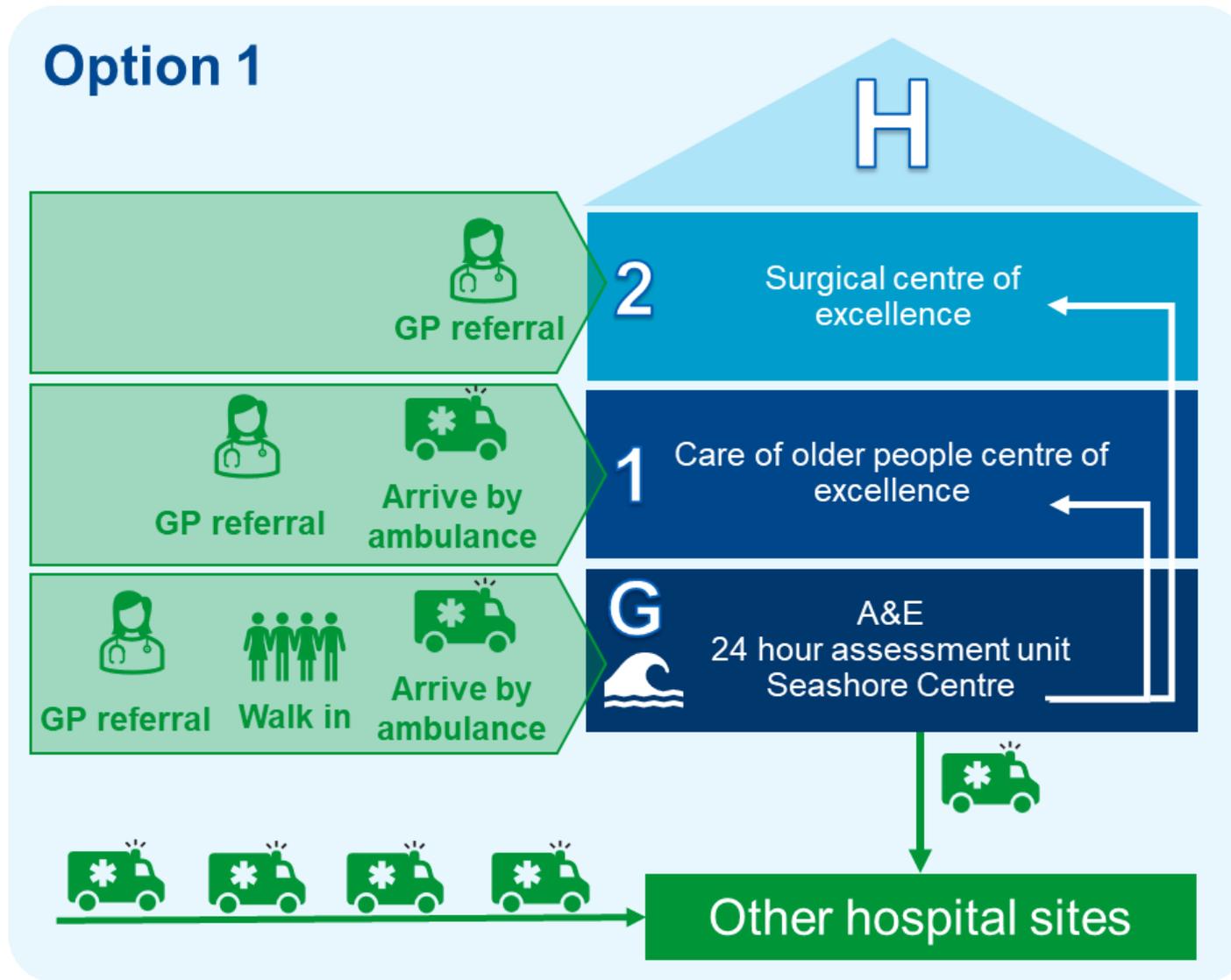
## Appendix A: Pre-consultation engagement undertaken so far

Pre-consultation activity for Healthy Weston Phase 2 builds on the extensive pre-consultation engagement and consultation activity undertaken during Healthy Weston Phase 1, and on the insights gathered through ongoing engagement activity, stakeholder relations, and research work undertaken by the CCG and the trust.

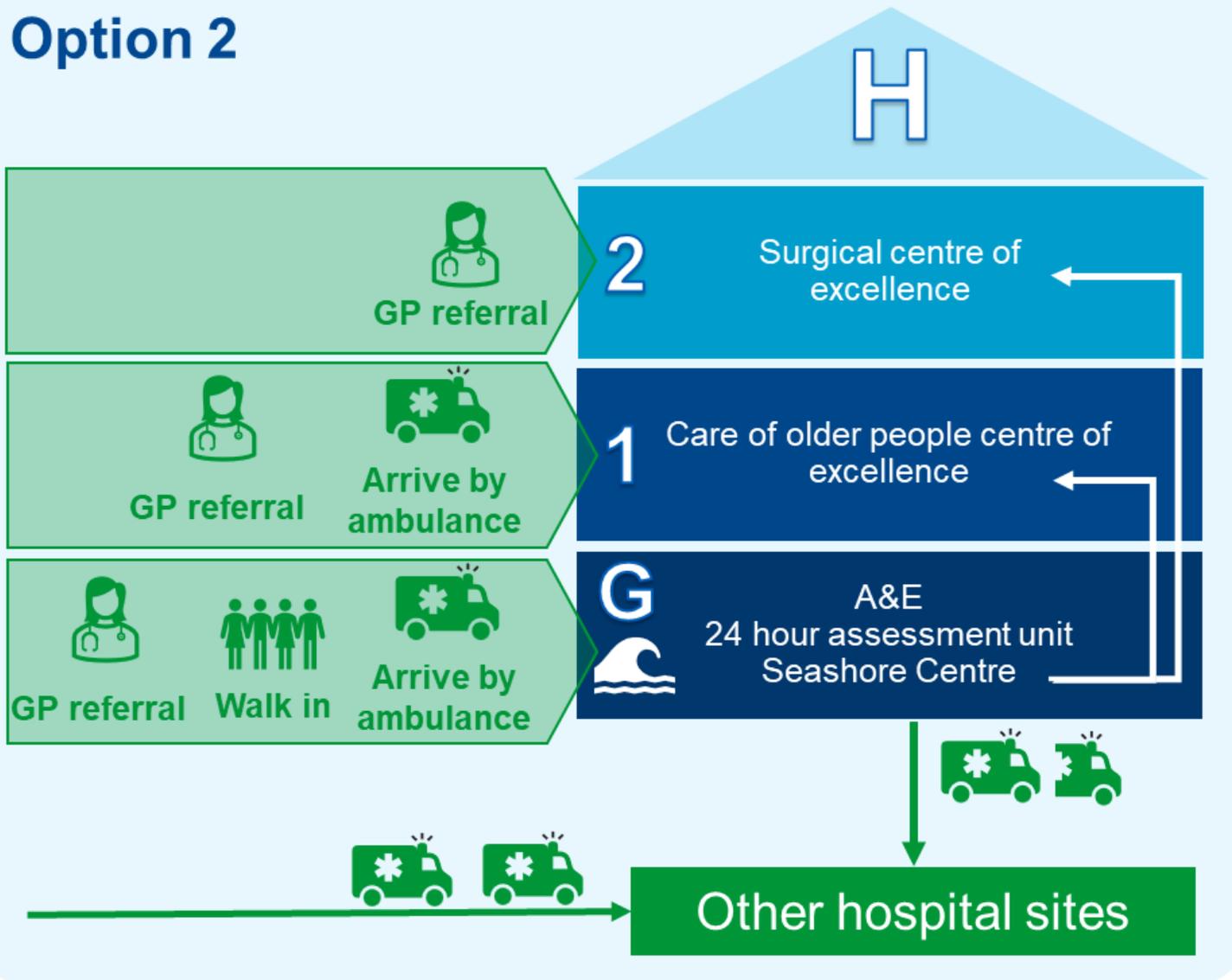
Group	Activity
<b>Stakeholders</b>	Briefings and meetings with key stakeholders including: <ul style="list-style-type: none"> <li>• NHS and social care system partners</li> <li>• MPs</li> <li>• Local authority colleagues and councillors</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Established a UHBW Staff Reference Group and held meetings to gather feedback on vision and ambition, model of care, emerging options and evaluation criteria</li> <li>• Held several all-staff briefing sessions for UHBW staff to hear from Trust leadership about vision and ambition and emerging model of care</li> </ul>
<b>Patients and public</b>	<ul style="list-style-type: none"> <li>• Established a Patient and Public Reference Group and held meetings to gather feedback on vision and ambition, model of care, emerging options and evaluation criteria</li> <li>• Published an update on the Healthier Together website about Phase 2 of the Healthy Weston Programme setting out the vision and ambition for Weston General Hospital, highlighting the three key areas of focus (Urgent and emergency care, care of older people, and planned care)</li> <li>• Published a survey asking for feedback on the update on Phase 2 and on the evaluation criteria (to date we have received 887 responses)</li> </ul>

The outputs of these activities are being analysed and will be used to inform any further refinement of the model of care and options, and the options evaluation. A full report on the pre-consultation activity will be included in the final version of the pre-consultation business case.

## Appendix B: The emerging options



## Option 2



## Appendix C: The evaluation criteria

Evaluation criteria	Defined as
 <b>1 Quality of Care</b>	1.1 Clinical effectiveness 1.2 Patient and carer experience 1.3 Safety
 <b>2 Access to care</b>	2.1 Impact on patient choice 2.2 Distance, cost and time to access services 2.3 Service operating hours
 <b>3 Workforce</b>	3.1 Scale of impact 3.2 Impact on recruitment, retention, skills
 <b>4 Value for money</b>	4.1 Forecast income and expenditure at system and organisation level 4.2 Capital cost to the system 4.3 Transition costs required
 <b>5 Deliverability</b>	5.1 Expected time to deliver 5.2 Sustainability 5.3 Co-dependencies with other strategies/strategic fit