

# Planned Care: Elective Orthopaedic Centre

## Draft Evaluation Criteria v7



March 2016

## Introduction

Following the development of the specification and the identification of possible host sites it will be possible to compare alternative options for the future delivery of elective orthopaedic services in SEL. To support this process a set of objective evaluation criteria have been developed. These can be applied to each option to assess whether they should continued to be considered at further stages of the process.

The evaluation criteria can be used in a number of ways to support the process:

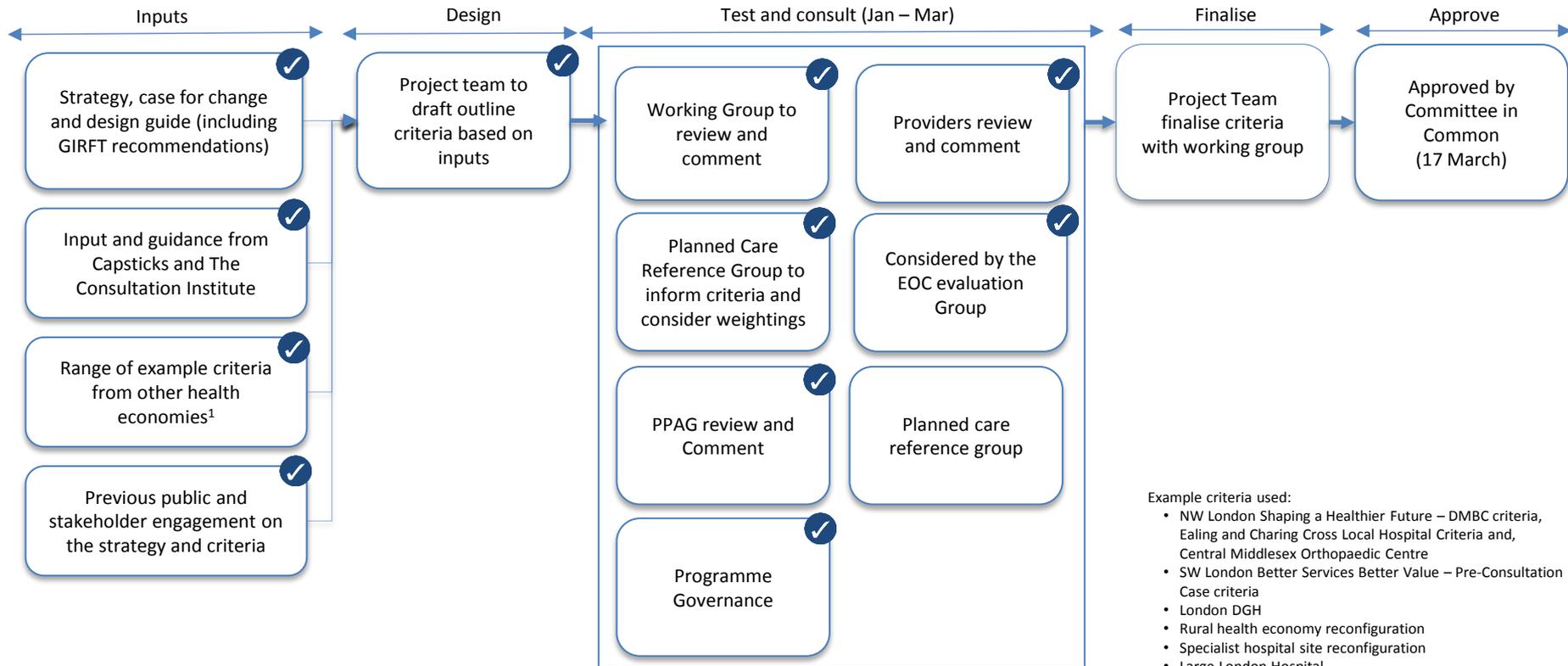
- As **hurdle criteria** to reduce the number of options to a manageable number against which further analysis can be completed.
- Used to **assess the relative merits** of the different options to identify a short-list from which options for a potential consultation will be confirmed. These will take into account non-financial and financial criteria.
- It has been recommended by the evaluation group, that in line with other assessment processes, that non-financial criteria are weighted greater than financial.

The evaluation criteria contain:

- A set of **domains** that define what each evaluation criterion covers
- **Sub-criteria** that describe measures that will be used to quantify each evaluation criterion
- The **analysis** that needs to be carried out for each of the evaluation criteria

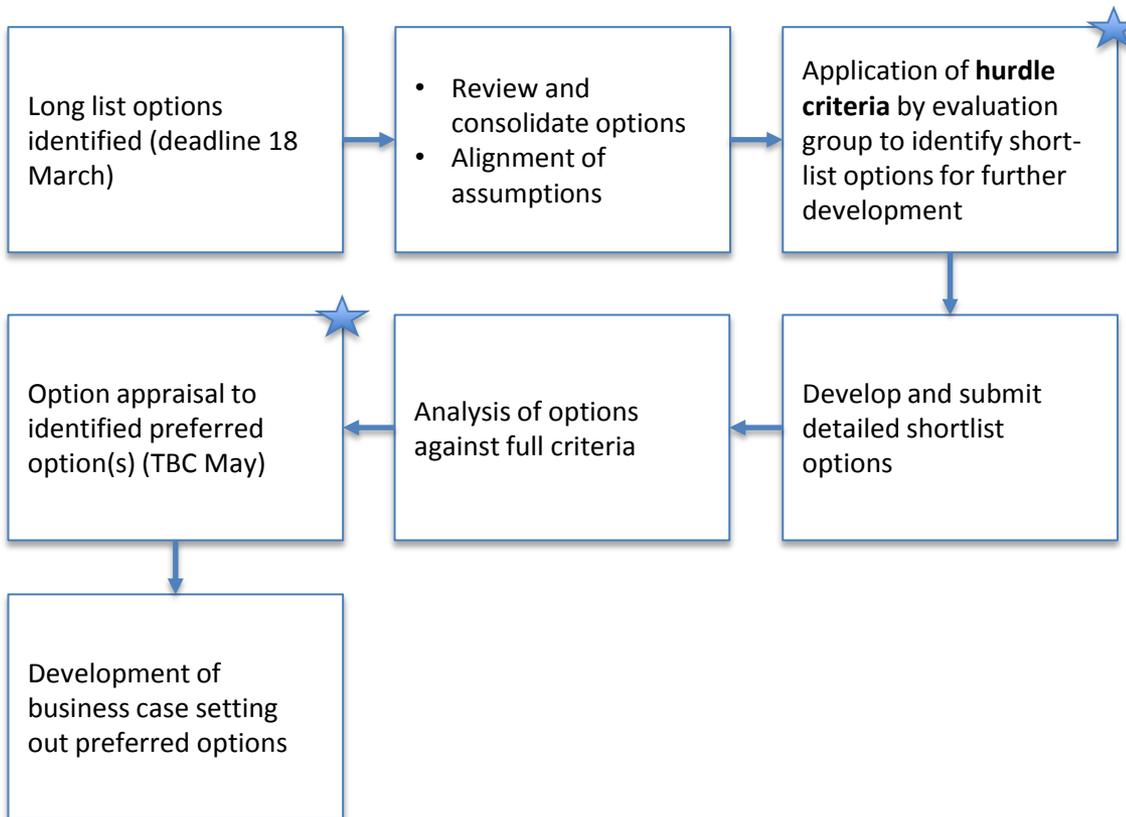
# Process to develop and approve the evaluation criteria

The criteria have been developed over a number of months. An initial set of criteria were developed using inputs from previous engagement, the SEL strategy, example criteria from similar programmes and recent policy documents. Throughout January to March they have been tested with a number of groups and organisations. Comments from these have been incorporated into the latest version – the comments are detailed at the end of the document. Following review by the evaluation group and planned care reference group the criteria will be finalised and ultimately approved by the Committee in Common.



# Evaluation of options and application of the evaluation criteria

The evaluation process is to determine the most appropriate location(s) for hosting the elective care centre in SEL. To do this it will apply the evaluation criteria. The process is mapped out below:



★ Application of criteria by evaluation group

## Role of the evaluation group

The evaluation group will play a central role in determining the preferred option(s). They will apply the evaluation criteria at a number of meetings and will be responsible for scoring options using the analysis against the criteria.

The group will meet three times:

- **7 March:** Briefing session on OHSEL and EOC programme. Review criteria.
- **30 March:** Review long-list options
- **May (date TBC):** Appraise options and identified preferred option(s)

# Draft hurdle criteria

Criteria	Description	Weight
<b>Section 1 - Hurdle Criteria - Binary</b>		
1 Safety & sustainability	This option supports safe and sustainable services in terms of: <ul style="list-style-type: none"> <li>• Emergency departments can continue to be delivered from the current locations in SEL</li> <li>• Trauma continuing to be provided in Trusts that currently do so</li> <li>• Located in SE London</li> </ul>	Pass/fail
2 Clinical requirements	This option has the potential to meet the clinical requirements (provider characteristics) set out in the model	Pass/fail
3 Patient Experience	Where there is a multi-site option sites are distributed between inner and outer SEL to be accessible to SEL patients (e.g. an option does not have two sites both inner)	Pass/fail
4a Finance	The option has a positive contribution to addressing the whole system financial challenge when compared to the do nothing scenario	Pass/fail
4b	The proposed option demonstrates commitment to the commercial principles set out in the specification	Pass/fail
5 Deliverability	The option is able to deliver the demand and capacity requirements for a consolidated elective centre (Note, the demand analysis at this stage will be based on our central case assumptions)	Pass/fail

## Draft evaluation criteria (70:30)

Criteria	Description	Analysis	Weight	
<b>Section 2 – Non-Financial assessment</b>				
6	Travel and access	Impact on total transport times	Travel time analysis (for patients by car and public transport including average travel times by mode of transport, and proximity to public transport)	12%
7a	Deliverability	The option is sufficiently flexible, adaptable and resilient to meet the requirements of growth or changes in future demand or change in national policy. i.e. the option demonstrates appropriate	Points scored resilience to alternative demand scenarios (other than the central one)	17%
7b		<ul style="list-style-type: none"> <li>Ease of implementation: the option can be delivered within a reasonable timescale with minimal risk around transition including impacts and disruption to existing services.</li> <li>Capacity and capability: The option demonstrates the appropriate capacity and capability to deliver the change/transition</li> </ul>	Estimate of number of years for implementation Estimate of transition risk	
7c		Where investment is required, the ease of obtaining required funding or financing is considered.	Assessment of financing/funding options (shortlist only)	
8	Quality	The operating model provides evidence on how it will optimise both functional and clinical outcomes for patients	Quality impact assessment (e.g. governance and quality systems) Comparison of current clinical quality of sites which are expected to deliver future inpatient activity under each option	12%
9	Patient experience	<ul style="list-style-type: none"> <li>The option allows the NHS in SEL to comply with the NHS equality duty</li> <li>The model demonstrates how it will optimise patient experience</li> </ul>	Equality impact assessment Friends and family and CQC inpatient survey performance against national benchmark	12%
10	Research and Education	The model provides support the further development of research and education activity	Assessment of impact on research and education	5%
11	Workforce	The option is staffable and is attractive to health care professionals working in SEL	Estimate of future vs actual workforce Estimate of impact on current job roles	12%
<b>Section 3 – Financial criteria</b>				
12	Affordability	The cost (e.g. capital and transition) of implementing the option represents good value and is affordable for the organisations impacted. <b>An option will need to have a positive NPV to progress.</b>	Capex investment Productivity projections Revenue and cost projections	30%
13	Organisational sustainability	The option maintains or improves all organisational positions. Any option which could destabilise the ongoing financial and organisational viability of the individual organisations without a compensating strategy will be ruled out.	Impact analysis on trust current vs future revenue and cost	Pass/ Fail

# Comments received on criteria



# Comments received on the draft criteria

Domain	Comment	Source	Date	Action
Clinical requirements	Include - ready access to medical specialities for complex cases i.e. general medicine, diabetes and endocrinology, cardiology and renal	Julie Gilford	25/01/2016	Added
Patient experience	Remove access from criteria	Julie Gilford	25/01/2016	Removed Access
Travel	Replace - availability by proximity to public transport	Julie Gilford	25/01/2016	Replaced
Deliverability	What is suggested is difficult to assess. Is the real question, 'can this option be expanded in the future' ?	Julie Gilford	25/01/2016	This question is not just about expanding but also about being flexible to meet changes in regulation too.
Research and education	Suggest the descriptor should read: The model provides infrastructure to support the further development of research and education activity	Julie Gilford	25/01/2016	Changed
Organisational sustainability	This should be a principle and not an evaluation criteria. The principle being that whatever the option there need to be mechanisms to ensure that no individual organisation is destabilised as a consequence of the change.	Julie Gilford	25/01/2016	As this option is complex to assess it will be done at the end. However, as this is a principle the scoring will be on a pass/fail basis
General	A number of the proposed criteria seemed unclear or at least not fully explained. What are "the training requirements"? What is "the quality and performance specification"? What are "the minimum bed requirements"? Is there detail available for these and other criteria, or is the intention rather to get broad headings agreed and then refine the specification later as to what they exactly mean?	Ian Fair	25/01/2016	A note is needed to explain that the current iteration of the criteria requires further input in order to derive the next layer of specificity
Hurdle	Subject to this point, it is surely sensible to have "hurdle" [pass/fail] criteria which are well defined and measurable, and are therefore susceptible to a pass/fail analysis. The above examples and others don't meet this standard as they stand.	Ian Fair	25/01/2016	
Hurdle	I also assume that a number of the draft "hurdle" criteria, will need to be revisited when considering further the options which get over this first hurdle. This is recognised for workforce issues, but must surely be true for others [e.g. training and some of the factors listed under section 2 - clinical requirements]. An option may have passed the first test, but does it score more or less highly than other surviving options?	Ian Fair	25/01/2016	This concept will require further consideration when refining the criteria
General	I think rehabilitation requirements should be included in some way as an explicit criterion. Two of the Briggs conclusions deal with the need for improved and more immediate provision in this area.	Ian Fair	25/01/2016	Rehabilitation has been included in the facilities specification as a characteristic of the service. All options must comply with this specification.
Patient experience	Patient experience. Access is covered in the draft criteria. But I am surprised there is no explicit general criterion in terms of improving the experience for patients. This is one of the key considerations for Briggs. It ought to be one of the key factors in judging options, as it is supposed to be for the OHSEL programme as a whole. I recognise that it is implicit in some of the other criteria that they should improve matters for patients, but I believe that proponents of any option should be required to explain explicitly how it will improve matters in this respect.	Ian Fair	25/01/2016	Criteria have been added based on feedback and specific inputs provided
Organisational sustainability	Draft criterion 10 [organisational sustainability] looks like a : "hurdle" criterion and should be reclassified as such. Serious organisational instability could risk nullifying the benefits from making improvements in this area.	Ian Fair	25/01/2016	As this option is complex to assess it will be done at the end. However, as this is a principle the scoring will be on a pass/fail basis
Timetable	I still think, looking at the extent of progress to date, that some of the current timetable is over- ambitious. Unless I am mistaken quite a lot of work on and discussion of the evaluation criteria is still required. Similarly, the planned network and new expert WG had not been constituted still less met by the time of the 8 Jan meeting. To appropriate Prof. Briggs' slogan, in this case too, it's vital to "Get it Right First Time". I think it would be helpful to circulate the comments received on the draft criteria from members of the SEL orthopaedic workshop/ working group to the other members	Ian Fair	25/01/2016	Comments to be circulated

## Comments received on the draft criteria

Domain	Comment	Source	Date	Action
Clinical requirements	<p>What does 'access' mean – more robust definition of 'access to ITU and HDU facilities' required. I.e. is there a set time period within which ITU of HDU must be accessed, and how close by must the ITU and HDU facilities be? Does this require an agreement with the local ITU and HDU?</p> <ul style="list-style-type: none"> <li>- Routine diagnostics services to include ECG machines/equipment and links to cardiologists to interpret results</li> <li>- Add a requirement for space for pre-assessment clinics</li> <li>- Ensure there is sufficient out-of-hours cover (not just nurses) and access to specialists</li> </ul>	Angela Bhan	25/01/2016	<p>Highlighted 'Access' in red as this will require defining. ITU and HDU has been removed from the criteria as this will be decided in the clinical specification which will have clinical input.</p> <p>The requirement for space will be included in the facilities specification. This specific requirement is therefore not needed in the criteria but will be encompassed in the criteria requiring the option to abide by the facilities specification</p>
Patient experience	<ul style="list-style-type: none"> <li>- How will the risk of cancelled operations be mitigated</li> <li>- 'Ring-fenced' – does this allow flexibility or are these beds entirely dedicated?</li> <li>- There is no mention of family and carer experience</li> <li>- Waiting times to be considered</li> <li>- Suggestion to add a patient experience section to section 2 as well so that patient experience can be scored as well as pass/fail</li> </ul>	Angela Bhan	25/01/2016	<p>The facilities specification includes a requirement to reduce cancellations to 1%. Ring fenced are entirely dedicated. Waiting times have been factored into the facilities specification. This section has been added but suggestions for viable measures of patient experience will be required for SEL.</p>
Finance	More explicit explanation of what a 'positive contribution to addressing the whole system financial challenge' consists in	Angela Bhan	25/01/2016	The option does not cost more than current' has replaced this hurdle criteria
Travel	Staff travel arrangements and requirements to be considered	Angela Bhan	25/01/2016	Impact of total transportation times and working locations for staff' has been included under the Deliverability Evaluation criteria
Patient experience	Quality Impact Assessments should form part of the evaluation	Angela Bhan	25/01/2016	The model provides a high quality service for patients' has been included as a criteria under patient experience
Patient experience	Equality Impact Assessments should form part of the evaluation	Angela Bhan	25/01/2016	The model provides equal access for patients' has been included as a criteria under patient experience
General	GP Clinical Lead from the CCG to be nominated as CCG representative	Angela Bhan	25/01/2016	N/A
Patient experience	Patient choice is counterfactual	Programme team	26/01/2016	Removed patient choice criteria
Finance	Value for money should be considered in Finance	Programme team	26/01/2016	Added value for money criteria
Hurdle	Viability and safety hurdle criteria to be added	Programme team	26/01/2016	Added hurdle criteria of option being viable and safe
Hurdle	Remove the finance hurdle criteria as this adds to much complexity to the initial stage	Programme team	27/02/2016	Removed
Safety and sustainability	What counts as a main hospital site? Does Orpington?	Programme team	27/02/2016	The criteria referencing this has been removed as the key requirements such as maintaining A&Es and Trauma are much more relevant and defined
Safety and sustainability	Use the word "defined" too many times in the last statement. 'There is ready access to medical specialities for complex cases as defined in the specification defined by the clinical orthopaedic working group'	Programme team	27/02/2016	This criteria has been removed as these interdependencies will be defined in the facilities specification which all options must comply with
Finance	This should not be "does not cost more than current" but rather "does not cost more than the do nothing scenario"	Programme team	27/02/2016	This change has been made.

# Comments received on the draft criteria

Domain	Comment	Source	Date	Action
Non-Financial Assessment	Where do the weights come from? They don't really mean anything unless we also propose at least some form of outline scoring mechanism for each criteria.	Programme team	27/02/2016	An outline scoring method has been proposed on the third slide.
Travel	I think we should be explicit that the travel time analysis will be done for patients by car and public transport. We will not be able to do anything for family, visitors or staff. The proximity to public transport will be wrapped up in this option so won't be required separately.	Programme team	27/02/2016	Reference to family and visitors have been removed. Further consideration will be required on how to measure the impact of travel on staff. Reference to the proximity of public transport has been removed as this is included in the overarching transport analysis
Deliverability	I don't think we should be proposing building excess space into the system. I think we may want to consider resilience to alternative demand scenarios (other than the central one) here.	Programme team	27/02/2016	Points scored resilience to alternative demand scenarios (other than the central one) has been included in the analysis column
Research and education	Forecasting this revenue will be difficult so may be easier to do a qualitative assessment of impact on research and education.	Programme team	27/02/2016	Qualitative assessment of impact on research and education has been added in the analysis section
Financial assessment	Weighting here should not be 75/25 but rather will be based on a discount factor. If the investment point is qualitative rather than quantitative then I think it sound go into the non-financial assessment.	Programme team	27/02/2016	The criteria relating to additional investment has been moved to the Deliverability Criteria. The weighting for financial assessment criteria has been altered to 100%.
Safety and Sustainability	Need to consider shoulder, elbows and other less common procedures	Tony Johnston	02/02/2016	This criteria has been refined as these interdependencies will be defined in the facilities specification which all options must comply with
Safety and Sustainability	These specifications / requirements need detailing e.g. reference to NJR. Should we not also be considering PROMS data? - workforce requirements	Tony Johnston	02/02/2016	This criteria has been refined as these requirements will be defined in the facilities specification which all options must comply with. The case for change will also provide information on this data
Clinical requirements	What determines the minimum requirements?	Tony Johnston	02/02/2016	Clinicians have been asked to define these minimum requirements which will be described in the facilities specification which options must adhere to
Clinical requirements	Need to be specified e.g. Gen Surg, Vascular, Urological opinion required if post op complications (with clear SOP's defined) - Clinical dependencies	Tony Johnston	02/02/2016	This criteria has been refined as these interdependencies will be defined in the facilities specification which all options must comply with
Clinical requirements	What will be required will depend on the complexity of patients i.e. ASA 1-3 at elective centre, complex 3's and 4's at acute hub. May not require ITU / HDU but some hybrid which could include anaesthetist / intensive 24/7 cover	Tony Johnston	02/02/2016	This criteria has been refined as these interdependencies will be defined in the facilities specification which all options must comply with
Clinical requirements	Out of hours cover needs to be considered	Tony Johnston	02/02/2016	This will need to be included and specified in the facilities specification
General	(1) The proposed option demonstrates commitment to the commercial principles set out in the specification and, (2) the option demonstrates the appropriate capacity and capability to deliver the change/transition.	Programme team	02/02/2016	Added as additional criteria within the Finance Hurdle criteria and the Deliverability criteria
Hurdle	The finance hurdle criteria regarding 'The option does not cost more than the do nothing scenario' is not clear	Mark Easton		Altered wording to 'The option has a positive contribution to addressing the whole system financial challenge when compared to the do nothing scenario'