Development of Long List and Evaluation Criteria

1 Executive Summary

The Evaluation Panel appointed by the Board has held a number of meetings since June. At the conclusion of its last meeting the Panel agreed the following recommendations to the Board. The Board has now considered these recommendations and agreed both a Long List of Options and a set of Evaluation Criteria to be used in determining a Short List.

1.1 Long List

The Panel agreed to recommend a long list of eight options (see over) comprising:

i) A 'do minimum' option (as required by the Treasury);

ii) Seven options for the location of the Emergency Centre and the Diagnostic & Treatment Centre (all of which deliver the approved clinical model); and

iii) A range of between four and seven Urgent Care Centres which should ideally be co-located with Local Planned Care facilities and Community Units, and should be scaled to serve local need.

The Panel noted the potential for further UCCs to be developed in Powys but felt it was beyond its remit to include a formal recommendation on the location of facilities in Powys.

The Panel also suggested that, whilst recognising the clinical and logistical rationale of co-locating UCCs with existing acute and community facilities, travel analysis should be undertaken to determine whether there are alternative and/or additional locations in Shrewsbury and Telford which could provide significantly better UCC access for the respective urban populations than existing acute hospital sites.

Programme Board accepted the proposed Long List and the Panel's other recommendations.

Recognising the recent development of a Women and Children's Centre at Princess Royal Hospital, Telford (PRH), the Board also agreed that the potential to locate consultant-led obstetrics either at the Emergency Centre (EC) or at PRH should be considered as a variant to options which do not locate EC at PRH.

1	**Do Minimum** - Provider & Commissioner efficiency strategies implemented but no major service change. **Existing dual site acute services (including A&E).**		**Four community hospitals and MIUs** providing services as currently.
2	**EC with UCC & LPC at RSH; ***	**DTC with UCC & LPC at PRH;**	**Two to five further UCCs ideally co-located with LPCs & CUs**
3	**EC with UCC & LPC at PRH;**	**DTC with UCC & LPC at RSH;**	
4	**EC with UCC at new site; ***	**DTC with UCC & LPC at PRH; UCC & LPC at RSH;**	
5	**EC with UCC at new site; ***	**DTC with UCC & LPC at RSH; UCC & LPC at PRH;**	
6	**EC & DTC with UCC & LPC at RSH; ***	**UCC & LPC at PRH;**	
7	**EC & DTC with UCC & LPC at PRH;**	**UCC & LPC at RSH;**	
8	**EC & UCC with DTC at new site; ***	**UCC & LPC at PRH & RSH;**	
** the potential to locate consultant-led obstetrics either at the Emergency Centre or at PRH should be considered as a variant to these options.*			

1.2 Evaluation Criteria

The Panel agreed a set of four criteria appropriate for shortlisting purposes only, and agreed to meet again at the end of September to review the criteria as confirmed by Board and to develop them in further detail.

The Panel noted that these four criteria (and their associated measures) are a subset of the overall benefits sought by the Programme and which a preferred option will need to demonstrate that it can deliver. The rationale for this subset is that it is intended to be amenable to objective differentiation between options.

The proposed criteria are:

ACCESSIBILITY FOR PATIENTS	QUALITY OF CARE
a) Total miles travelled **b)** Total time travelled **c)** Net gain (loss) by area (overlaid with Index of Multiple Deprivation) **d)** Comparison against average national travel times to A&E **e)** Impact on ambulance services	**a)** Change in number of people who are more than 45 minutes from an Emergency Centre (potential to allow for differential Ambulance access should be explored) **b)** Ability to recruit & retain key clinical staff **c)** Extent of consultant delivered high acuity services **d)** Potential for better enabling partnership working

DELIVERABILITY	AFFORDABILITY
a) Timescale for delivery (the shorter, the better) allowing for phasing of benefits **b)** The amount of disruption for existing services (the less, the better) **c)** Ability to flex in response to future service needs beyond Future Fit (the greater, the better) against 3 scenarios **d)** Extent of remaining backlog maintenance	**a)** Can be accommodated within projected future resources **b)** Net revenue cost impact

The Board approved the criteria and confirmed the need for further work to be undertaken on the detail of how the criteria should be measured.

Mike Sharon

Programme Director