Sustainable Health Care in East Kent Joint Committee of NHS Clinical Commissioning Groups	**Agenda Item:**	**026/19**

Date of Meeting:	25th April 2019			
Title of Report:	Evaluation Paper			
Author:	Lorraine Goodsell			
Executive/ Lay Sponsor:	Caroline Selkirk			
This paper is for: *(please X as applicable)*	Approval	Decision	Assurance	Information
	x	x		
Are any members of the meeting conflicted?	N	None identified: members to declare conflicts as necessary.		
Is circulation restricted? *(please X as applicable)*	No	Yes		
	X			

Report summary/purpose:

The evaluation paper outlines the approach taken for the final stage of the evaluation (stage 3) and assessment of the medium list of options (do - minimum, option 1 and option 2)

Key contents of the paper include:

- Scoring approach – wording and scoring approach using minus numbers
- Weighting approach - equal weighing of each criteria and sub criteria
- Sub-criteria questions - the evaluations questions proposed for each sub-criteria
- Evaluation Panel Membership - the proposed membership of the panel (current voting members of the East Kent Joint Committee

Recommendation:

For the final stage of the evaluation (stage 3)

The East Kent Joint Committee is asked to:

1. Review and sign off the wording to the scoring
2. Review and sign off the approach to numerical scoring using minus numbers.
3. Review and sign off the approach to equal weighting of each criteria and sub-criteria.
4. Review and sign off the sub-criteria questions. Additional questions in red are based on feedback from the East Kent Joint Committee (in Public) on 28th February 2019
5. Review and sign off the membership of the Evaluation Panel.

Governance

The paper has been reviewed and signed off by the Evaluation Working Group and the System Board

Evaluation sign off

For the final stage of the evaluation (stage 3) and assessment of the medium list options against the do-minimum scenario.

The Joint Committee is asked to:

1. Review and sign off the wording to the scoring

2. Review and sign off the approach to numerical scoring using minus numbers

3. Review and sign off the approach to equal weighting of each criteria and sub-criteria

4. Review and sign off the sub-criteria questions

5. Review and sign off the membership of the Evaluation Panel

Scoring mechanism and wording

Scoring	
Numerical scale developed to assess the relative performance of each option against the do minimum (-3 to +3):	
-3	The option performs significantly worse than the do minimum
-2	The option performs poorly compared to the do minimum
-1	The option performs slightly worse than the do minimum
0	The option is comparable to the do minimum or there is insufficient information to support differential scoring
+1	The option performs slightly better than the do minimum
+2	The option performs well against the do minimum
+3	The option performs significantly better than the do minimum

Weighting and scoring approach

#	Criteria	Criteria - weighting	Sub -criteria	Sub –criteria weighting	Range of scoring*
1	**Clinical Sustainability**	**20%**	1.1 Workforce 1.2 Clinical standards and recommendations 1.3 Patient experience and performance	6.7% for each sub criteria	**-9 to +9**
2	**Accessibility**	**20%**	2.1 Emergency travel times 2.2 Distance to hospitals 2.3 Car and public travel times	6.7% for each sub criteria	**-9 to +9**
3	**Implementable**	**20%**	3.1 Time to implement 3.2 Delivery Risks 3.3 Transition Period	6.7% for each sub criteria	**-9 to +9**
4	**Strategic Fit**	**20%**	4.1 Long term sustainability 4.2 Impact on neighbouring systems 4.3 Research and education	6.7% for each sub criteria	- **-9 to +9**
5	**Financial Sustainability**	**20%**	5.1 System affordability 5.2 Net Present Value 5.3 I&E performance	6.7% for each sub criteria	**-9 to +9**
Equal weighting for each criteria			**Equal weighting for each sub criteria**		**- 45 to + 45**

Range of scoring for each sub criteria question -3 to +3

The revised evaluation criteria that we propose to use in evaluating the medium list options (1)

Criterion	Sub-criteria	Evaluation questions
1. Is the configuration clinically sustainable and are able to deliver required quality standards?	**1.1) Quality: workforce**	In comparison with the 'do minimum' scenario, to what extent do the options: a) Allow each organisation to operate working patterns that are safe and compliant with regulatory standards? b) Impact on delivering a sustainable workforce, with the necessary clinical skills, and the required support staff across the East Kent health and social care system? c) Impact on recruitment and staff attrition, for all staff groups (including support staff) across the system? d) Impact on employment opportunities within local communities
	1.2) Quality: Clinical recommendations and standards	In comparison with the 'do minimum' scenario, to what extent do the options: a) Allow services to be configured in alignment with the Clinical Senate's recommended co-dependencies? b) Improve adherence to NHS policy (e.g. seven-day working and FYFV) and Royal College standards of care and conveyance standards?
	1.3) Quality: patient experience and performance	In comparison with the 'do minimum' scenario, to what extent do the options: a) Provide a better experience for patients as determined by nationally recognised and validated tools (i.e. Patient Reported Outcome Measures)? b) Improves overall performance (i.e. RTT, A&E, and cancer) ? c) Deliver hospital sites that best meet the quality standards for buildings?

The revised evaluation criteria that we propose to use in evaluating the medium list options (2)

Criterion	Sub-criteria	Evaluation questions
2. Is the potential configuration option accessible?	**2.1) Emergency Travel Times**	In comparison with the 'do minimum' scenario, to what extent do the options: Enable emergency ambulance travel times to be in line with the following national / locally agreed standards. 95% of the east Kent population can access an A&E department within 60 minutes. The east Kent population can access a trauma unit for stabilisation within 60 minutes. 95% of the Kent & Medway population can access the pPCI centre within 100 minutes (to enable a call-to-balloon time within 150 minutes). 95% of the east Kent population can access a stroke unit within 60 minutes (to enable a call-to-needle time within 120 minutes). 95% of the east Kent population can access vascular services within 60 minutes.
	2.2) Distance to hospitals	In comparison with the 'do minimum' scenario, to what extent do the options: (a) Enable the greatest number of people to receive appropriate hospital care at the site closest to home (b) Enable the greatest number of people from deprived communities to receive appropriate hospital care at the site closest to home
	2.3) Car/public transport travel times	In comparison with the 'do minimum' scenario, to what extent do the options: Enable patients requiring an inpatient stay and visitors (i.e. carers and relatives) to have the shortest travel times (a) By car (b) By public transport

The revised evaluation criteria that we propose to use in evaluating the medium list options (3)

Criterion	Sub-criteria	Evaluation questions
3. Is the potential configuration option implementable ?	**3.1) Time to implement**	Which option can be successfully delivered in the shortest times scale?
	3.2) Delivery risks	In comparison with the 'do minimum' scenario, to what extent do the options present any risks of delays or failure to deliver owing to: a) Council planning or resource consent requirements? b) Number of delivery partners? c) Operational complexity and decant arrangements? d) Decisions regarding the Section 106 Agreement or Community Infrastructure Levy?
	3.3) Transition period	In comparison with the 'do minimum' scenario, to what extent do the options: a) Maximise value from investments made during the transition period to support the sustainability of vulnerable services (minimises sunk costs) b) Enable the capital investment required to be phased over the transition period?

The revised evaluation criteria that we propose to use in evaluating the medium list options (4)

Criterion	Sub-criteria	Evaluation questions
4. Does the potential configuration option align strategically?	**4.1) long-term sustainability**	In comparison with the 'do minimum' scenario, to what extent do the options: a) Enable longer-term sustainability for the system (e.g. to avoid the need to reconfigure in the next 5-7 years following implementation)
	4.2) Impact on neighbouring systems	In comparison with the 'do minimum' scenario, to what extent do the options: a) Impact on neighbouring systems and other providers through outward flow
	4.3) Research, innovation and education	In comparison with the 'do minimum' scenario, to what extent do the options: (a) Support research, education and innovation current and developing research and education? (b) Provide opportunities to develop innovative practice that improves patient outcomes?
5. Is the potential configuration option financially sustainable?	**5.1) System affordability**	In comparison with the 'do minimum' scenario, to what extent do the options a) Support a financially viable system across East Kent?
	5.2) Net present value	In line with the STP evaluation methodology, which option gives the best 30/64 year net present value? (whole of system lens, including capital costs)
	5.3) I&E performance	Which option gives the best steady state I&E performance after year 10?

Membership of the Evaluation Panel

- The Evaluation Panel are required to score each option

- Proposal for the membership of the Evaluation Panel to consist of the current voting members of the East Kent Joint Committee

- Each constituent CCG has three voting members (from the CCG Governing Body):
  - Clinical Chair
  - A non-executive clinician (a GP or Practice Nurse)
  - A lay member, independent member or secondary care clinician