Shaping Future Care

Acute Services Review

Proposed decision-making criteria
Evaluation of feedback

June 2017

PROPOSED DECISION-MAKING CLINICAL REVIEW CRITERIA - PATIENT & PUBLIC FEEDBACK SUGGESTIONS

Final evaluated criteria

Safety	Delivers improved patient safety, and will bring the service closer to accepted (national) standards and local context.
Quality and outcomes	Results in clinical benefit and improved outcomes for patients, and will bring the service closer to accepted (national) standards and local context.
Access	To consider geography, travel times, affordability, best outcomes, waiting time standards, and any need for specialist care provided in dedicated centres.
User experience	Delivers an improvement to the experience of people when they use services
Population health and wellbeing	Contributes to improving health and wellbeing and addressing health inequalities of disadvantaged groups.
Cost effectiveness	Minimises the cost of safer service delivery relative to the alternatives
Sustainability	Results in improved service quality and sustainability and integration by: • Taking account of wider system effects and inter-dependencies across all care settings (primary, secondary and community health & social care). • Aligning with local strategies (e.g. clinical, workforce, financial and estates).
Patient choice	Promotes patient ability to choose provider or treatment

PROPOSED DECISION-MAKING CLINICAL REVIEW CRITERIA - PATIENT & PUBLIC FEEDBACK SUGGESTIONS

Final evaluated criteria – showing amendments (green text indicates a new criterion)

Safety	Delivers improved patient safety, and will bring the service closer to accepted (national) standards and local context.
Quality and outcomes	Results in clinical benefit and improved outcomes for patients, and will bring the service closer to accepted (national) standards and local context.
Access	To consider geography, travel times, affordability, best outcomes, waiting time standards, and any need for specialist care provided in dedicated centres. ~~Maximises the ability of patients and carers to access the service as measured by a reasonable travel time and best outcomes, and within the waiting time standards for that service~~
User experience	Delivers an improvement to the ~~user~~ experience of people when they use services
Population health and wellbeing	Contributes to improving health and wellbeing and addressing health inequalities of disadvantaged groups.
Cost effectiveness	Minimises the cost of safer service delivery relative to the alternatives.
Sustainability	Results in improved service quality and sustainability and integration by: • Taking account of wider system effects and inter-dependencies across all care settings (primary, secondary and community health & social care). • Aligning with local strategies (e.g. clinical, workforce, financial and estates). ~~that promotes training and recruitment of the given the challenges of the availability of the permanent clinical workforce. and the delivery of services both during and outside the traditional working hours.~~
Patient choice	Promotes patient ability to choose provider or treatment

PROPOSED DECISION-MAKING CLINICAL REVIEW CRITERIA - PATIENT & PUBLIC FEEDBACK SUGGESTIONS

Public feedback and evaluation by clinical cabinet members, resulting in amendments

Safety	Delivers improved patient safety

Patient & public feedback	Evaluation
• That safety is not compromised by any relocation of services within the ASR and any improvement in safety should be felt by all areas of Devon, not just a simple majority. • Clarity of service/clarity of pathway - to get good outcomes. Integrated Care - Criteria needs to include the whole journey as one thing not individual parts. Equity of outcomes. • Service quality is important but also other types of care such as food, loneliness and personal hygiene. • Clinical benefit needs to be judged on accessibility - as I repeatedly say there is no advantage of you dying on the way to a centre of excellence! • Grade 1 Caesarean Section must be within 30 minutes • Service quality is good as part of a peninsular set up with access to more specialised care if indicated • The closer to home the service the better for family visits to boost recovery. • The outcome is to get treatment asap not 60 miles away and get better quickly • That you have asked all patients involved in both primary and secondary care for feedback • Quality care depends on having the right skill mix of staff • Appropriate funding, resources and staffing must be available locally • Care needs to be tailored to suit each patient to ensure the right care is provided • Service quality includes good patient outcome and good clinical care • Outcomes for all residents should be maintained at the very least. • Delivers improved patient outcome across the population • Must be able to flex to meet peaks in demand, this needs to be especially taken into account in the places in Devon who see a large increase in numbers over the holiday season. • Best possible outcomes from Emergency admissions or situations & best use of resources that provide these services. E.G. If staff needed for emergency work/rota then make use of resource with inpatient wards & clinics • Before patients are patients. Health of the population • Delivering a standard that we can afford and sustain for the majority. You will always have to make difficult choices. • Locally delivered quality evidence-based services that optimise patient outcome • Right time and right place is most important to me. Reliability, timely, professional, local.	*Wording further clarified in response to the level of public feedback prioritising patient safety.* Delivers improved patient safety, and will bring the service closer to accepted (national) standards and local context.

Quality and outcomes	**Results in clinical benefit and improved outcomes for patients**

Patient & public feedback	**Evaluation**
• No reduction in quality or outcomes from what is currently available	*Wording further clarified to match more robust wording of the* Safety *criterion.* Results in clinical benefit and improved outcomes for patients, and will bring the service closer to accepted (national) standards and local context.

Access	**Maximises the ability of patients and carers to access the service as measured by a reasonable travel time and best outcomes, and within the waiting time standards for that service**

Patient & public feedback	**Evaluation**
Carers • Not once at the meeting or presentation was there any reference to carers. • Ability of carers to have transport/accommodation if they have to travel further. • NHS England have published a document re duties on NHS organisations & social care to improve work to identify, assess & support wellbeing of carers. This has to be addressed to improve care for patients and carers benefits & sustain reduction in hospital admissions. **Transport impact and costs** • Why haven't local transport links been directly addressed? • The cost of providing transport, the availability of that transport and the time it takes to get from A to B MUST be considered along with where the most deprived people are as they will not be able to afford to pay for travel. **Keep services local** • It's fine to travel for a bypass OP to Plymouth- but not for common conditions to travel all across Devon. It is NOT safe! • I do not think there is any question about the criteria of far distant treatment which will lead to a poorer outcome. This	*The existing criterion appropriately reflects the importance placed on it in the public feedback. However, further clarification has been added regarding specialist care.*

is very important in the decision making process but there are no questions about this vital aspect of patient experience • The physical, emotional and financial impact on the family of the service user who has to drive 120 miles in an utter state of exhaustion, fear and despair. **Keep services local (within North Devon)** • Local people want to access local DGH healthcare. • Not referring patients to Holsworthy Hospital. The expense of Solar panels and extra parking bays if the plan is to close the Hospital. • We need high quality care in NORTH DEVON • The remoteness of some Devon communities from the main hospitals does not seem to have been taken into account. • Ilfracombe has high rates of cardiovascular diseases and cancers and this is partly due to the conditions not being picked up quickly enough. Services here should be more accessible and closer to people's homes. • The decision to keep services here in North Devon is the most important criteria	Clarify To consider geography, travel times, affordability, best outcomes, waiting time standards, and any need for specialist care provided in dedicated centres.

User experience	**Delivers an improvement to the user experience**
Patient & public feedback	**Evaluation**
• Accessible, convenient, safe by being treated by your local District General Hospital • Not everyone has transport and to expect elderly and frail patients to get several buses to make the journey into the RD&E and then spend hours on buses coming home. Or the extended journeys made by patient transport after a session of chemotherapy or dialysis is not a good experience. • We need high quality care in NORTH DEVON • Realise how lucky we are • Patients should feel that their care is paramount and has not been compromised by bureaucratic decisions. • User experience should be hassle free • Patients need to be listened to and views acted upon • All patients should experience a good patient pathway. • Current experience should not be diminished for some in order to improve it for others.	*Wording clarified in response to the level of public feedback prioritising user experience.* Delivers an improvement to the ~~user~~ experience of people when they use services

• The more positive the patient feels, the more effective the treatment is likely to be. • As good as it can be, but safety and quality is more important. • Access for vulnerable groups • Most people want services on the doorstep. In an area like Devon, this is not possible. We must deliver the best care possible. • Only meaningful if you act on what people say.	

Cost effectiveness	**Minimises the cost of service delivery relative to the alternatives**

Patient & public feedback	**Evaluation**
• Public think if they contact hospital they'll get stuff for free - take it or leave it. Cost implications. Patient complacency. Need advice centre? 'Integrated Care' • Cost effectiveness is obviously a consideration for sustainability of services. • There should be a way of measuring cost effectiveness of services that have been privatised. • Too many top level staff bring paid too much and not enough paid to frontline staff • Cost effectiveness is important but not at the expense of patient safety. • Cutting the unnecessary costs i.e. over ordering on prescriptions. • Everyone needs to take responsibility for cost effectiveness. Often ideas from the front line are the best but are dismissed. • Cost savings cannot be disproportionate in favour of the NHS at the expense of the wider public. Otherwise this will most detrimentally affect the most financially disadvantaged people and particularly those who don't live in cities. • Important but only because of financial constraints • Hidden cost of travel to individual patient, NHS may gain but patient loses • Not that important • Set the base level, develop the specialist centres, include the impact of travel cost/difficulty on the family unit	*The word 'safer' added in response to public concerns that patient safety may be compromised to save money.* Minimises the cost of **safer** service delivery relative to the alternatives

PROPOSED DECISION-MAKING CLINICAL REVIEW CRITERIA - PATIENT & PUBLIC FEEDBACK SUGGESTIONS

~~Service~~ **Sustainability**	**Results in improved service quality and sustainability given the challenges of the availability of the permanent clinical workforce and the delivery of services both during and outside the traditional working hours.**

Patient & public feedback	Evaluation
• Stop uncertainty i.e. the 'black cloud' hanging over recruitment; services do not exist in isolation but are co-dependent • Low morale with regard to job security is affecting all levels of nursing and medical staff. We should be encouraging more young people to take up nursing and there should be training opportunities for young people at every local hospital. • Staff to feel valued and appreciated • That enough money is invested to sustain it! • Will the workforce be happy to move their services and also have to travel themselves on an unreliable network? • Attractive services to attract future trainees both nursing and medical. • Planning ahead and not leaving gaps in workforce such as freeze on vacancies etc. Recognition that cutting frontline services has a detrimental effect on quality whereas managerial posts are easier to 'cull'. • Improving better well-being and support, recruitment drive - skill mix • Delivering services that are part of sustainable networks of committed, well-qualified healthcare professionals • Sustainability needs to consider infrastructure, changes will not be easy to reverse. • Invest in existing workforce - make NHS attractive - encourage safe delegation. • Take a holistic and community led approach to lifestyle/career opportunities for staff retention • Need to make better use of the allied health professional workforce. • Minimising risk - we need to be explicit that any solution either reduces or shares risk and that we quantify it/are open about it. • Risk - shared and open. • Have to consider impact/effects on other services in the Trust when making these decisions. Sharing/managing Risk • Risk - openness of risk. Being explicit about risks and implications of decisions that are made. Management effectiveness across Peninsular - do we need 10 separate NHS Trusts? Risk sharing and learning across Peninsular	*Public feedback highlighted that the original proposed criterion did not fully articulate the scope of sustainability. Addresses the importance of the inter-dependency of the whole system (services and estate) and the need for greater integration.* Results in improved service quality and sustainability and integration by: • Taking account of wider system effects and inter-dependencies across all care settings (primary, secondary and community health & social care). • Aligning with local strategies (e.g. clinical, workforce, financial and estates). ~~that promotes training and recruitment of the given the challenges of the availability of the permanent clinical~~

• Infrastructure: Ensures adequate infrastructure exists to support chosen service reconfiguration (e.g. buildings, roads, transport and transfer services) • Obviously this is essential especially where nursing care is needed in the home and in local medical premises • North Devon Hospital should become a university teaching hospital • Staff Training should be an ongoing thing but they are highly trained anyway • So staff know what they are doing and provide the best care • That most of it happens on the job, rather than in lecture rooms. • There should be sufficient government funding for good staff training and development. • Ongoing training and sufficient support staff to aid clinicians. • Training needs be of high standards to ensure clinical excellence across all departments • It would seem important to create stability, foresee and prepare for demand realistically (not be ideology-driven), and ensure there are enough staff to give on-the-ward training to recruits. • More personal career development opportunities not just mandatory training • Listen to workforce. Give more choice for training needs • Without training, staff get out of date and lose some enthusiasm for the job • The impact on staff in terms of redeployment, relocation, marketing the career opportunities needs to be assessed and factored in. • Share training and working (cross cover) consultants, health workers and nurses. • Rotate the staff between the centres and maintain a broad skill base, arrange out of area placements for specialists. • Utilise and develop advanced practice posts for allied health professionals and nurses. Embed joint research clinical roles • Good care in the community • Integrated care model: Maximises opportunity for community and ambulatory care • We were asked to confine our thoughts to Acute Services, but it's really difficult to do this as primary care capacity is an integral part. • Social care links need strengthening further •	~~workforce.~~ ~~and the delivery of services both during and outside the traditional working hours.~~

Patient choice	Promotes patient ability to choose provider or treatment

Patient & public feedback	Evaluation
• Yes Patient Choice. Blocking beds at major Hospitals • A priority in this category should be to maintain patient choice as a minimum. Increasing the number of places a woman can choose to give birth does not improve choice if the additional options are harder or more expensive to access due to geographical location or financial circumstances. • Educate patients on self-care • None. I expect the right qualified person to perform the right procedure at the right time • If consultant maternity services were lost at NDDH there would be no choice of home births. • Patients should be able to choose what they think is best for them • You intend to take away our choices • To have a local choice. • Patient should feel confident in their hospital and be treated near to family to get full benefit • Whilst I accept that there may need to be some limits to patient choice, and it's preferable that interventions are negotiated and consented to, where choice is offered outcomes are likely to be better. • Need to ensure equity of care (base line of deprived populations) - might not own car for example. • Maternity, the choice for women will be limited	*It was initially considered that further clarification/definition of patient choice was required in response to feedback. The following wording was suggested.* ~~*No unnecessary reduction in patient choice of place for treatment*~~ *Further consideration and discussion of this criterion resulted in the original wording being retained because it provides greater objectivity as a 'yes' or 'no' answer applies, whilst the suggested replacement statement requires a subjective response. It was also agreed that the NHS Constitution offers a reference point for anyone that wants a definition of patient choice.*

Evaluation of proposed additional criteria

Suggested additional criteria	Comments	ADDED	Evaluation of comments and rationale
Addressing inequalities / equitable	1) Equity of services and deprived area 2) It can't improve services for the majority to the detriment of a few.	**YES**	Positively addresses inequity of access &/ or outcomes for patients

provision	3) We need to measure the impact on deprivation of any option and score those options that reduce deprivation and health inequalities higher than other options 4) Areas of high deprivation should have better access to services to try to narrow the gap in life expectancy as people in these areas are less likely to access health services early. 5) Parity of service across Devon needs to be a criterion 6) Increase population No's during summer in North Devon - how is this factored in? 7) Equity of service - deprived areas. How is STP going to improve outcomes for them? 8) The geography of our region and socioeconomic disadvantaged areas do not seem to have been accounted for. 9) Socio-economic impact: Minimises any negative socio-economic impact on the population as a result of service reconfiguration (which will affect the wider determinants of health) 10) same level of treatment for living in rural areas as is in urban 11) There was a strong feeling that places of higher deprivation needed to have the importance of distance as a criteria more heavily weighted as these people were less likely to attend and often presented much later and this would exacerbate the problem. 12) It is the consistency of health outcomes across the STP area which is important to North Devon Council. 13) Is current level of funding in each geographical area equitable?		I do feel we need to consider how this would address inequalities, but being clear that this is equalities in outcomes and resources, not necessary like for like service provision as this would not be possible. Parity of service across Devon / Narrowing gap in health inequalities - EQIA should address 6 we cope (they don't affect numbers) 8 travel times have been analysed 10 ideally but is dependent upon where and sustainability of services locally 11 we do have deprived areas, but this is a low population 2 debatable - always access issues 4 may involve public education programmes 5 parity ? and equity 6 assessment of need / flexible services / staffing 7 & 8 review of resource allocation and service models 10 access may differ, availability of staff to provide services may differ 11 need for public education programmes in deprived areas 12 important to all areas

Population health and wellbeing	**Contributes to improving health and wellbeing and addressing health inequalities of disadvantaged groups.**		

Suggested additional criteria	Comments	ADDED	Response to comments and rationale
Environmental sustainability	• Sustainability, in its original 'green' sense, including transport and energy use plus true local provision = cost saving as well as well-known benefits • We need to assess the environmental impact (carbon footprint) of the options	**NO**	"nice to think about" but I suspect low priority after safety / access / experience Don't know, probably not and beyond us
Access/capacity	• Increase population No's during summer in North Devon - how is this factored in?	**NO**	See above – I think this covers it : Positively addresses inequity of access &/ or outcomes for patients Consider current arrangements and future needs
Reversibility	• What if the final decision is wrong? Reversibility	**NO**	Systemic is dynamic and just "reversing never a realistic option – we will constantly review and adjust / adapt Continual change!?
Scoring and weighting	• Who is going to weight the criteria and where will this be available? • How are the criteria being weighted? Need transparency	**NO**	See transparency item above CCG decision, likely that different communities/ different groups/ different providers will have differing views

	• Who decides on weighting of criteria? North Devon may need different weighting for population.		
Rurality	• The remoteness of some Devon communities from the main hospitals does not seem to have been taken into account. • Yes. Rural areas need services too! We keep being told this is not about the money...yet it clearly IS about the money.	**NO**	See above – I think this covers it : Positively addresses inequity of access &/ or outcomes for patients Finite allocation of resources in line with national allocation Rurality is an issue – need to evidence and display that it has been taken into account.
Review/reduce NON-CLINICAL workforce costs	• The NHS is well funded and 7 layers of management are where all the money is going. Cut the admin NOT the beds! • Yes put the extortionate amount of money STP are being paid and leave our services alone	**NO**	In the plan, not the solution to the gap
Accountability and transparency	1) I would like you to decide when you will be open honest and transparent to the public. You are public servants. 2) All look sensible and appropriate to consider, but the STP/Review has led to much concern so some measure of reassurance for public. 3) Seems to me the decisions have already been made and this is just a paper exercise. 4) Listening to local people. You pay lip service to the idea but at no point have you really held a meaningful dialogue with people here.	**NO**	This is already a general principle that CCG & NHS wider has to uphold & we do it - unlikely ever to be to the satisfaction of all and many challenges are more on the basis of not liking the message rather than not hearing it I feel. 1 we are honest. 3 disagree – hospital consultants are very vocal in N Devon [with differences of opinion] 1 openness and transparency at all times 2 public confidence in services is key

	5) You have already made your decision so my importance is irrelevant as is the feeling of most of North Devon as you don't want to listen. 6) Public haven't been well informed - why is the STP so low on google? 7) Feel certain social enterprise/private NHS providers have been missed & so stats skewed		3 no, no evidence to support this 4 not the case 5 not the case, evidence suggests otherwise 6 may have a point re google but lots of other means of gaining information 7 possibly? VCS could be more involved

Evaluation of feedback suggesting removal or alteration of proposed criteria

Criteria	Comments	Agree Y/N	Evaluation and rationale
Cost effectiveness	**REMOVE** • Cost-effectiveness - it should be a main consideration when dealing with acute services. Understand that books need to balance (obviously easiest solution would be to invest more in NHS!) but costs should never be put before patient safety in emergency situations. • I want you to re-think this whole scheme, putting the patients first. • Cost. A driver for future privatisation. • Cost can't be considered over safety. • The Council cannot support a 'cost effectiveness' criteria, as this will always disadvantage the provision of services in rural communities.	**NO**	**Must stay** – part of our constitutional requirement – we are under directions on basis of overspending
Patient choice	**REMOVE** • We are not sure how patient choice can apply - in this instance - because the services are highly acute and critical. • I feel that Patient Choice is a rather weak criterion when considering a contraction	**NO**	See above – keep – NHS constitution

	of the sites where NHS treatment is available. It should not be considered at the expense criteria such as Access or Safety. • Patient choice - not relevant		
Patient choice AND User experience	**COMBINE** • Patient choice/user experience overlap as they depend on one another	**NO**	Continue to cover separately as above
Patient safety AND Service quality and outcomes	**COMBINE** • Patient safety and service quality and outcomes overlap as they depend on each other	**NO**	I feel better to separate as safety is better defined and outcomes/quality more subjective
ALL criteria	**EXPLAIN** • No, but some criteria need to have tighter wording and some a wider understanding • No but terms need to be defined 'reasonable', 'effective' **AGREE** • All essential criteria	**NO**	