City Hospitals Sunderland NHS Foundation Trust
South Tyneside NHS Foundation Trust

South Tyneside and Sunderland Healthcare Group

Appendix 5.1:
Overview of clinical design process (Path to Excellence Phase 1a)

Version 1.0	**Final version**
May, 2016	

1.0 Introduction and purpose

This document sets out the process undertaken to develop the change proposals set out within the Phase 1a Path to Excellence pre-consultation business case (PCBC). It will describe the methodology for developing, evaluating and agreeing the options to be taken forward to public consultation stage.

2.0 Clinically-led service reviews

The pre-consultation business case (PCBC) is the culmination of work undertaken through service-specific clinical reviews (CSRs). Each CSR has originated from a clinically-led design group through which clinicians have worked alongside the Programme Manager, managerial staff and content experts from finance, business intelligence and human resources to understand the challenges which each of the services face in detail. This work has included undertaking:

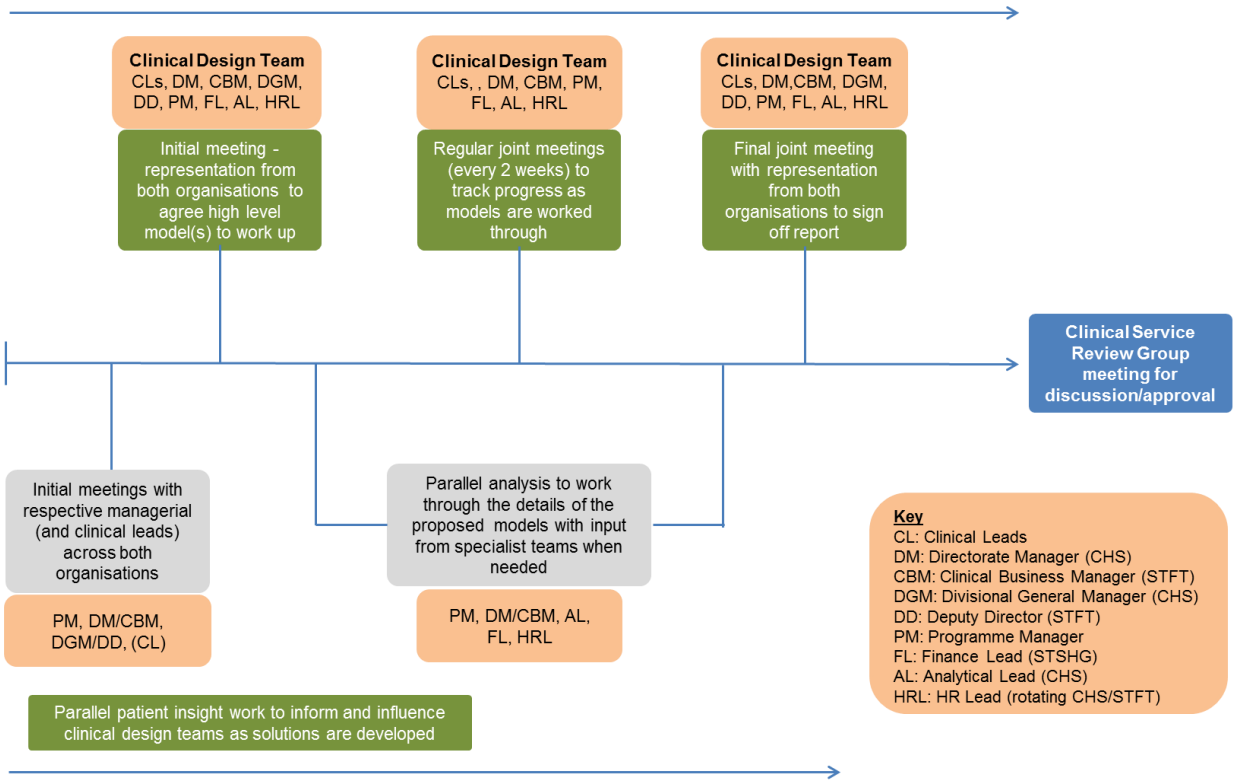
- A review of the current services configuration in each Trust;
- Reaching agreement on the relevant clinical standards and assessment of the current services against them;
- The assessment of the workforce requirements for delivering the standards;
- The clinically-led development of at least two scenarios for service delivery from a long-list of scenarios;
- An analysis of the financial aspects of each potential service solution; and
- Independent research about local people's views on what is important to them in Stroke, Obstetrics & Gynecology and Pediatric services.

In addition to these questions the design groups are also asked to ensure that:

- Safety and Quality should be as least as good as in the current service configuration and any proposed reconfiguration should ensure that it achieves the relevant quality/safety standards for that service and delivers against all regulatory requirements.
- All reviews should be approached from a total population perspective and as a single service line across Sunderland and South Tyneside, not as individual organisations.
- No increase in income from the CCGs should be factored in to improve financial sustainability.

The clinical design teams themselves are made up from the nominated Clinical Leads for the speciality from Sunderland Royal Hospital (SRH) and South Tyneside District Hospital (STDH), the respective business and directorate managers and supported by the Programme Manager with specialist finance and analytical support. The diagram below shows the review design process that the design teams have worked to within this phase of the programme.

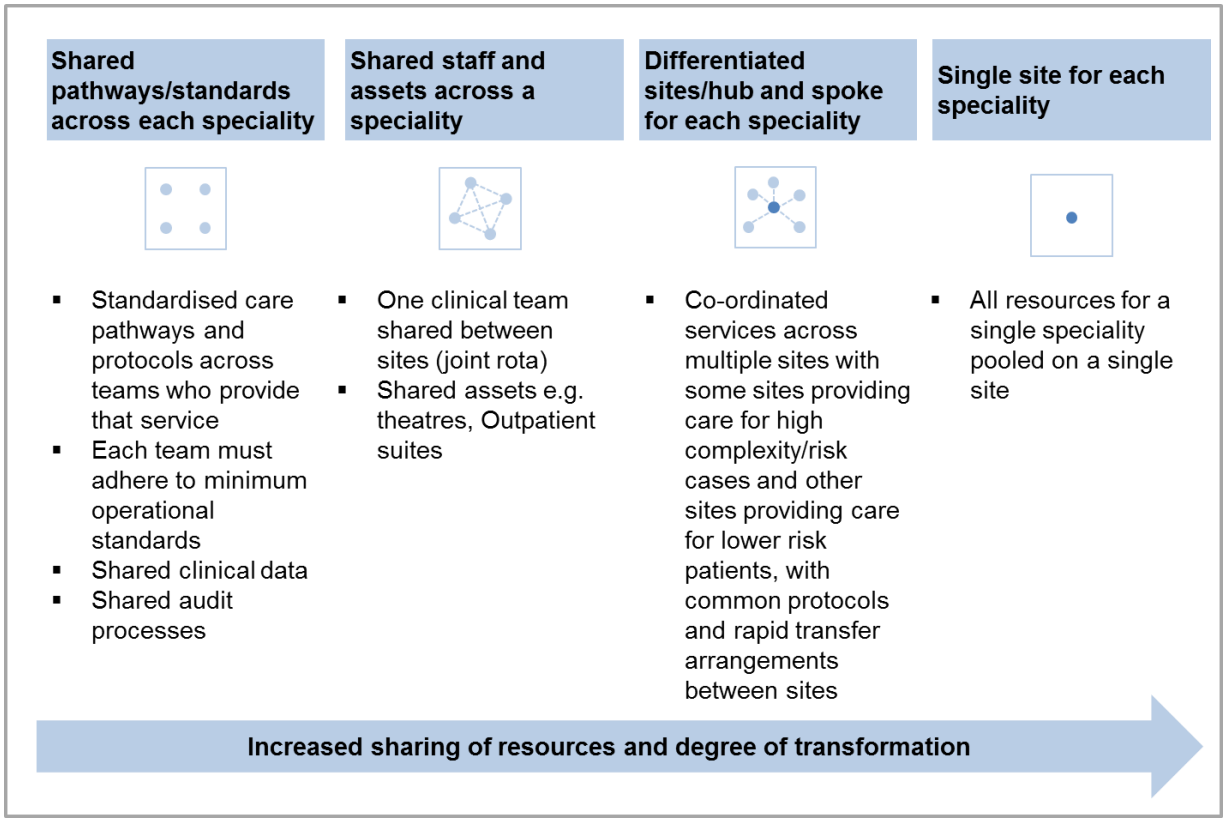
Figure 2-1: Clinical Design Process.



3.0 Developing the scenarios

The term ‘service reconfiguration’ can be used to describe a spectrum of change to current service models, which might range from existing clinical teams across the two Trusts and localities simply working to agreed and standardised clinical policies, to the development of a service delivered to patients from a single site. The range of options for service reconfiguration is shown overleaf.

Figure 3-1: Summary of types of reconfiguration (adapted from the City of Manchester Single Hospital Service Review, April 2016)



It is likely that the ways in which services might best be reconfigured will vary greatly between each clinical service but it is the aim of the CSRs for each service to review their current configuration and propose changes that give the highest quality of care to patients whilst maximising efficiency.

For the CSRs carried out as part of this PCBC, seven different solutions have been articulated across the three different services. All of these options have been variations of either the 'Differentiated site' or 'Single site for each speciality' models outlined in Figure 2-1. Table 3-2 summarises this for each service area.

Table 3-2: Summary of the different type of reconfiguration being put forward as potential solutions within the Stroke, O&G and Paediatric CSRs.

Service (number potential solutions)	Shared pathways/standards across each speciality	Shared staff and assets across a speciality	Differentiated sites/hub and spoke for each speciality	Single site for each speciality
Stroke (n=3)			2	1
O&G (n=2)			1	1
Paediatrics (n=2)			1	1

3.1 Developing the potential future solutions

All service change proposals have originated from clinically-led discussions within service specific clinical review groups, as described in section 1.0. Each group developed a long list of potential scenarios, including the 'do nothing' configuration, which were then assessed against a set of hurdle criteria. Hurdle criteria are key questions that establish the high-level viability of a scenario, in line with the aims embedded in the previously circulated Path to Excellence Case for Change and Issues Document.

These hurdle criteria were agreed by the Clinical Services Review Group and incorporate the national aspirations of achieving service sustainability and high quality care within an affordable financial envelope. These aspirations reflect the "three gaps" outlined in the NHS Five Year Forward View[1], whilst also reflecting the pressing need to deliver such clinical and financial improvements locally within the next 1-2 years. The hurdle criteria used to refine the long-list of solutions to a short list of viable scenarios is summarised at table 3-3.

Only scenarios that satisfied the hurdle criteria to a reasonable extent were developed further on the basis that further detail was necessary to enable a full evaluation of the scenarios in order to agree deliverable options to be subject to formal public consultation. Clinical- and non-clinical staff from both STFT and CHSFT were equal parties to this process and agreed further developed shortlists of scenarios that were presented to the Clinical Services Review Group for critical challenge, further refinement and eventual approval.

Table 3-3: Hurdle criteria.

Hurdle criteria	Sub-criteria/ questions
Supports sustainability/service resilience	• Does this scenario support service sustainability from a clinical workforce perspective? • Does this scenario support service sustainability from a population and activity perspective?
Will deliver high quality, safe care	• Does this scenario deliver improved quality than that delivered in the current service configuration? • Does this scenario deliver applicable quality/safety/experience standards and regulatory requirements for service?

[1] https://www.england.nhs.uk/publication/nhs-five-year-forward-view/

Is affordable	• Is this scenario deliverable without any significant additional cost impact to commissioners and the wider healthcare system?
Is deliverable	• Is this scenario deliverable within the next 1-2 years?

4.0 Evaluating the scenarios

Following the development of a shortlist, each viable scenario was further developed, to include the provision of a more detailed clinical model underpinned by a staffing plan, activity modelling and full costs. Each scenario was then impact assessed to fully understand the clinical and financial impact of the proposals; to understand how each option would affect patients in terms of accessibility and choice and to evaluate how deliverable each option is in terms of the space and staff available.

Evaluation criteria was informed by service change best practice from elsewhere together with the four service reconfiguration tests as set out in NHS England guidance[2]. The recently added fifth test[3] was also incorporated into the impact assessment. This impact assessment drew upon a range of information, data and views across the following four evaluation domains:

- Clinical quality and sustainability
- Accessibility and choice
- Deliverability and capacity
- Affordability and financial sustainability

The findings of each impact assessment are reflected in the relevant sections of the pre-consultation business case with further detail within appendices and/or supporting documentation. The type of information assessed as part of the scenario evaluation is detailed in table 4-1. The data reviewed is in line with the national NHS England guidance on planning and delivering service change[4] which CCGs are required to consider.

[2] NHS England. 2015. Planning, assuring and delivering service change for patients. [ONLINE] Available at: https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf (Accessed30 August, 2016)

[3] NHS England, 2017. Next Steps on the Five Year Forward View [ONLINE]. Available at https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/ (Accessed, 4 April, 2017)

[4] NHS England. 2015. Planning, assuring and delivering service change for patients. [ONLINE] Available at: https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf. [Accessed 30 August 2016].

Specific service change guidance for the reconfiguration of stroke services also informed the development of the evaluation domains and underpinning information sources[5]. The independent Travel and Transport Impact Assessment and Equality, Health and Health Inequalities Integrated Impact Assessments were fully considered as part of this impact assessment.

Table 4-1: Evaluation domains and data sources.

Headline evaluation domains	Information considered as part of impact assessment of options
Clinical quality and sustainability	• Clinical quality and safety (including workforce requirements, safeguarding and patient experience) • Research evidence base • Service co-dependency • Impact on clinical outcomes, health and health inequalities • National policy and strategy • Patient insight • External clinical advice
Accessibility & choice	• Urgent and non-urgent accessibility for patients, carers, families and staff • Transport cost and performance implications for ambulance service • Impact on patient choice relative to anticipated improved outcomes • Equality impact assessment for vulnerable groups • Patient insight
Deliverability & capability	• Strategic alignment with broader/neighbouring transformation schemes • Workforce requirements • Modelled capacity, activity and performance implications • Infrastructure requirements (premises/technology) • Clinical (acute and GP) and managerial commitment to deliver • Delivery timescales and risks • Procurement and competition requirements
Affordability & financial sustainability	• Revenue cost impact to providers, commissioners and wider system • Capital costs and funding sources • Net contribution to closing STP financial gap • Transitional costs

The evaluation criteria was equally weighted as part of the impact assessment process.

[5] Stroke Services: Configuration Decision Support Guide, 2016 [ONLINE] Available at: www.eoescn.nhs.uk/index.php/download_file/force/2069/132/. [Accessed 20 August, 2016)

5.0 Governance around key decisions

Scenario development review and appraisal was subject to a number of stages of governance:

- Firstly, through individual clinical design teams which recommended options to be taken forward following the application of agreed criteria;

- Secondly, through the Clinical Services Review Group which applied further critical challenge to ensure option viability and robustness from both a commissioner and provider perspective, revisiting and reviewing any scenarios as deemed appropriate and making final recommendations to CCGs, and

- Finally, through CCG Governing Bodies which, as the statutory decision-makers on any major service change, agreed the case for change, the options to be taken forward to consultation and appropriateness of underpinning service change process to date.