



Decision making process and evaluation

Following the public consultation period the decision making categories, by which each of the options across the three clinical services could be evaluated, needed to be agreed by the governing bodies of the two Clinical Commissioning Groups (CCGs).

The choice of categories was influenced by the feedback received through the public consultation and they were agreed following a joint CCG extraordinary Governing Body meeting on the 13th December 2017. The categories and associated sub-statements are outlined in the table below:

Path to Excellence Decision Making Evaluation Categories and sub-statements.

Evaluation Category:	Quality & safety	Clinical sustainability
<i>Proposed decision-making evaluation sub-statements</i>	<ul style="list-style-type: none"> • Ability to maintain or improves level of quality and safety that is currently delivered. • Delivery of applicable quality, safety and experience standards and regulatory requirements, including safe workforce standards. 	<ul style="list-style-type: none"> • Workforce model supports long term service sustainability. • Workforce model and associated capacity supports service sustainability.
<i>Proposed information sources to inform RAG rating assessment</i>	<ul style="list-style-type: none"> • Performance and outcomes assessment against core clinical standards. • Clinical risk assessment of options. 	<ul style="list-style-type: none"> • Workforce model and workforce plan for each speciality. • Heath Education North East view of impact on doctors in training.

	<ul style="list-style-type: none"> • Use of clinical evidence and research to inform models. • External clinical assessment of options. • Consideration of safeguarding impact. 	<ul style="list-style-type: none"> • External clinical assessment of options. • Updated demand and capacity assessment, including acuity and admissions.
Evaluation Category:	Accessibility & choice	Deliverability
<i>Proposed decision-making sub-statements</i>	<ul style="list-style-type: none"> • Clinical access and transfer times are demonstrably safe. • Non-clinical transport impacts are fully assessed and plans to mitigate impact are developed. • Choice is maintained and promoted where possible. 	<ul style="list-style-type: none"> • Is deliverable by April, 2019. • Strategic alignment with co-dependent services and wider system transformation plans. • Sufficient workforce supply to support timely implementation. • Sufficient system capacity to absorb changes in patient flows.
<i>Proposed information sources to inform RAG rating assessment</i>	<ul style="list-style-type: none"> • Consultation feedback report. • Final Travel and Transport Impact Assessment. • Travel and Transport working group plans. • NEAS impact assessment and risk mitigations. • External clinical views on expected transfers. • Refreshed choice impact assessment. • Indicative communications and marketing strategies 	<ul style="list-style-type: none"> • High-level implementation plan and timeline. • Updated workforce model and plan. • Co-dependent service assessment, including primary care impact assessment. • Views from other commissioners, providers and strategic transformation programmes. • Updated demand and capacity assessment, including acuity and admissions (and choice impact for maternity).

Evaluation Category:	Health Inequalities	Value for money
<i>Proposed decision-making sub-statements</i>	<ul style="list-style-type: none"> • Service model likely to improve, or at least not worsen, health inequalities. • Accessibility and health Impact on protected and vulnerable groups is fully assessed with potential risks identified and mitigated. • Impact on health is fully assessed. 	<ul style="list-style-type: none"> • Ensures best value for money for the taxpayer • Is deliverable within the resource available to the healthcare system in the short and long-term. • Transitional costs can be met where required.
<i>Proposed information sources to inform RAG rating assessment</i>	<ul style="list-style-type: none"> • Final Integrated Equality, Health and Health Inequalities Impact Assessment and associated recommendations. 	<ul style="list-style-type: none"> • Updated financial modelling and plan, aligned to demand and workforce plans. • Final estates and capital plan