



**Transforming
health and social care**
in Kent and Medway

Evaluation process for changes to hospital services in east Kent

A guide

December 2017

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

A guide to our evaluation process

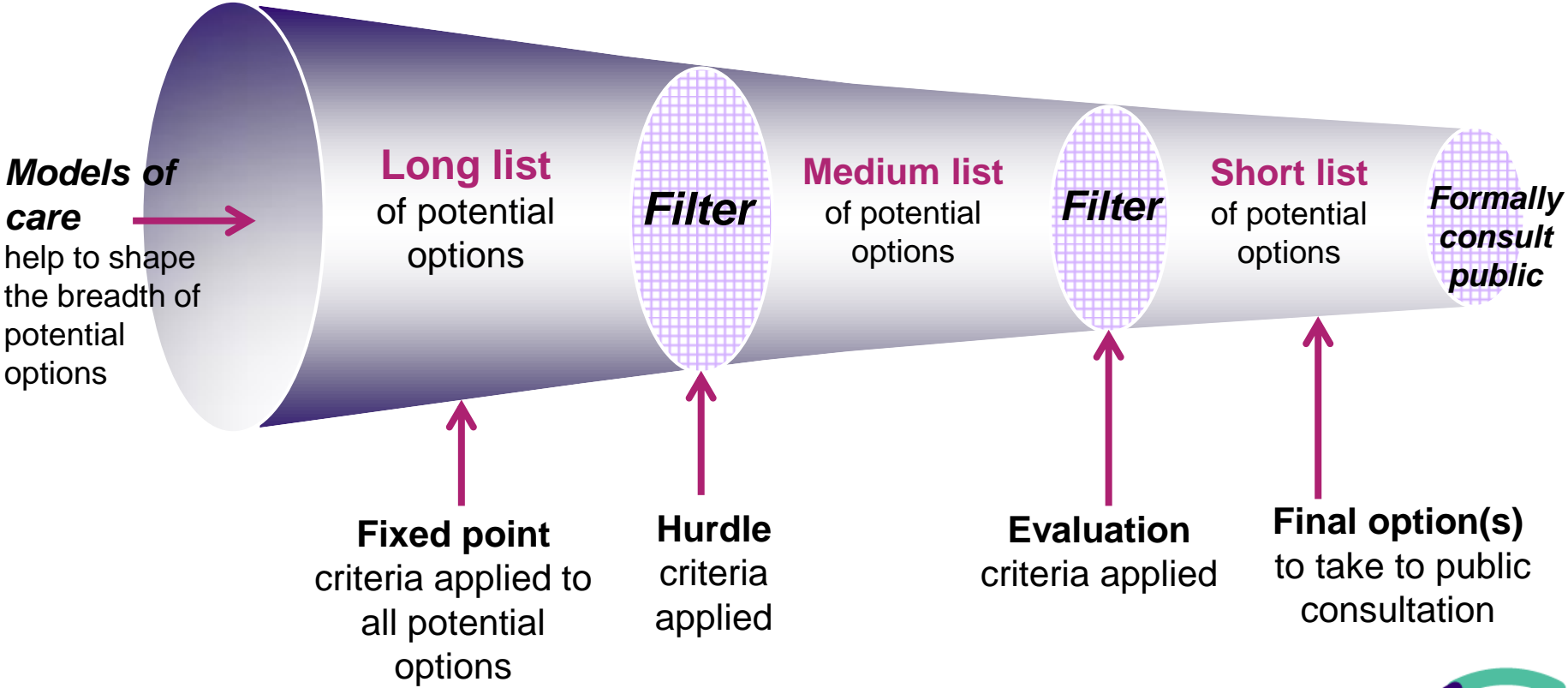
- We have been widely discussing changes required to hospital services in east Kent.
- A process led by NHS commissioners is used to get to a shortlist of potential options for formal consultation. This involves taking a longlist of potential options through three levels of analysis, applying pre-agreed criteria at each stage. These three levels are:

1. fixed points 2. hurdle criteria 3. evaluation criteria

- We have discussed with patients and the public at various points what these fixed points and criteria should be.
- The slide packs for these events and the results are on our website www.kentandmedway.nhs.uk/resources
- The public feedback has shaped the criteria, for example the Kent and Medway road network was added to the fixed points, and the hurdle criteria were reordered to reflect people's priorities.
- The next stages show how we will reach potential shortlisted options for how hospital services could be organised which will go to formal public consultation.



Applying criteria to potential options for hospital care



Stage one: **fixed points**

Any potential options from the long list that don't fit with the following **fixed points** are ruled out.

For east Kent these are:

- The major trauma centre is designated, as now, at Kings College Hospital in London
- The Kent and Medway road network must be taken as it stands.



Stage two: hurdle criteria

- The remaining long list of potential options are then tested against these criteria that have a yes/no answer. This results in the medium list.
- The hurdle criteria are:
 - Is the potential option clinically sustainable? (Does it deliver the quality standards, will the workforce be available?)
 - Is it implementable? (Can this be done and will it deliver change within five years?)
 - Is it accessible? (Peak time car travel of no more than one hour to access urgent care)
 - Is it a strategic fit? (Are there any decisions already in place that we should keep?)
 - Is it financially sustainable? (This is about the amount of capital we can afford)



State three: **evaluation criteria**

- The remaining medium list of potential options are then analysed in fine detail against the six evaluation criteria. These are:
 - **Quality of care** – can they deliver improvements in patient care?
 - **Access to care** – are they accessible to patients?
 - **Affordability and value for money** – are they affordable within the funds available?
 - **Workforce** – can they be staffed?
 - **Deliverability** – are they deliverable within the timeframe needed?
 - **Research and education** – do they support research and education in the county?
- More detail, including some of the questions used to help evaluate potential options, are on the following slides.



Evaluation criteria: urgent care in east Kent

Criteria	Sub-criteria	Evaluation question
1	Quality of care for all	<ul style="list-style-type: none"> Clinical effectiveness and responsiveness Patient experience Safety <ul style="list-style-type: none"> Does the option provide improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites? Which options would provide a better experience for patients using patient experience surveys and looking at the quality of the buildings and facilities? What is the expected impact on excess mortality, serious untoward incidents and patient harm?
2	Access to care for all	<ul style="list-style-type: none"> Distance and time to access services (patients and carers) Service operating hours Patient choice <ul style="list-style-type: none"> Do any options keep to a minimum the increase in the time it takes people to get to hospital by ambulance, car (at off-peak and peak times) and public transport? What is the ability of model to facilitate 7 day working and improved access to care out of hours? Which options would give people in Kent the greatest choice of hospitals for emergency care, maternity care and planned care across the greatest number of trusts?
3	Affordability and value for money	<ul style="list-style-type: none"> Capital cost to the system Transition costs Net present value Meet licence conditions <ul style="list-style-type: none"> Which options would have the lowest capital costs (cost of buildings and equipment)? Which options would have the lowest cost of transferring services between hospitals? Which options will give the best net present value (overall financial benefit) over the next 20 years? Does the option meet regulatory requirements e.g. surpluses generated by each Foundation Trust?
4	Workforce	<ul style="list-style-type: none"> Scale of impact Sustainability Impact on local workforce <ul style="list-style-type: none"> What is the 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? What is the 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"> How easy will it be to deliver change in 3-5 years? How well does each align with other strategic changes and provide a flexible platform for the future?
6	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"> Which options best support current and developing research and education?



Evaluation criteria: elective inpatient orthopaedics in east Kent

Criteria	Sub-criteria	Evaluation question
1	Quality of care for all	<ul style="list-style-type: none"> Clinical effectiveness and responsiveness Patient experience Safety <ul style="list-style-type: none"> Does the option provide improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites? Which options would provide a better experience for patients using patient experience surveys? What is the expected impact on excess mortality, serious untoward incidents and patient harm?
2	Access to care for all	<ul style="list-style-type: none"> Distance and time to access services (patients and carers) Service operating hours Patient choice <ul style="list-style-type: none"> Do any options keep to a minimum the increase in time it takes people to get to hospital by ambulance, car (at off-peak and peak times) and public transport? What is the ability of model to facilitate 7 day working and improved access to care out of hours? Which options would give people in Kent the greatest choice of hospitals for emergency care, maternity care and planned care across the greatest number of trusts?
3	Affordability and value for money	<ul style="list-style-type: none"> Capital cost to the system Transition costs Net present value Meet licence conditions <ul style="list-style-type: none"> Which options would have the lowest capital costs (cost of buildings and equipment)? Which options would have the lowest cost of transferring services between hospitals? Which options will give the nest net present value (overall financial benefit) over the next 20 years? Does the option meet regulatory requirements e.g. surpluses generated by each Foundation Trust?
4	Workforce	<ul style="list-style-type: none"> Scale of impact Sustainability Impact on local workforce <ul style="list-style-type: none"> What is the potential impact on current medical and non medical staff and retraining/relocation required? What is the 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? What is the 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"> How easy will it be to deliver change in 3-5 years? How well does each align with other strategic changes and provide a flexible platform for the future?
6	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"> Which options best fit with current research and education to minimise disruption in these areas? Which options best support current and developing research and education?



Public consultation and implementation

- Throughout this process, the development of potential options is overseen and scrutinised by the Clinical Commissioning Groups, the Health Overview and Scrutiny Committee, the South East Coast Clinical Senate and NHS England.
- When a shortlist of potential options is finally agreed by a Joint Committee of the four Clinical Commissioning Groups in east Kent, these will be subject to formal public consultation. This is usually around a 12-week process.
- The feedback from the consultation is then reviewed independently and the results considered by the Clinical Commissioning Groups' Joint Committee as part of the evidence they will look at when reaching a decision about the future pattern of services.
- A plan for implementing the chosen option is then developed.

