

## Principles for Developing Reconfiguration Proposals

### The South West Citizens' Assembly - July 2017

#### Background

As Sustainability and Transformation Partnerships (STPs) continue to develop across the South West, the Clinical Senate is increasingly being asked to provide independent clinical advice and also formal review of plans for large scale change and service transformation.

The current pace of change, pressure on the healthcare system and reduced funds available mean that any transformation proposals need to be more robust than ever to understand which clinical models are most viable and to plan for effective implementation.

There have been some key themes running through Senate advice both in the South West and elsewhere across England. In addition to the South West Clinical Senate's principles for community reconfiguration (November 2016) and also its principles for acute reconfiguration (July 2017) it was felt that it would be beneficial for the Citizens' Assembly to develop some principles for service transformation driven exclusively from a patient and public involvement perspective that STPs could refer to when developing models of care.

The intention is that this suite of principles for service reconfiguration and transformation illustrate the key issues a clinical review might consider in order that they can be addressed early on to strengthen overall models of care.

The South West Citizens' Assembly is made up of representatives from the 13 Healthwatch organisations across the South West and holds two positions on the Clinical Senate Council. A workshop was held on 28<sup>th</sup> June to develop these principles, based on the content of STPs nationally, evidence for transformation and case studies of proposals and clinical reviews recently undertaken. Of note is that following a prioritisation exercise, workforce was singled out as the topic of greatest concern for the group. This very much marries with concerns raised by the clinicians on the Senate Council as do the other principles described below.

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#### Principles for STP Reconfiguration\*

- 1. Workforce resource must be properly thought through in each scenario; type of staff, level of staff, availability of staff and timescales for recruitment, training for non-clinical staff, support for and roles of home-visiting and community staff, integration of non-NHS staff and the impact on GPs and ancillary staff.**
- 2. Where services are changing significantly or ceasing to run, the new model must be fully functional with staggered introduction, ceasing of services as appropriate.**

3. Where services are changing, demonstrate how equity of access has been taken into account. What are the implications for travel times and cost for all types of transport and for ambulance services?
4. Transparency and honesty: Be clear about what options are really on the table, what is not viable and how much money needs to be saved.
5. Provide clear detail of the impact the service change will have on the level and quality of a service including waiting times and continuity of care.

**Additionally, the following information MUST be included in any proposed clinical model;**

6. Provide clear detail around how the social care interface will function.
7. Provide clear detail around how the change will impact service provision for mental health and learning disabilities.
8. Provide clear detail around what technology will support home and self-care and how.
9. Provide clear detail on how a changed or newly provided service will link in with primary care.
10. Where private providers are used, clarify how they will integrate with wider service delivery to ensure that their service provision is equally held to account.
11. Be clear as to whether there is any evidence of this model working elsewhere.
12. Provide clear detail as to how home and ancillary care will be delivered.
13. Provide clear definitions for service descriptors (eg. place based care/clinical hub/ambulatory care/virtual wards) as evidence shows that they do not necessarily have the same meanings across the NHS.
14. Provide clear detail around cross boundary relationships to deliver services and on what any proposed networking arrangements will mean in practice.
15. Be clear about how the impact of service change will be measured to gather evidence for the future.

\*These principles are listed in order of importance.