

The Future of Local Health Services in Northern Staffordshire

Feedback

30 May 2018

Why We Are Here

- Feedback from options appraisal 25th May
- Clarification on next steps and opportunities to be involved:
 - Online feedback from 1-10th June
 - Technical evaluation – 12th June
 - Governing Body sign off – 26th June
 - Consideration by NHS England – 17th July
 - Formal consultation – October - December
- Conversation - From the options presented:
 - Q1: Discuss the most acceptable option
 - Q2: Discuss the least acceptable and your concerns
 - Q3: What else should we consider?

Who Was in the Room:

- 25 Participants
 - Healthwatch (Stoke on Trent & Staffordshire)
 - Stoke on Trent City Council
 - Staffordshire County Council
 - Borderland Voices
 - GP Federation
 - Patient Representatives
 - Patient Participation Groups
 - Community Hospital Supporters
 - Health Campaigners
- In Attendance
 - NHS England
 - CCGs
 - UHNM
 - SSOTP
 - The Consultation Institute

Process for scoring

- We want you to consider each bed option against 3 desirable criteria:
 - Quality Care
 - Meets Need
 - Accessibility
- To do this we want you to consider the available evidence (presented within this slide pack and additional material on your tables) and your own local knowledge and experiences
- After we have taken you through each criteria on the next few slides, your task will be as follows:

A: Weighting the desirable criteria

1. Use the form provided to you (on your table) to individually assign a score out of 100% to the three criteria
2. We will collect these from you and independent consultants will develop an average score for the room

B: Scoring the beds options against the desirable criteria

1. In pairs score each option for each criteria out of 10 (10 being the highest score) – this will show the relative preference for each option
2. Feedback to your table and reach a consensus on your table
3. Feedback to the room via a nominated spokesperson

We are keen to capture qualitative comments as well. Facilitators will make notes of table discussions and write down any key points from pairs discussions that you request to be captured.

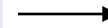
Process for scoring – how scores are estimated

Once you have weighted the criteria and independent leads have developed the averages, we will take your scores of each option and the following estimation process will be undertaken:

1. Score x weight = weighted score
2. Sum of weighted scores = solution total

The table below outlines an example of this process. The total scores for each option can subsequently be compared and a preferred option decided.

Criteria	Weight		Option 1 Score		Option A total
Quality Care	60%	x	10	=	6
Meets Need	20%	x	1	=	2
Accessibility	20%	x	2	=	4
TOTAL					12



	Option A	Option B	Option C
Score	12	8	4

Evaluation criteria and considerations

Grouping	Evaluation criteria	You told us this means:
Desirable criteria	Quality care	<ul style="list-style-type: none"> • Holistic – patient centred, personalised approach • Parity between physical and mental health • Safe, timely and effective • Correct diagnosis • Delivery of waiting times • GP standards for recalls and use of technology • Available, accurate and up-to-date patient information • MDT and Integrated Care Teams – skills mix to meet the needs of patients • Seamless services, patient experience • Good / Outstanding CQC scores • Environment – premises/ languages / clear communication
Desirable criteria	Meets need	<ul style="list-style-type: none"> • Based on demand in the local area • Needs not want - be realistic and honest • Based on clinical evidence • Self-management support • Manage long term conditions within the community – i.e. sufficient depth and quality of services to keep people out of hospital • Timeliness • Equity of service • Objective modelling
Desirable criteria	Accessibility	<ul style="list-style-type: none"> • Travel time & transport routes with subsidised transport • Digital Technology - skype, telephone conversations, apps • Equity of service based on local need • Electronic patient records to be available to all Health and Social Care • Waiting times • GP opening hours – extended hours • Out of Hours • Car parking • Outpatient clinic availability • IT – linking care records across organisations • Communication: Speak plainly, Health literacy, Patient centred language

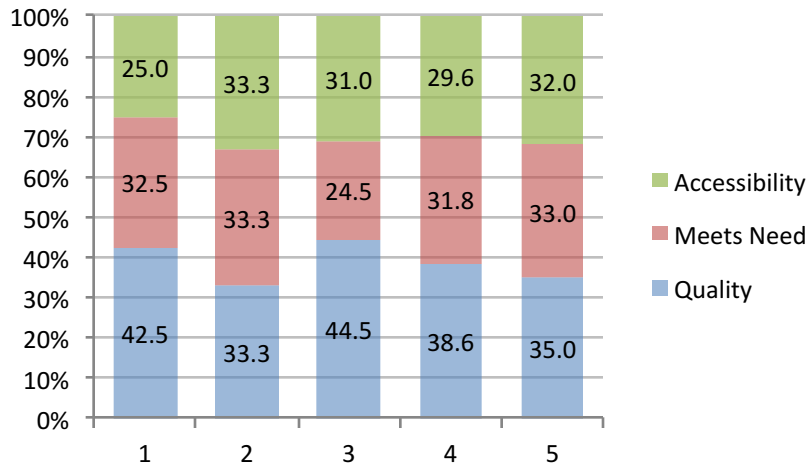
Weighting Exercise

Criteria Weighting: Results

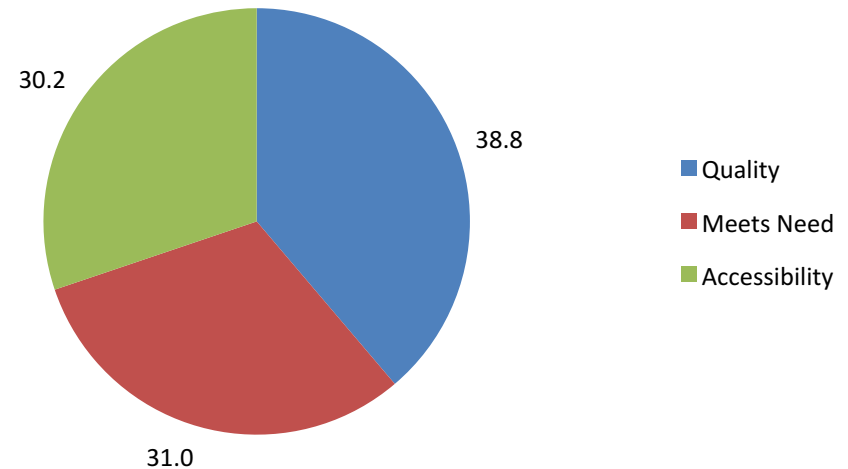
- We asked you to apply a 'weighting' to each of the three criteria :
 - Quality Care
 - Meets Need
 - Accessibility

Out of a total of 100, the results from the tables, and the room average were as follows:

Criteria Weighting (by Table)



Average Weighting From the Room



The results show a fairly even split between the three criteria, with quality ranking slightly higher. This indicates that stakeholders consider all criteria important, but quality care to be of slightly greater importance than meeting the need, and accessibility.

Beds Options Scoring

The short list of options for community beds is presented below

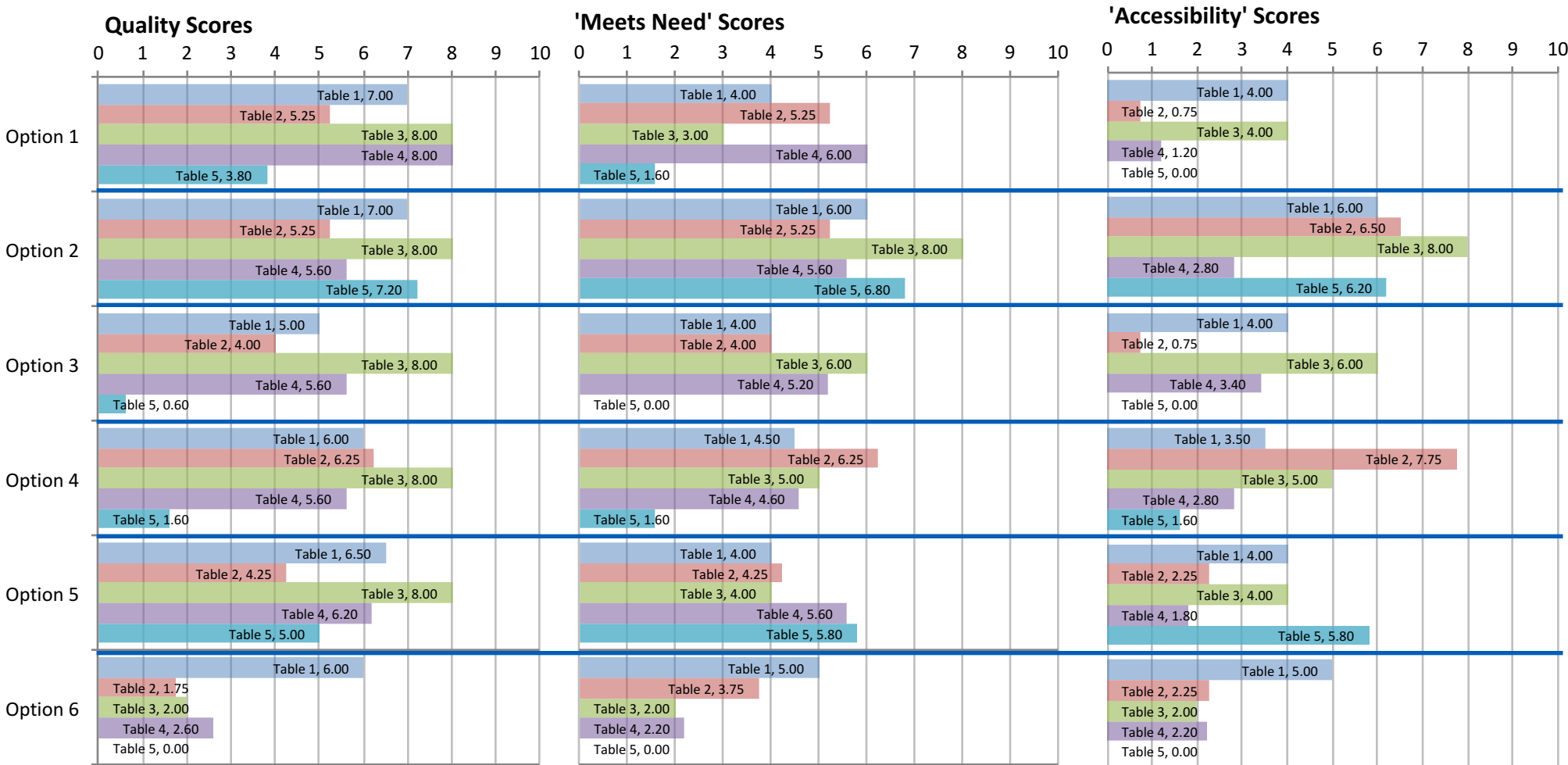
The short list of options for the bed base is detailed below. The options consisted of having all beds located at the Haywood hospital, or having some at the Haywood, and others located at any one of the current community hospital sites. Option 6 was to have some beds at the Haywood with other beds located at care homes (providers to be determined through a formal tender process)

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Total number of beds	132	132	132	132	132	132
Haywood	✓	✓	✓	✓	✓	✓
Leek		✓				
Longton			✓			
Cheadle				✓		
Bradwell					✓	
Care Homes						✓

Bed Options Scoring – By Table

Below are graphs showing how each table at the reference group on the 25th May scored the bed options in each category

Option 1: Haywood, **Option 2:** Haywood & Leek, **Option 3:** Haywood & Longton, **Option 4:** Haywood & Cheadle, **Option 5:** Haywood & Bradwell, **Option 6:** Haywood & Care Homes

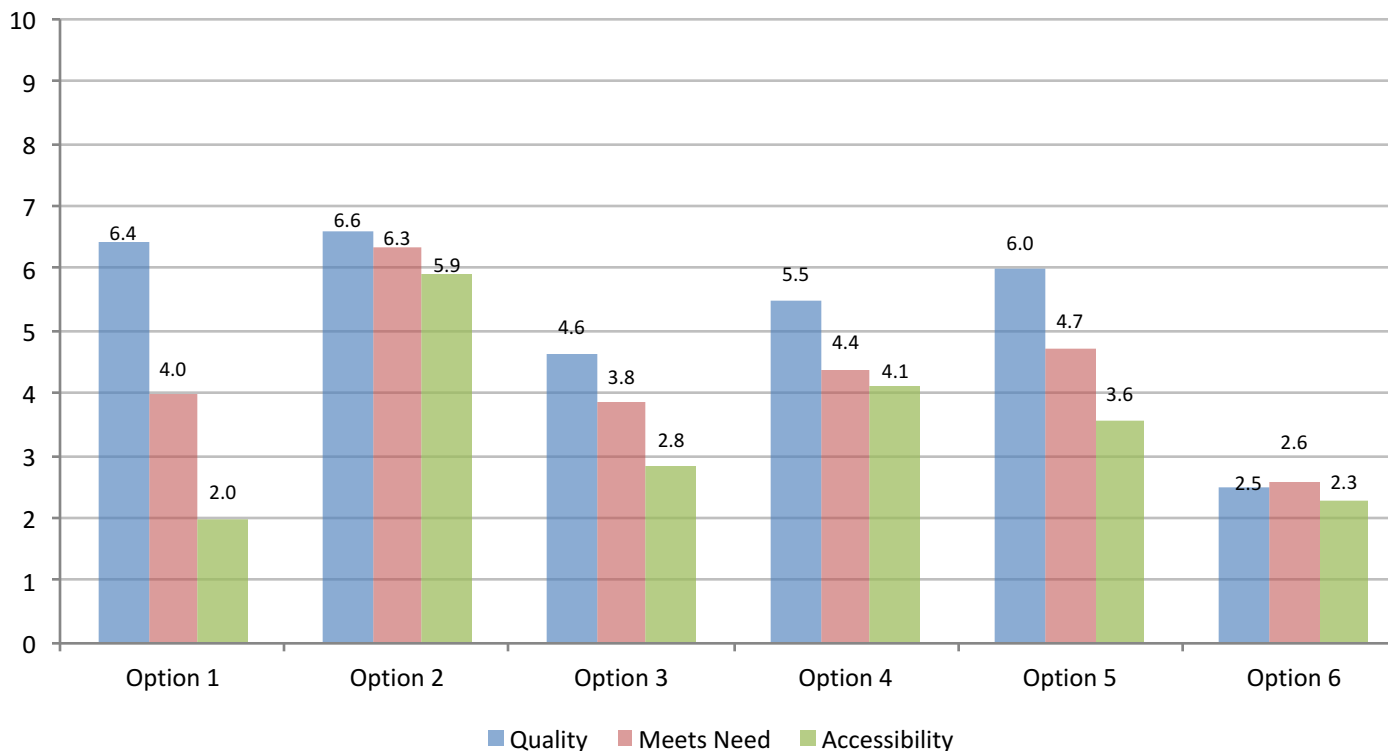


Bed Options Scoring - Average

The below graph shows how the reference group on the 25th May scored the bed options in each category

Option 1: Haywood, **Option 2:** Haywood & Leek, **Option 3:** Haywood & Longton, **Option 4:** Haywood & Cheadle, **Option 5:** Haywood & Bradwell, **Option 6:** Haywood & Care Homes

Beds - Average Scores from the Room

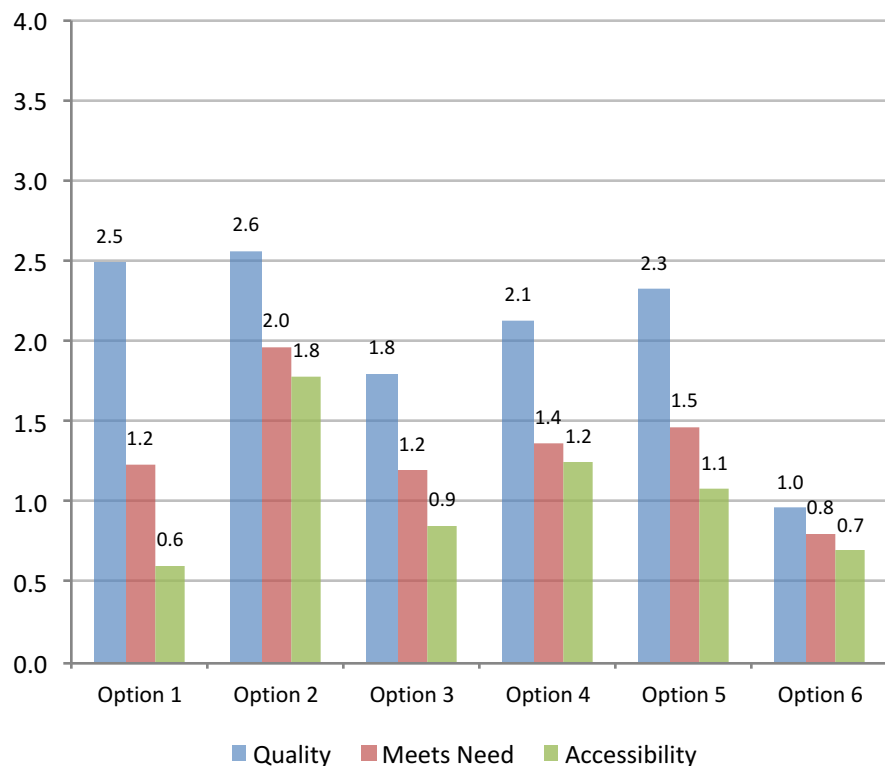


The graph shows the average score collated from across all tables at the reference group. Overall, Option 2 (Haywood + Leek) scored more highly in every category, with Option 6 (Haywood + Care homes) scoring least on all but accessibility.

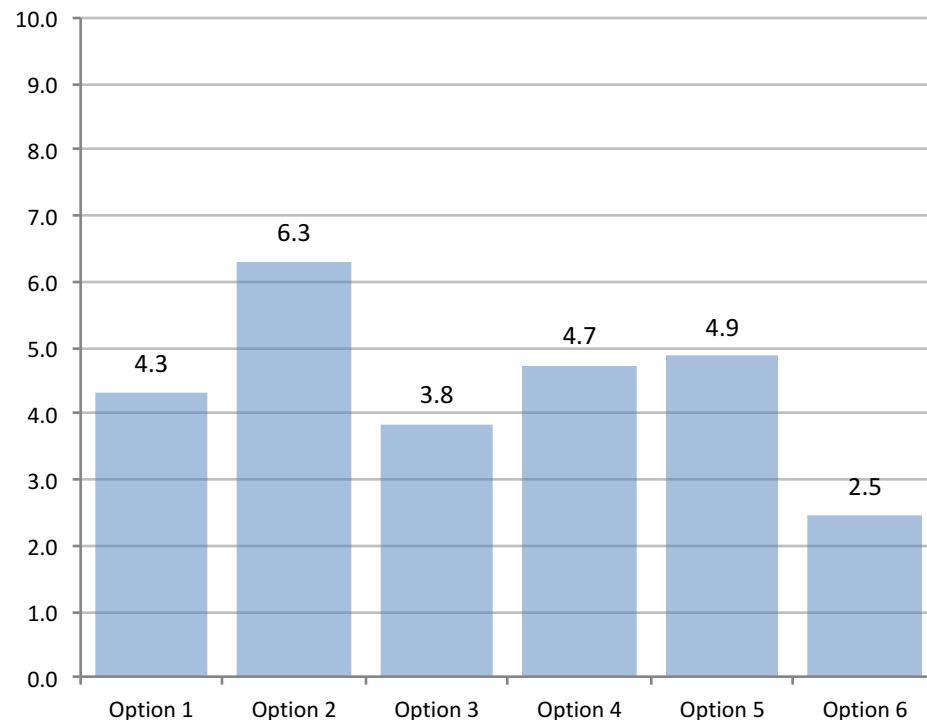
Bed Options Scoring – Weighted Average

The below graphs show the average scores with the weightings applied from the previous exercise:

Bed Options - Weighted Average Scores (by criteria)



Bed Options - Total Weighted Average Scores (All criteria combined)



The graphs indicate that option 2 (Haywood and Leek) are the reference group's preferred option

Option 1: Haywood, **Option 2:** Haywood & Leek, **Option 3:** Haywood & Longton, **Option 4:** Haywood & Cheadle, **Option 5:** Haywood & Bradwell, **Option 6:** Haywood & Care Homes

Hubs Options Scoring

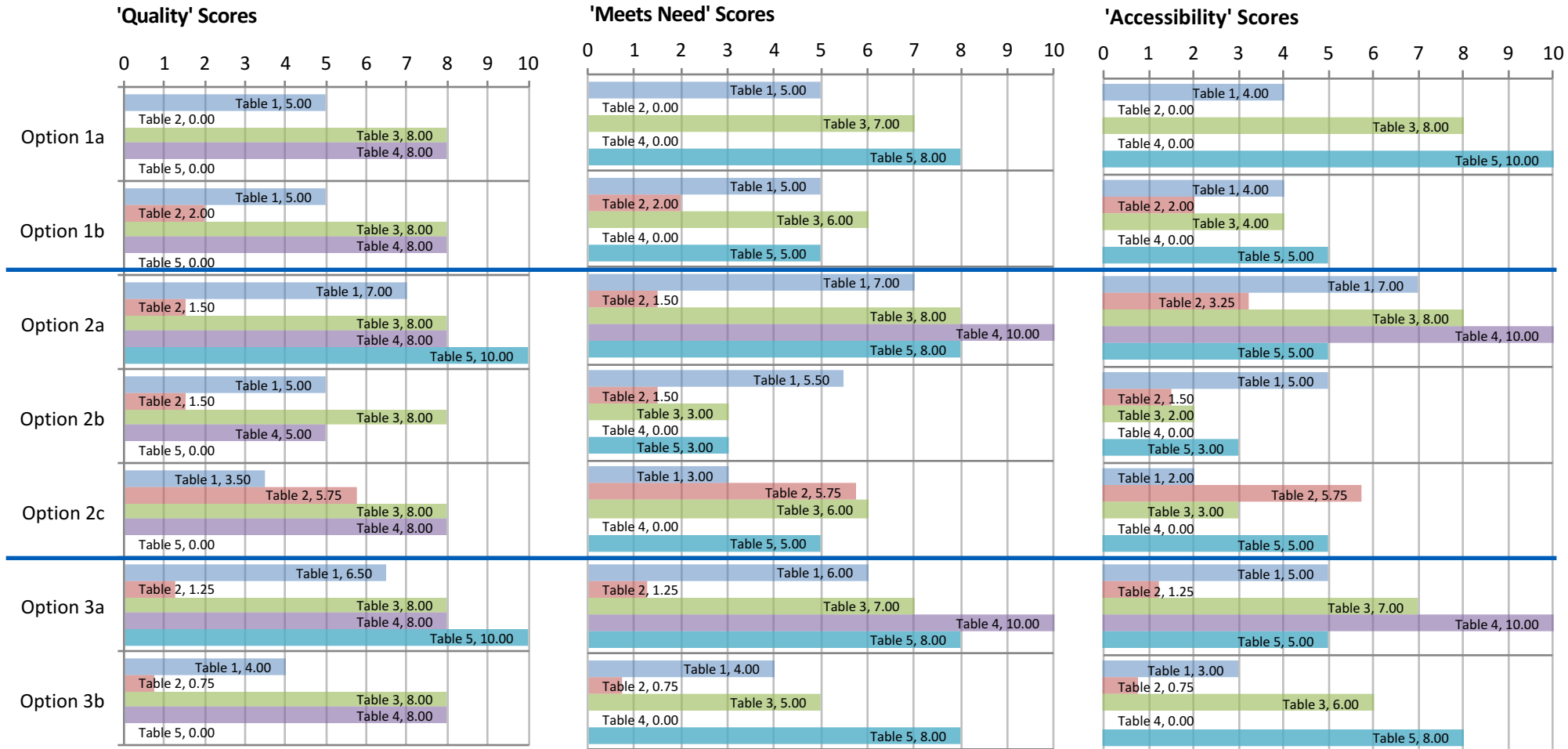
Short list of options for community hubs

The short list of options for community hubs is detailed below. The three localities where there is a potential choice of sites were assessed.

Locality	Option	
Stoke South (Longton)	1a	One hub, New site (ETTF) + site repurpose of existing community estate
	1b	One hub, Use of Meir LIFT + site repurpose of existing community estate
Moorlands (Leek, Cheadle)	2a	One hub, Leek existing community site, Cheadle site repurpose
	2b	One hub, Leek new (Knivedon), Cheadle site repurpose
	2c	One hub, Cheadle existing community site, Leek site repurpose
Newcastle Bradwell	3a	One hub, as is from existing community site
	3b	One hub, use of Milehouse LIFT + site repurpose of existing community estate
Stoke North Haywood	4a	One hub, as is from existing community site

Hub Options Scoring – By Table

The short list of options for community hubs is detailed below. The three localities where there is a potential choice of sites were assessed.

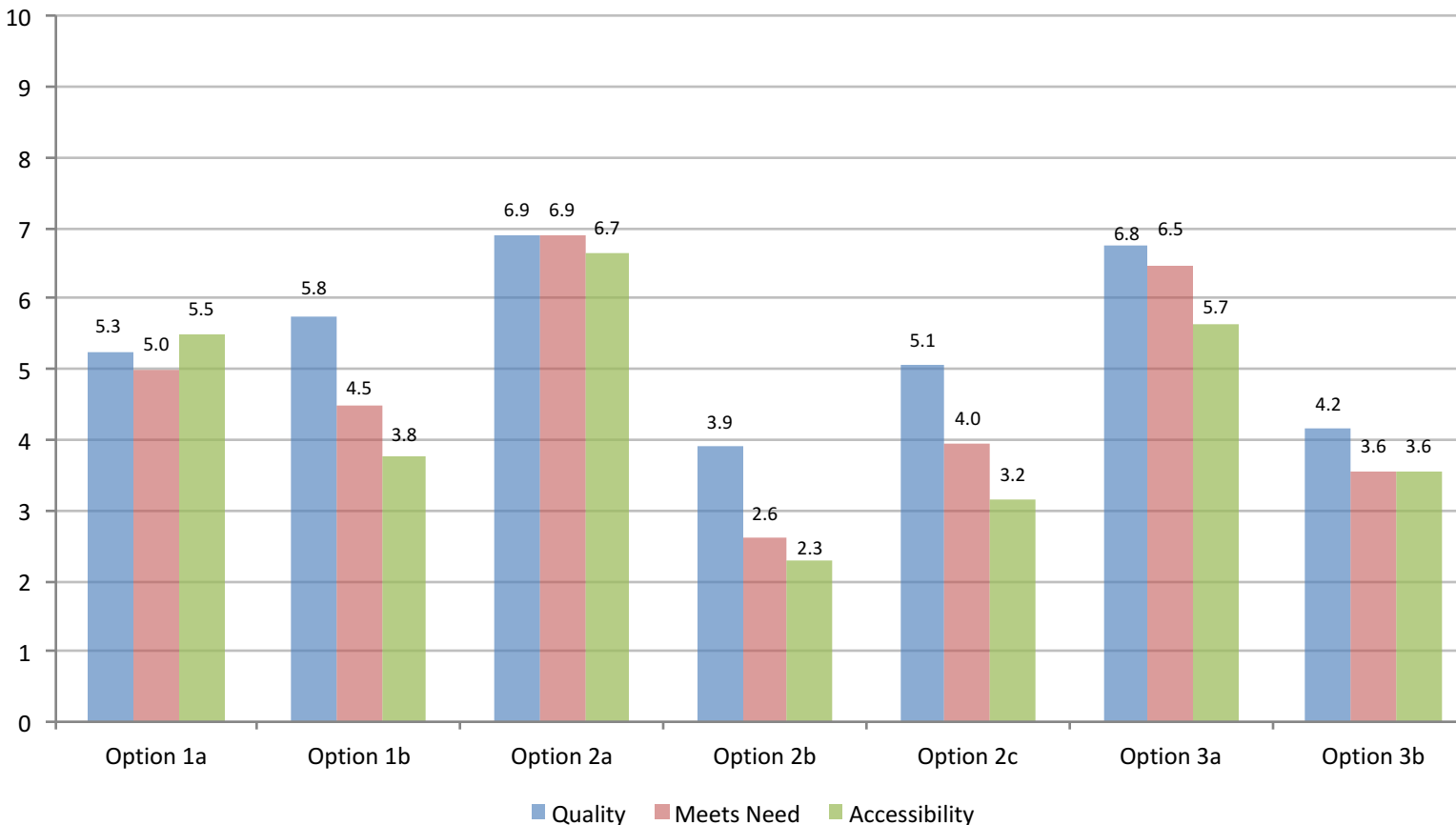


Option 1a: Longton ETTF, **Option 1b:** Meir. **Option 2a:** Leek Hospital, **Option 2b:** Knivedon, **Option 2c:** Cheadle Hospital. **Option 3a:** Bradwell Hospital, **Option 3b:** Milehouse.

Hub Options: Averages

The short list of options for community hubs is detailed below. The three localities where there is a potential choice of sites were assessed.

Hub Options - Average Scores 25/05/2018

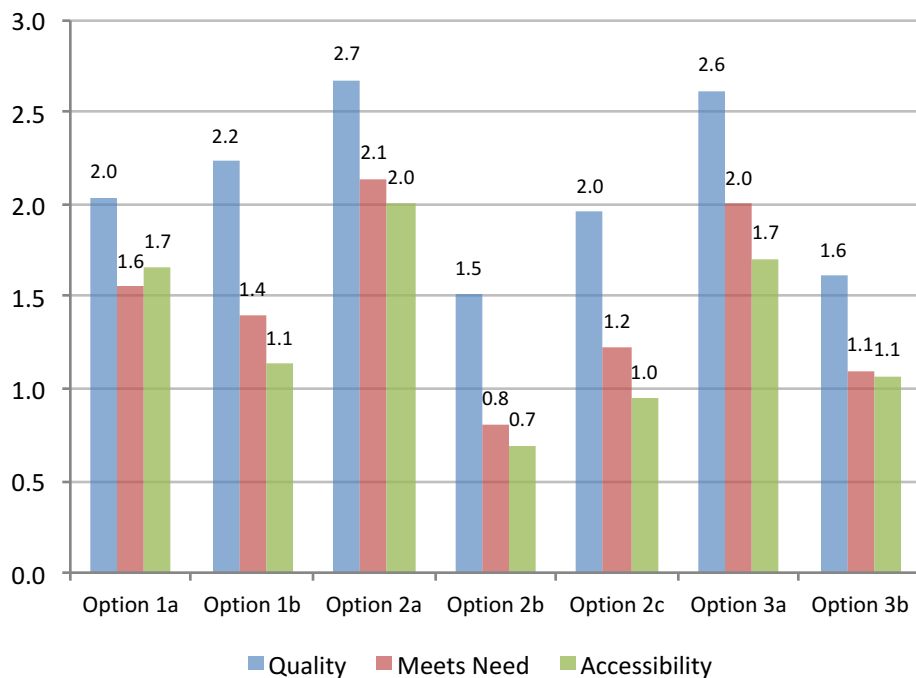


Option 1a: Longton ETTF, **Option 1b:** Meir. **Option 2a:** Leek Hospital, **Option 2b:** Knivedon, **Option 2c:** Cheadle Hospital. **Option 3a** Bradwell Hospital, **Option 3b:** Milehouse.

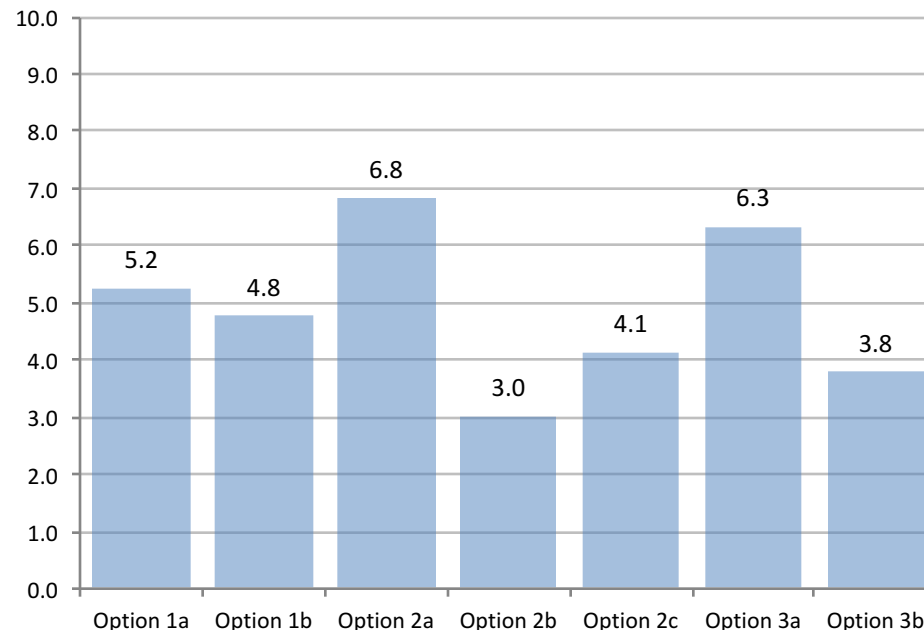
Hub Options: Preferences

The short list of options for community hubs is detailed below. The three localities where there is a potential choice of sites were assessed.

Hub Options - Weighted Average Scores (by criteria)



Total Weighted Average Scores (All criteria combined)



The graphs indicate that:

- For the Stoke South locality, Option 1a (Longton ETTF site) was the group's preference.
- For the Moorlands Locality, Option 2a (Leek Hospital) was the preference
- For the Newcastle locality, Option 3a (Bradwell Hospital) was the group's preference.

Option 1a: Longton ETTF, **Option 1b:** Meir. **Option 2a:** Leek Hospital, **Option 2b:** Knivedon, **Option 2c:** Cheadle Hospital. **Option 3a** Bradwell Hospital, **Option 3b:** Milehouse.

Conversation

From the options presented:

- Q1: Discuss the most acceptable option
- Q2: Discuss the least acceptable and your concerns
- Q3: What else should we consider?