



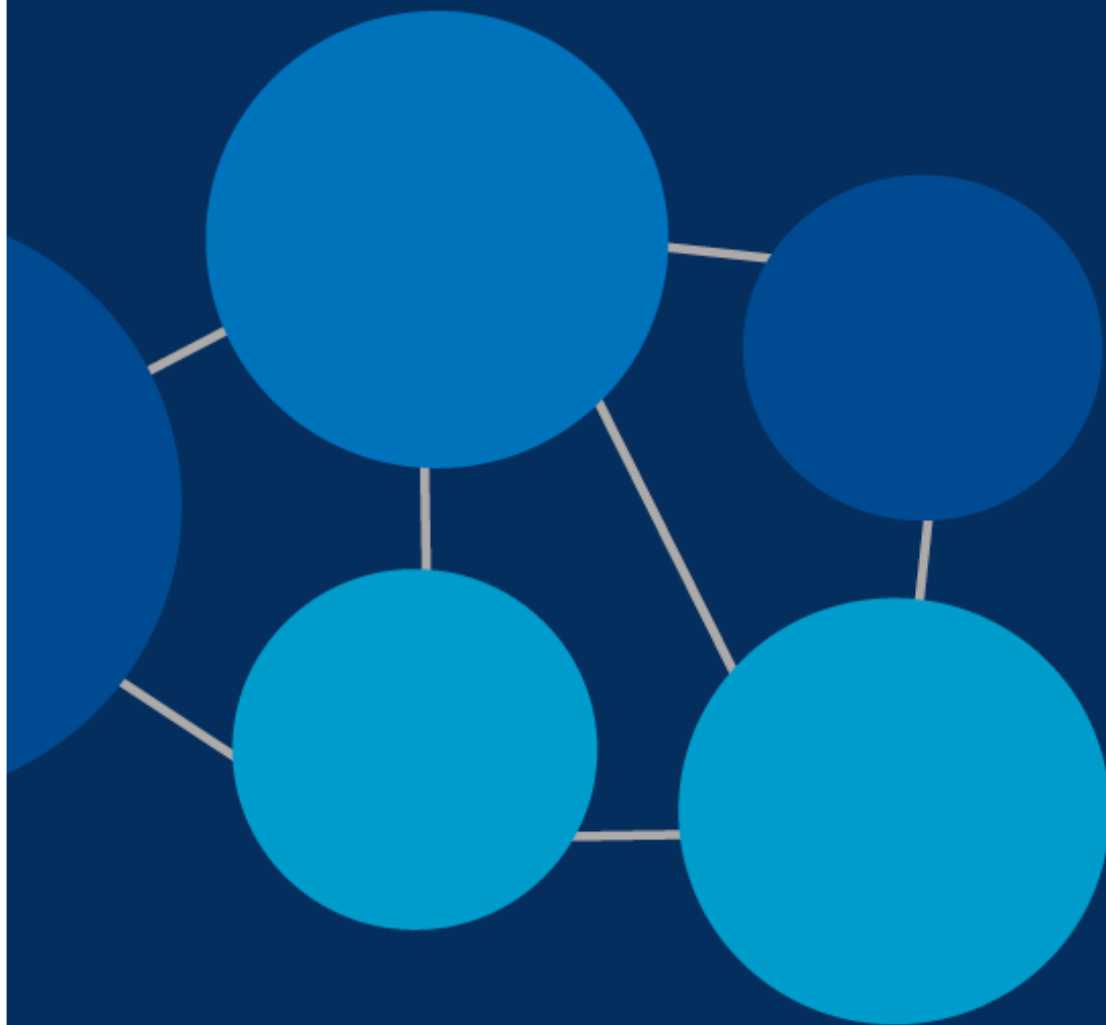
futurefit
Shaping healthcare together

NON FINANCIAL APPRAISAL PANEL

11th September 2015

Introduction

Mike Sharon



Time	Item
0900	Registration & Refreshments
0915	Welcome & Introduction to the Day
0930	Today's Task
1015	Introduction to the Evidence
1045	Developing Questions about the Evidence
1100	Break for Refreshments
1115	Response to Questions about Evidence & General Discussion
1215	Identification of Criteria Weightings
1300	Lunch Break
1330	Initial Individual Scoring of Options
1415	Break for Refreshments
1430	Feedback and Discussion on Initial Acute Scoring
1600	Opportunity to Revise Scoring
1615	Confirmation of Revised Acute Scoring
1630	Close


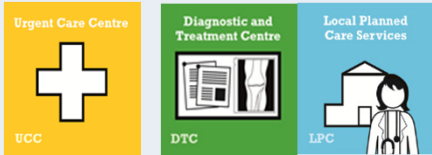




- **Duty** - to act in accordance with the law and the public trust placed in you.
- **Selflessness** - to take decisions solely in terms of public interest.
- **Integrity** – not to place yourself under any obligation that might be thought to influence you in the performance of your duties.
- **Accountability and Stewardship** - to consider issues on their merits, taking account of the views of others.
- **Openness** - to be as open as possible about your decisions and actions, giving reasons for your decisions.
- **Honesty** – to declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Respect** – to treat fellow members with courtesy at all times

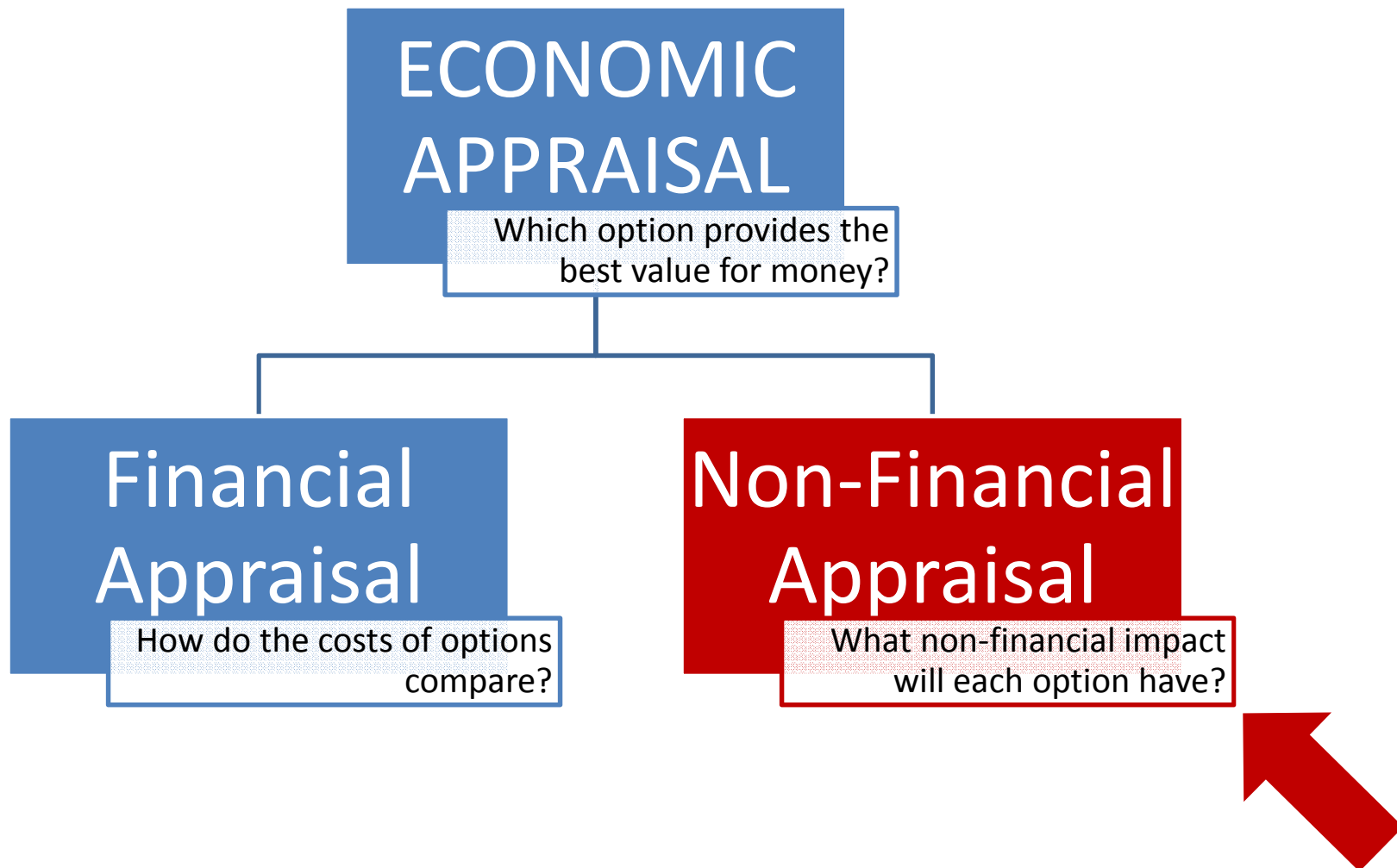
At what point can discussions & conclusions be shared?

- The Programme publishes final documents once considered by Board.
- Before then Panel members
 - **May not** publish any of the information received (unless already published on the Future Fit website).
 - **May** share information within their nominating sponsor/stakeholder organisation (as set out in the Programme Execution Plan) on condition that those receiving the information understand and accept the responsibility not to make that information more widely known.
- At no point should members make public the views of other panel members.

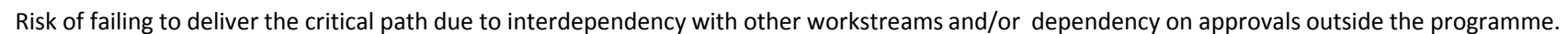


Today's Task

	Princess Royal Telford	Royal Shrewsbury Hospital
A	No change	No change
B		
C ₁		
C ₂		



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High Risk

Medium Risk

Low Risk

To appraise the 4 remaining shortlisted options against non-financial criteria:

- **Accessibility**
 - **Quality**
 - **Workforce**
 - **Deliverability**
-
- **SIGNIFICANT** – will impact all populations using hospital services within Shropshire and Telford & Wrekin including patients from Powys.
 - **COMPLEX** – appraising multiple (and potentially conflicting) sources of information
 - **CHALLENGING** – attending to the evidence, your own knowledge and experience and the knowledge and experience of others
 - **Doesn't give 'the answer'**

PROMOTING EQUITY OF ACCESS

*Inequities in health systematically put groups of people who are already socially disadvantaged at further disadvantage**

- Which groups are currently disadvantaged in terms of access?
- Does an option reduce or increase disadvantage for these groups?
- Are groups with experience other kinds of disadvantage differentially affected by an option?

*Braveman P, Gruskin S. *Defining equity in health*. Journal of Epidemiology and Community Health. 2003;57(4):254-258. doi:10.1136/jech.57.4.254.

PROMOTING QUALITY OF SERVICES

*High quality care is only being achieved
when all three of the following dimensions are present**

To what extent could an option support the provision of:

- Care that is **clinically effective**— not just in the eyes of clinicians but in the eyes of patients themselves?
- Care that is **safe**?
- Care that provides as positive an **experience** for patients as possible?

**NHS England, 'High Quality Care for All'*

PROMOTING RECRUITMENT & RETENTION

*The panel recognised that the local health economy is unsustainable without a transformation in the way in which services are delivered.**

To what extent could an option improve the recruitment and retention of staff in critical shortage areas?

- Emergency Medicine
- Critical Care
- Acute Medicine

DELIVERABILITY

To what extent is an option likely to be deliverable in terms of:

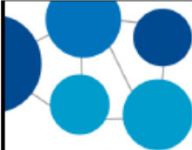
- The feasibility, complexity and duration of **physical works**, and their ability to flex in response to future requirements?
- Its **acceptability** to the public and other stakeholders (in anticipation of consultation and approval processes)?

**Any questions
about the process
today?**



Introducing the Evidence

Option Descriptions

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OPTION A	
Key Features	
PRH	RSH
<ul style="list-style-type: none"> Existing services for emergency care, planned care and women's and children's services are maintained. 	<ul style="list-style-type: none"> Existing services for emergency care and planned care are maintained.
<p>Option A assumes that provider & Commissioner efficiency strategies are implemented in line with Phase 1 modelling but no major service change takes place. The Clinical Model is not implemented.</p> <p>Other than essential backlog maintenance, it will not involve capital expenditure as part of the Future Fit Programme. The economic appraisal will, however, include an assessment of life cycle costs reflecting the age of existing facilities.</p>	
Accessibility for Patients	
<p><i>Is this option materially inferior to others in terms of promoting equity of access to acute hospital services?</i></p>	
<p><u>Urgent & Emergency Patients (A&E attendances, Direct Admissions & Step Up)</u></p> <p>Of the projected future activity, all activity is assumed to continue to be provided on the current sites.</p> <p>Most Powys patients and a small number of Herefordshire patients travel more than 1 hour.</p>	
<p><u>Elective Patients</u></p> <p>Of the projected future activity, all activity is assumed to continue to be provided on the current sites.</p> <p>Most Powys patients and a small number of Herefordshire patients travel more than 1 hour.</p>	
<p><u>Consultant-led obstetric attendances</u></p> <p>There would be no change to these services.</p> <p>Most Powys patients and a small number of Herefordshire patients travel more than 1 hour.</p>	
<p>150902 Background and Introduction V3</p>	
13	

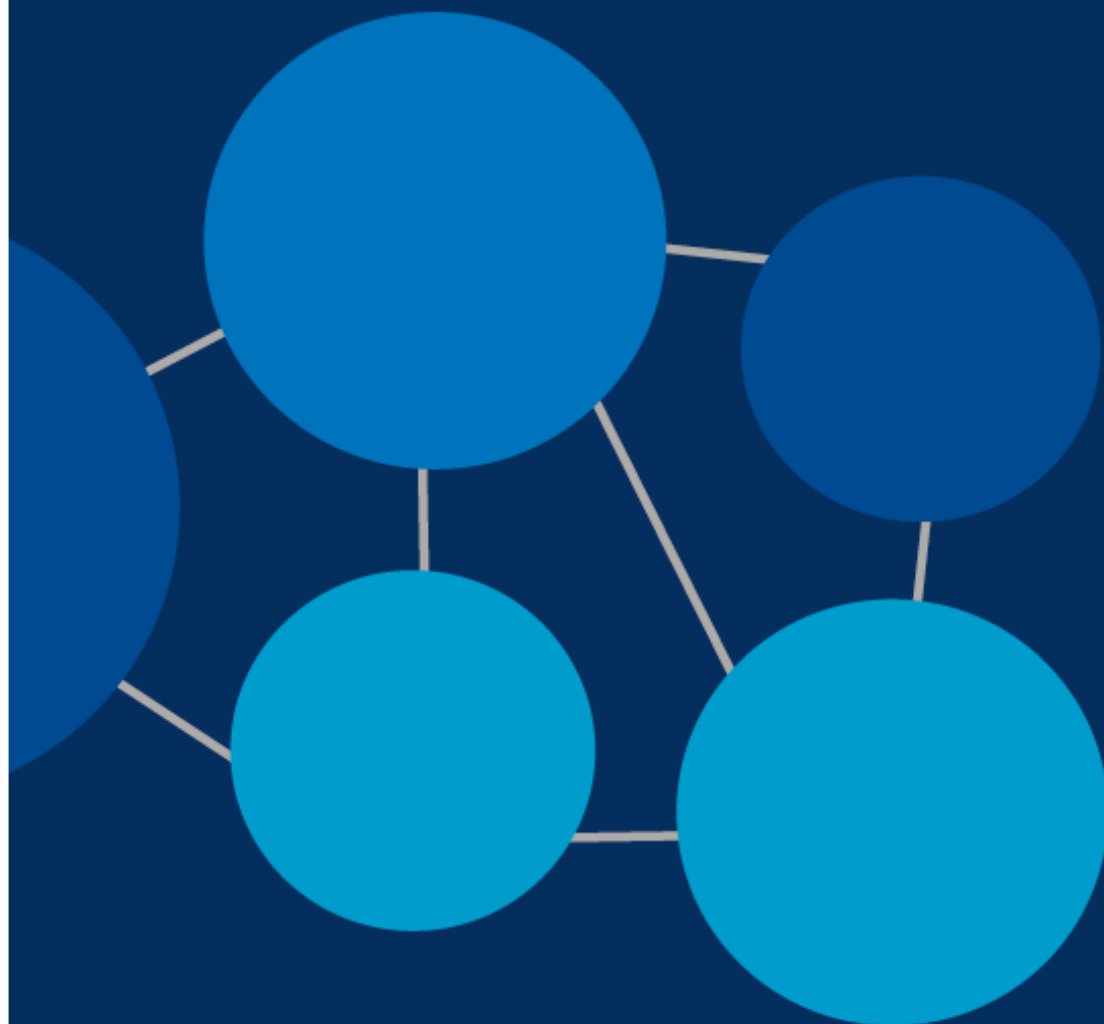
Summary of key information

What questions do you have about the information provided?

What do you need to have clarified?

- On your own list up to 3 questions.
- Discuss with others on your table.
- Agree the most important 3 questions between you.
- Questions will be addressed by advisors.

Weighting the Criteria



Weighting the Criteria

	Shortlisting (Rebased without Affordability)	Public Survey (Relative % who said criteria is important)
Accessibility	29.0% (2)	26.4% (2)
Quality	32.3% (1)	27.5% (1)
Workforce	27.4% (3)	26.4% (2)
Deliverability	11.3% (4)	19.7% (4)



Scoring the Acute Options

Scoring Methodology

	ACCESSIBILITY				QUALITY				WORKFORCE				DELIVERABILITY			
	Option A	Option B	Option C1	Option C2	Option A	Option B	Option C1	Option C2	Option A	Option B	Option C1	Option C2	Option A	Option B	Option C1	Option C2
Initial Individual Score																
Revised Individual Score (only insert if changed)																

1. Score each criterion in turn, working option by option (range 1-7, higher is better).
2. If revising any scores after discussion, only insert changed scores.



Initial Scores



Revised Option Scores