South Yorkshire and Bassetlaw Accountable Care System

The Hospital Services Review

Evaluation Criteria

To accompany Stage 1B report

31 Jan 2018

Summary

Agreed evaluation criteria

	Overarching question	Dimensions
Hurdle criteria		
Workforce	Does the option ensure there is a sustainable workforce that is of the right number and is suitably trained and skilled to deliver the service?	• Number of staff required to deliver the model, compared with likely available workforce • Impact on opportunities for training and skills development • Impact on reliance on locum / temporary staff
Affordability	Does the option cost no more than the current service?	• Running costs of the system compared with current • Net contribution of the option to closing the financial gap identified in the STP plan • Level of transition costs required by the option • Level of capital costs required by the option
Other criteria		
Access	Does the option ensure that patients can get to the right place, in the right time, for the right service?	• Travel times to services, by blue light and normal driving times, and public transport, for patients carers and relatives* • Could the option increase health inequalities across SYB by limiting access for lower socioeconomic groups, their carers and relatives • Extent to which the model keeps outpatient, ambulatory and daycase activity local • Extent to which the model supports shifting care out of acute hospitals closer to home, where appropriate * 'the right time' does not automatically always mean that the shortest travel time is best: a longer travel time, provided that it is within safe limits, may allow for a better outcome
Quality	Does the option optimise the quality of care by promoting the delivery of national guidance and good practice?	• Promoting the delivery of national guidance and evidence-based practice* *This includes 7 day services and out of hours provision.
Interdep-endencies	Does the option ensure that a service can run safely because the other services that are necessary to support it are also appropriately available?	• Interdependent services which need to be provided onsite are available onsite • There are formal links to interdependent services that do not have to be provided onsite

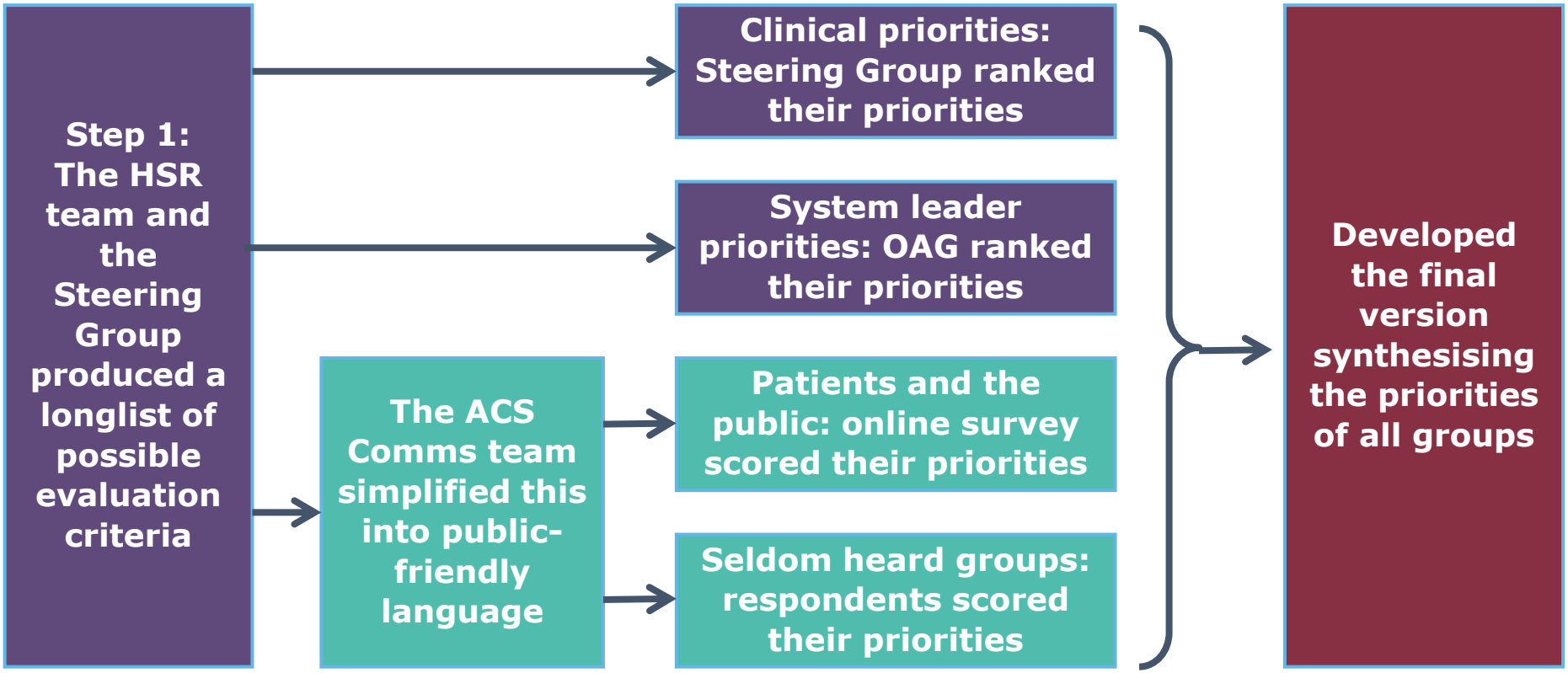
Section 1:

Outline of process

The evaluation criteria will be used to narrow down the options and confirm which we include in the final report

- The HSR is in the process of developing options at a high level.
- In order to decide which of these options we include in the final Report we intend to use a set of evaluation criteria. These include:
  - Hurdle criteria: the 2 top priority issues to narrow down the options before modelling,in February
  - A longer set of 5 evaluation criteria to assess the modelling of options in March

Process so far: in summary



This slide deck records the full process that we have gone through to develop the proposed final version: Step 1

Step 1: Identifying a longlist of issues

In September/October we identified a long list of possible criteria under the four main themes for the Review (Section 1 below). These drew on the Terms of Reference of the Review; other similar reconfiguration processes undertaken in the NHS; and feedback from clinicians (via the Review Steering Group).

This longlist aimed to be as granular as possible in order to tease out the relative priorities of different issues.

This slide deck records the full process that we have gone through to develop the proposed final version: step 2

Step 2: Identifying the highest priority issues for different stakeholders

- **Priorities of clinicians**: In October we asked the Steering Group (as our clinical group, including Medical Directors of Trusts) to rank the longlist in order of priority within key themes.
- **Priorities of system leaders**: In November we asked system leaders (via our Oversight and Assurance Group) to rank the longlist in order of priority within key themes.
- **Priorities of patients and the public**: In November we undertook an online survey to ask patients and the public to identify how important they thought each issue was. To ensure that we did not 'push' people towards one issue rather than another, we asked these groups to identify separately how important each issue was to them, rather than ranking issues by priority. In addition, a week after the survey went live we added a free text box to allow patients and the public to add any areas which they thought were missing from our list*.
- **Priorities of seldom heard groups**: In November we worked with the South Yorkshire Community Foundation to undertake focus groups with members of some seldom heard groups such as people from ethnic minorities, asylum seekers, and young carers, to establish their priorities. As with patients and the public, we used the survey and asked people to assess separately how important each issue was.

The slides below (Section 2) identifies the top priorities identified during the ranking process. Where there was considerable debate or the rankings were very close, we have considered the runner up issue to also be highly important and show it here. We also recorded the more general feedback from various groups who have discussed the criteria.

*Two changes were made to the evaluation criteria survey. A free text box was added to allow respondents to add any areas that were missing: 223 surveys were received before this change was made, of the total 330 surveys received. A change was made to the wording of the access criterion, changing it from 'patients can access emergency services within a 40 minute transfer time by ambulance' to 'within a safe transfer time by ambulance'. This reflected feedback from clinicians that a 'safe' distance differs for different conditions. 258 surveys were received before the change was made, of the total 330 surveys received.

This slide deck records the full process that we have gone through to develop the proposed final version: step 2

Step 3: Developing the final wording

- The Review team analysed the feedback from each group on how important each issue was, and grouped the issues which had been identified as the highest priorities by each group into themes. In each case we identified the 4 highest priorities, and where there were close runners-up these were included as well. The highest priorities fell across five main themes.
- In January, the Review team worked with the Steering Group to develop some proposed wording that captured the key issues and ways of assessing them.
- The Steering Group also proposed that the most important issues to assess whether options were feasible at the beginning were workforce and capital costs (affordability), and after discussion with the JCCCG these were identified as hurdle criteria (section 4 below).
- The draft wording was discussed with the Joint Committee of Clinical Commissioning Groups and other key system leads, who made some changes. The final version (section 4 below) was signed off by the Oversight and Assurance Group on 30th January.

Section 2

Step 1: Longlist of all options for criteria

The original longlist was generated as follows

- The HSR Review team looked at the 6 domains in the original terms of reference: Patient, Clinical, Workforce and Education, Operations, Finance, Innovation and Research
- These were discussed with governance groups including the JCCCG, the Partnership Board and the Steering Group. Following feedback the 6 domains were reduced to 4 themes which were considered to be the most important: Patient, Clinical, Workforce, Operations and Finance.
- The Review team discussed the themes with the governance groups and reviewed examples from other NHS reconfigurations including West, North and East (WNE) Cumbria Success Regime; West Hertfordshire's – Your Care, Your Future; Manchester – Single Hospital Service Review; North West London – Shaping a Healthier Future; and Kent and Medway STP – Transforming health and social care
- These discussions and examples were used to generate a longlist of criteria. The longlist was made deliberately granular in order to generate discussion and allow stakeholders to identify nuance and the most important issues.

Original longlist of criteria: clinical theme

Theme	Criterion		Data to assess
Clinical	Quality	Does the option / model deliver or support the delivery of relevant national guidance and evidence-based best practice in clinical care to the entire population?	Trust self-assessment against relevant national guidance and best practice
	Safety	Does the option / model deliver levels of appropriately qualified substantive staff to run the service safely for patients?	Qualitative assessment
	Experience of staff	Does the option / model ensure a service is of sufficient scale to meet guidelines about minimum activity thresholds, where these exist, and / or ensure that staff have enough experience of a condition to be effective?	HES Finished Consultant Episodes activity
	Equity of access	Does the option / model ensure equity of access to core and highly specialised clinicians and appropriate technology within the service?	Qualitative assessment
	Inter-dependencies	Does the option / model ensure that the necessary inter-dependent services to run a safe service are in place or in reach?	Compliance w/ SE Coast Clinical Senate matrix
	Research	Is the option / model likely to support SYB overall as a system in attracting research funding?	Qualitative assessment

Original longlist of criteria: Patient theme

Theme	Criterion		Data to assess
Patient	Physical access	Do all patients have access to emergency services within [x min] (for discussion by each CWG) by ambulance?	SHAPE tool
	Adapting to changed patient flows	Does the option / model take into account potential changes in other health economies that could affect patient flows?	Qualitative assessment
	Timely access	Does the option / model support the delivery of constitutional standards on waiting times?	RTT 18 week, A&E 4 hour wait, cancer 62 days
	Seven day services	Does the option / model facilitate seven day working and improved access to care out of hours?	Qualitative assessment
	Community care	Does the option / model support a reduction in the level of avoidable acute hospital care for patients, taking into account projected changes in demographic demand?	Qualitative assessment using evidenced based case studies
	Equality	Does the option / model address barriers to access for patients from protected groups, and help to reduce health inequalities?	EQIA

Original longlist of criteria: workforce

Theme	Criterion		Data to assess
Work-force	Education and training	Does the option / model ensure units or networks are large enough to give staff access to a wide range of training opportunities?	Qualitative assessment
	Continuing workforce development	Do the workforce arrangements in the option / model support staff to maintain and develop their skills?	Qualitative assessment
	Efficient use of workforce	Does the option / model support more efficient and effective use of the existing workforce and more equitable access to appropriately qualified permanent staff?	Qualitative assessment
	Future workforce supply	Is the option / model feasible given the likely availability of workforce now and in the future?	Qualitative assessment
	Innovation	Is the option / model likely to result in providers being able to take advantage of new research and translate it into practice?	Qualitative assessment

Original longlist of criteria: operations and finance theme

Theme	Criterion		Data to assess
Operations and finance	Operations - infrastructure	Does the option / model make efficient use of existing equipment and estates?	Qualitative assessment
	Operations - workforce	Does the option / model make efficient use of the workforce, for example, through ensuring that staff are working to the top of their designation?	Qualitative assessment
	Affordability	Does the option / model have running costs which are at or below current running cost levels?	Quantitative assessment
	Deliverability	Does the option / model keep to a minimum the expected time and costs to implement change?	Qualitative assessment
	Financial benefits	Does the option / model pay back any implementation costs and make a net positive contribution to the financial gap in five years time?	Quantitative assessment
	Investment levels	Does the option / model require additional capital investment?	Quantitative assessment

Section 3

Step 2: Identifying priorities of each stakeholder group

Section 3a:

Priorities identified by HSR Steering Group 18 October

Methodology used to score the priorities of the Steering Group

- At Steering Group on 18th October 2017, participants were presented with the criteria, plus proposed key questions for testing compliance with each criterion and asked, individually, to rank each criterion in terms of importance against the others within the domain (ranking the criteria 1-6, or 1-5 for each domain, where 1 is the most important). Votes were then compiled.

- An unmoderated score was derived for each criterion by multiplying the number of votes for each rank by that rank and then adding the products together. In this way, the criterion with the largest number of high ranking votes would generate the lowest totalled score.

- Because the process involved large numbers of votes being cast simultaneously, in practice there were a different number of responses for some criteria. This skewing was removed through application of a moderated score for each criterion:
  - The mean average number of responses for each domain was calculated.
  - The score for each criterion was then divided by the actual number of responses received, and then multiplied by the average number of responses received

- The moderated scores were then ranked, with the lowest total still equating to the highest ranking.

Top priorities identified by the Steering Group

Theme	Criterion	
Workforce	Future workforce supply	Is the option / model feasible given the likely availability of workforce now and in the future?
Patient	Physical access	Do all patients have access to emergency services within [x min] (for discussion by each CWG) by ambulance?
Operations and finance	Ops - Infrastructure	Does the option / model make efficient use of existing equipment and estates?
Clinical	Safety	Does the option / model deliver levels of appropriately qualified substantive staff to run the service safely for patients?
Close runner up		
Clinical	*Quality*	*Does the option / model deliver or support the delivery of relevant national guidance and evidence-based best practice in clinical care to the entire population?*

Detailed scorings by the Steering Group

SYB Hospital Services Review

Evaluation Criteria - Data from Review Steering Group, 19 October 2017*

SCORE COUNT - MODERATED BY NUMBER OF RESPONSES (LOWEST WINS)

** includes email response from Doncaster CCG*

		1	2	3	4	5	6	Count	Un-mod Score	Ave Count	Mod Score	Rank
Clinical	Quality	4	10					14	24	13.33	22.86	2
	Safety	9	2	1				12	16	13.33	17.78	1
	Experience of Staff			5	4	3		12	46	13.33	51.11	4
	Core and specialist skills and technology			3	7	5		15	62	13.33	55.11	5
	Interdependencies	1	1	6	3	3		14	48	13.33	45.71	3
	Innovation					1	12	13	77	13.33	78.97	6

		1	2	3	4	5	6	Count	Un-mod Score	Ave Count	Mod Score	Rank
Patient	Physical access	14	1					15	16	14.83	15.82	1
	Adapting to changed patient flows		2	2	2	6	3	15	66	14.83	65.27	5
	Timely access	1	4	5	4	1		15	45	14.83	44.50	3
	Seven day services		7	6		1		14	37	14.83	39.20	2
	Community care		1	1	9	4		15	61	14.83	60.32	4
	Protected groups		1			3	11	15	83	14.83	82.08	6

		1	2	3	4	5	6	Count	Un-mod Score	Ave Count	Mod Score	Rank
Workforce	Education and training	2	2	6	4			14	40	13.80	39.43	3
	Continuing workforce development	2	8	1	3			14	33	13.80	32.53	2
	Efficient use of workforce	2	2	5	6	1		16	50	13.80	43.13	4
	Future workforce supply	8	2	1				11	15	13.80	18.82	1
	Research				1	13		14	69	13.80	68.01	5

		1	2	3	4	5	6	Count	Un-mod Score	Ave Count	Mod Score	Rank
Operations and finance	Operations – infrastructure				9	3	2	14	63	14.00	63.00	5
	Operations – workforce	5	3	4	1	1		14	32	14.00	32.00	2
	Affordability	8	2	3	1			14	25	14.00	25.00	1
	Deliverability	1	7	4		2		14	37	14.00	37.00	3
	Financial benefits		2	3	3	5	1	14	56	14.00	56.00	4
	Investment levels					3	11	14	81	14.00	81.00	6

		Rank
Clinical	Safety	1
	Quality	2
	Interdependencies	3
	Experience of Staff	4
	Core and specialist skills and technology	5
	Innovation	6

		Rank
Patient	Physical access	1
	Seven day services	2
	Timely access	3
	Community care	4
	Adapting to changed patient flows	5
	Protected groups	6

		Rank
Workforce	Future workforce supply	1
	Continuing workforce development	2
	Education and training	3
	Efficient use of workforce	4
	Research	5

		Rank
Operations and finance	Affordability	1
	Operations – workforce	2
	Deliverability	3
	Financial benefits	4
	Operations – infrastructure	5
	Investment levels	6

Comments made by the Steering Group

- Physical access needs to be within a safe transfer time, which may differ for different specialties. This should be defined by the Clinical Working Groups if there is no national guidance.
- Under the clinical theme, safety was a close runner up to quality so we have captured both of these
- The group discussed the definition of equity versus equality. It will be important to define the criteria clearly: equity of access (i.e. ensuring that people can access all services, regardless of where they live) is different from equality of access (which would suggest that every patient was exactly the same distance away from exactly the same services).
- Access was not only emergency travel times but should include public and private transport

Section 3b:

Priorities identified by System Leaders

Methodology used to score the priorities of the system leaders

- The longlist of evaluation criteria was circulated to the OAG in order that each organisation involved in the ACS would have an opportunity to express its view as to the greatest priorities for the evaluation criteria
- OAG members were given two weeks to respond, and were told that the evaluation criteria would be taken forward based on the views of those organisations which responded at this point. Responses were received from the majority of provider organisations, including the mental health trust, and some CCGs.
- A simple methodology was used to identify the highest priority issues:
    - System leaders were asked to rank the criteria in order of importance, 1 being the most important.
    - The rankings were added up to give a total score for each criterion, and the lowest score indicated the area which the system leaders considered to be most important.
    - In some cases there were close runners up, in which case these were noted and were taken account of during the development of the final criteria.

Top priorities identified by the System Leaders

Theme	Criterion	
Workforce	Efficient workforce supply	Does the option / model support more efficient and effective use of the existing workforce and more equitable access to appropriately qualified permanent staff?
Patient	Physical access	Do all patients have access to emergency services within [x min] (for discussion by each CWG) by ambulance?
Operations and finance	Affordability	Does the option / model have running costs which are at or below current running cost levels
Clinical	Safety	Does the option / model deliver levels of appropriately qualified substantive staff to run the service safely for patients?
Close runners up		
Operations and finance	*Deliverability*	*Does the option / model keep to a minimum the expected time and costs to implement change?*
Clinical	*Quality*	*Does the option / model deliver or support the delivery of relevant national guidance and evidence-based best practice in clinical care to the entire population?*

Detailed breakdown of rankings by system leaders by theme

CLINICAL THEME

Organisation	Quality	Safety	Experience of staff	Core and specialist skills and tech	Interdependencies	Innovation
Total	24	**17**	44	52	32	62

PATIENT THEME

Organisation	Physical access	Patient flows	Timely access	7DS	Community care	Equalities / protected groups
TOTAL	**17**	58	32	40	30	54

WORKFORCE THEME

Organisation	Education and training	CPD	Efficient use of workforce	Future workforce supply	Research
TOTAL	42	35	**15**	21	56

FINANCE AND OPERATIONS THEME

Organisation	Infrastructure	Workforce	Affordability	Deliverability	Financial benefits	Investment levels
TOTAL	45	37	**20**	35	37	58

Comments made by the System Leaders

During the OAG discussion in November:

- Quality needed to be central to the design of the system going forward
- Affordability was vitally important: both the long term running costs of the system, and the affordability of any transformation programme / double running costs
- Access was vitally important, as was ensuring equality of access. Equality did not mean that every patient would be an identical distance from services, but that all patients could access services regardless of where they lived
- Access was not only emergency travel times but should include public and private transport.

During a session with CEOs of the acute providers in November:

- The definition of safety (defined as having the right workforce to deliver a safe service) overlapped with the criteria under workforce and should be consolidated under workforce
- Quality (delivering the national guidance) was a very close runner up to safety. If safety was moved into the workforce theme, quality became the key clinical issue in that theme
- The group said that long term affordability was essential but in addition, transition costs need to be achievable. Deliverability needed to be considered when designing the final criteria
- The solution needs to be workable with both current and future workforce
- The travel times criterion should not cover only emergency services but also elective
- The criteria around equity and equality should be clarified to distinguish between equality of outcomes and equity of access.

Section 3c:

Priorities identified by Patients and the Public

Methodology used to score the priorities of patients and the public

- The online survey about the Hospital Services Review included 11 criteria, written in language that was designed to be non-specialist. Patients and the public were asked to identify whether each criterion was:
  - Not at all important / not that important to me
  - Not the most or least important to me
  - Quite important to me
  - Very important to me.
- The survey was available online from 27th October to 18th November 2017. Two adjustments were made to the text on 3rd November, to add a free text box allowing people to add any areas they thought were missing, and adjusting the wording of the criterion on travel times from a '40 minute' travel time to a 'safe' travel time.
- The analysis of the survey responses was undertaken by an independent organisation, DJS Research
- The researchers identified what percentage of the respondents had identified a particular issue as 'quite important to me' or 'very important to me'. Results were re-based to exclude blank responses.

Top priorities identified by patients and the public

Criterion
That there are enough qualified, permanent staff to run the service safely for patients
That a service can run safely because all the other services that regularly provide care are also provided
That all patients can get to emergency services by safe travel times by ambulance
That the care is as good as national guidance says it should be and how we deliver the care is as good as other places in the country
Close runner up
That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care

Feedback from the patient and public groups

Criterion	%
That there are enough qualified, permanent staff to run the service safely for patients	98
That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided.	95
That all patients can get to emergency services within a safe travel time by ambulance.	94
That the care is as good as national guidance says it should be and how we deliver the care is as good as other areas in the country.	93
That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care.	90
That the service can offer care that's not just 9am-5pm Monday to Friday	90
That the doctors see enough patients to practice their skills regularly.	88
That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.	84
That the service can meet required standards on waiting times.	81
That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources.	78
That the service does not cost more to run than it currently does	31

Feedback from patients and the public

- Most of the issues raised were given high scores for their importance, with the exception of whether the system costs more to run than it currently does, which was considered the least important.
- Access issues were very important, with a number of respondents referring to overnight paediatric services at Bassetlaw
- A free text box was added to the survey to enable people to add any issues which they thought were missing. No new points were identified, but some respondents used this box to emphasise the importance of a particular criterion.
- Feedback on the online survey suggested that some respondents felt that the criteria had been designed in order to elicit a particular answer
    - *Response from the Review team: The reason that we asked patients and the public to express how important an issue was to them, rather than to rank the issues in order of priorities, was to avoid trying to elicit a particular answer. For example, it was possible for respondents to say both that access to services was very important to them, AND that quality of services was very important: we did not ask individuals to choose between these two dimensions. The views of all respondents were then considered in aggregate to identify how important each issue had been considered to be across all the respondents.*

Section 2d: Priorities identified by Seldom heard groups

Methodology used to score the priorities of the seldom heard groups

- The survey about the Hospital Services Review included 11 criteria, written in language that was designed to be non-specialist. The survey was filled in by 96 people from the seldom heard groups, during a series of focus groups and 1:1 meetings. The survey was only available in English, so in some cases the questions were asked through an interpreter.
- Respondents were asked to identify whether each criterion was:
  - Not at all important / not that important to me
  - Not the most or least important to me
  - Quite important to me
  - Very important to me.
- The survey with the seldom heard groups was organised through and analysed by the South Yorkshire Community Forum.
- SYCF counted the number of respondents who said that a criterion was 'quite important' or 'very important', and showed this as a percentage of all of the responses. Some survey respondents did not answer all questions so to compensate for this the percentages were re-based to create an unweighted average.
- In addition to this unweighted average, the analysts developed a weighted average score for each criterion, to test the proportion of 'very' versus 'quite' important criteria. The only change that applying the weighting made was to move the importance of having enough qualified, permanent staff into the top four, and the importance of services outslde 9-5 down into fifth position.

The importance of having enough permanent staff was therefore included as a close runner up. The Steering Group considered that services outside 9-5 were captured under the criterion of whether the option supports the delivery of national guidance, since 7 Day Services are a key area of national policy. They were therefore included within this rather than as a separate point.

Top priorities from the hard to reach groups

Criterion
That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.
That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care
That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided.
That the service can offer care that's not just 9am-5pm Monday to Friday
That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided.
Close runner up
That there are enough qualified, permanent staff to run the service safely for patients
That the care is as good as national guidance says it should be and how we deliver the care is as soon as other areas in the country.

Full results from the Seldom Heard groups

Criterion	Unweighted	Weighted	Unweighted ranking	Weighted ranking
That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.	94.52	4.67	1	2
That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care.	93.33	4.71	2 (tied)	1
That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided.	93.33	4.65	2 (tied)	4
That the service can offer care that's not just 9am-5pm Monday to Friday	90.97	4.59	4	6
That there are enough qualified, permanent staff to run the service safely for patients	90.79	4.66	5	3
That the care is as good as national guidance says it should be and how we deliver the care is as soon as other areas in the country.	89.47	4.63	6	5
That the service can meet required standards on waiting times.	88.31	4.56	7	8
That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources.	87.84	4.57	8	7
That all patients can get to emergency services within 40 minutes by ambulance.	87.01	4.53	9	9
That the doctors see enough patients to practice their skills regularly.	84.21	4.46	10	10
That the service does not cost more to run than it currently does	62.67	3.76	11	11

Feedback from the seldom heard groups

The seldom heard groups commented that

- All issues were considered to be important, with the exception of whether the system cost the same to run as it does at the moment. This was the only criterion to have an average of 3, and 7 respondents scored it as not important at all
- Some of the language in the survey was thought to be difficult to understand, e.g. 'national guidance' was not understood
- It was a significant barrier that the survey was only available in English. Respondents who did not speak English were reliant on a translator and the South Yorkshire Community Forum believed that this may have influenced the results.

Section 4

Step 3: Developing the final wording

Summary of process

- The Review team grouped the priorities identified by the different stakeholder groups into five key themes (slides 39 to 43 below).
- The Review team then produced a draft set of wording for an overarching theme for each of these themes, which aimed to capture the input from the different groups of stakeholders while remaining high level enough to allow for a wide assessment of the issues.
- In January the Review team discussed this draft with the Steering Group. The group proposed some changes to the wording and suggested that workforce and affordability would be the most important issues in ruling out some options initially.
- The Steering Group did not have enough commissioners present to be quorate from a commissioner perspective, so the Review team took the draft to the Joint Committee of Clinical Commissioning Groups (JCCCG) on 24th January 2018 for commissioner agreement. JCCCG suggested some further changes and agreed that workforce and affordability should be the two 'hurdle criteria' for an initial assessment of the options.
- Both the Steering Group and JCCCG discussed the fact that they were proposing to include affordability as a hurdle criterion, when it was considered to be the least important issue by patients and the public and seldom heard groups. However the group took the view that CCGs had a statutory responsibility around managing the finances of the system and that it was therefore legitimate to include it.
- The Review team circulated this penultimate version to Accountable Officers, acute Chief Executives and Medical Directors, with further comments taken on board.
- The Review team took the final version to the Oversight and Assurance Group on 30th January, who signed it off.

Key priorities grouped by issue: workforce

Criterion	Identified by
Does the option / model support more efficient and effective use of the existing workforce and more equitable access to appropriately qualified permanent staff?	Clinicians
Is the option / model feasible given the likely availability of workforce now and in the future?	System leaders
Does the option / model deliver levels of appropriately qualified substantive staff to run the service safely for patients?	System leaders, clinicians
That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care.	Seldom heard groups
That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.	Seldom heard groups
That there are enough qualified, permanent staff to run the service safely for patients	Runner up for seldom heard groups

Final wording: Workforce	**Does the option ensure there is a sustainable workforce that is of the right number and is suitably trained and skilled to deliver the service?**	• Number of staff required to deliver the model, compared with likely available workforce • Impact on opportunities for training and skills development • Impact on reliance on locum / temporary staff

Key priorities grouped by issue: affordability

Criterion	Identified by
Does the option / model have running costs which are at or below current running cost levels?	System leaders, clinical leaders
Does the option / model keep to a minimum the expected time and costs to implement change?	Runner up for system leaders

Final wording: Affordability	**Does the option cost no more than the current service?**	• Running costs of the system compared with current • Net contribution of the option to closing the financial gap identified in the STP plan • Level of transition costs required by the option • Level of capital costs required by the option

Key priorities grouped by issue: access

Criterion	Identified by
Does the option / model support more efficient and effective use of the existing workforce and more equitable access to appropriately qualified permanent staff?	Seldom heard groups
Do all patients have access to emergency services within [x min] (for discussion by each CWG) by ambulance?	Clinical leads
Do all patients have access to emergency services within a safe travel time (for discussion by each CWG) by ambulance?	System leaders
That all patients can get to emergency services within safe travel times by ambulance	Patient and public survey
That the service can offer care that's not just 9am-5pm Monday to Friday	Seldom heard groups

Final wording: Access	**Does the option ensure that patients can get to the right place, in the right time, for the right service?**	• Travel times to services, by blue light and normal driving times, and public transport, for patients carers and relatives*? • Could the option increase health inequalities across SYB by limiting access for lower socioeconomic groups, their carers and relatives? • Extent to which the model keeps outpatient, ambulatory and daycase activity local • Extent to which the model supports shifting care out of acute hospitals closer to home, where appropriate

* 'the right time' does not automatically always mean that the shortest travel time is best: a longer travel time, provided that it is within safe limits, may allow for a better outcome

Key priorities grouped by issue: quality

Criterion	Identified by
That the care is as good as national guidance says it should be and how we deliver the care is as good as other areas in the country.	Patient and public survey
That the care is as good as national guidance says it should be and how we deliver the care is as good as other areas in the country	Runner up for seldom heard groups
Does the option / model deliver or support the delivery of relevant national guidance and evidence-based best practice in clinical care to the entire population?	Runner up for Clinical leads, runner up for system leaders

Final wording: Quality	**Does the option optimise the quality of care by promoting the delivery of national guidance and good practice?**	• Promoting the delivery of national guidance and evidence-based practice* *This includes guidance on 7 Day Services and out of hours provision.

Key priorities grouped by issue: interdependencies

Criterion	Identified by
That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided.	Seldom heard groups; patient and public survey

Final wording: Interdep-endencies	**Does the option ensure that a service can run safely because the other services that are necessary to support it are also appropriately available?**	• Interdependent services which need to be provided onsite are available onsite • There are formal links to interdependent services that do not have to be provided onsite

Developing the hurdle criteria

The hurdle criteria will be used to knock out options which are completely unfeasible before modelling begins. The process of identifying them was as follows:

Views of the Steering Group 18 Jan: **Workforce, affordability**

Views of the JCCCG: **Workforce, affordability, [access]**

Signoff by OAG: **Workforce, affordability**

The most important issues in knocking out unfeasible options were thought to be **workforce** and the cost of **capital development (affordability)**

The JCCCG asked that the hurdle criteria reflect some of their key statutory responsibilities:

- **To ensure quality**: the availability of **workforce** was considered the most important driver of quality
- **To deliver the financial position**: **affordability**
- **To reduce health inequalities**: The group discussed whether to include **access** as a hurdle criterion, as a main driver of equalities. However there was a practical constraint: the hurdle criteria will be applied before the modelling happens, but we cannot assess the impact on travel times until after modelling has been completed. JCCCG therefore agreed not to include access as one of the hurdle criteria, but options which fail the access criterion will not progress to be included in the recommendations

OAG agreed with JCCCG and Steering Group: **workforce** and **affordability**

Patients and the public, and the seldom heard groups, considered affordability to be the least important criterion. However delivering the financial position is a statutory duty of the organisations in the system and so affordability was included as a hurdle criterion

Assessing travel and transport times

- The first version of the public survey asked patients to identify how important they thought it was "That all patients can get to emergency services within 40 minutes' travel time by ambulance."
- This was later amended, following feedback from clinicians, to say "That all patients can get to emergency services within a safe travel time by ambulance." This was based on the fact that different conditions have different levels of urgency, and further work is needed with patients, the public and the ambulance services to agree what is a safe travel time.
- The Review team will discuss travel and transport times at a high level during the fourth Clinical Working Group, and at the public engagement event in March.
- During the next stage of the process (post-April) the system will work with clinicians, the ambulance services, patients and members of the public in order to establish what a 'safe' emergency travel time is for each emergency service, and what constitutes acceptable travel times for families and carers by public transport and by private care.

Agreed evaluation criteria

	Overarching question	Dimensions
Hurdle criteria		
Workforce	Does the option ensure there is a sustainable workforce that is of the right number and is suitably trained and skilled to deliver the service?	• Number of staff required to deliver the model, compared with likely available workforce • Impact on opportunities for training and skills development • Impact on reliance on locum / temporary staff
Affordability	Does the option cost no more than the current service?	• Running costs of the system compared with current • Net contribution of the option to closing the financial gap identified in the STP plan • Level of transition costs required by the option • Level of capital costs required by the option
Other criteria		
Access	Does the option ensure that patients can get to the right place, in the right time, for the right service?	• Travel times to services, by blue light and normal driving times, and public transport, for patients carers and relatives* • Could the option increase health inequalities across SYB by limiting access for lower socioeconomic groups, their carers and relatives • Extent to which the model keeps outpatient, ambulatory and daycase activity local • Extent to which the model supports shifting care out of acute hospitals closer to home, where appropriate * 'the right time' does not automatically always mean that the shortest travel time is best: a longer travel time, provided that it is within safe limits, may allow for a better outcome
Quality	Does the option optimise the quality of care by promoting the delivery of national guidance and good practice?	• Promoting the delivery of national guidance and evidence-based practice
Interdep-endencies	Does the option ensure that a service can run safely because the other services that are necessary to support it are also appropriately available?	• Interdependent services which need to be provided onsite are available onsite • There are formal links to interdependent services that do not have to be provided onsite