

## Criteria for Hyper-Acute Services Birmingham, Solihull and Black Country:

### Scoring:

Score	Performance	Judgement
5	Meets the standard exactly	Excellent
4	Meets the standard well but not exactly	Good
3	Meets the standard in most respects, fails in some	Satisfactory
2	Fails standard in most aspects, meets in some	Doubtful
1	Significantly fails to meet standard	Poor
0	Completely fails to meet the standard	Not Worth Considering

### Criteria Weighting:

Criteria Weighting:	3	2	1
Characteristic	Essential	Very Important	Desirable

Criteria	Benefit	Characteristics	Score	Weight	Weighted Score
<b>Clinical Quality</b>	Maintains or improves clinical outcomes; timely and appropriate services, minimises clinical risk	<ul style="list-style-type: none"> <li>• Providing better health outcomes for patients;</li> <li>• Meets the East and West Midlands best practice service specification</li> <li>• Meets CQCS</li> <li>• Meets the National and local Stroke guidelines and protocols</li> <li>• Has sufficient bed capacity for hyper-acute</li> </ul>			

		<p>activity and acute for patients within the local boundary area</p> <ul style="list-style-type: none"> <li>• Can demonstrate clear pathways for in-patient, community and domiciliary rehabilitation</li> <li>• Clear pathway for EOL for local and out of catchment area patients</li> <li>• Providing the best opportunity to enhance the quality of clinical services and teaching;</li> <li>• Facilitating modernisation, improvement and innovation in clinical practice and teaching;</li> <li>• Enabling new methods of providing clinical care and undertaking teaching;</li> <li>• Facilitating better configuration of services extending to the local health economy;</li> <li>• Addressing existing clinical problems;</li> <li>• Promoting new models for delivering services;</li> <li>• Promoting other national teaching and health priorities;</li> <li>• Flexibility to cope with future changes in service models / patterns;</li> <li>• Enabling better integration of services including with social and voluntary care.</li> </ul>			
<b>Access</b>	Reasonable access for patients, carers, relatives and staff	<ul style="list-style-type: none"> <li>• Greater responsiveness and choice in the delivery of patients' health needs (does the model align with activity and incidence according to local demographics</li> <li>• Ease of access to care close to people's homes</li> <li>• Travelling time by public and private transport for both patients and staff</li> </ul>			

		<ul style="list-style-type: none"> <li>• Availability of care parking / accessibility of public transport</li> <li>• Equality of access (different catchments, ethics and socioeconomic groups)</li> <li>• Greater responsiveness and choice in the delivery of patients health needs</li> <li>•</li> </ul>			
<b>Improved Strategic fit</b>	The model of care delivered will easily adapt to cope with the changes in demand for services	<ul style="list-style-type: none"> <li>• Meeting strategic needs of the locality and region for clinical services;</li> <li>• Improving the quality of service relationships and departmental links;</li> <li>• Realising benefits of inter-dependence with other services, especially community and voluntary sector;</li> <li>• Promoting opportunities for collaboration and the development of partnerships with other local facilities and businesses in the delivery of services;</li> <li>• Providing flexibility to cope with changes in demand and changes in the delivery of services.</li> </ul>			
<b>Workforce, including meeting training, teaching and resource needs:</b>	Has sufficient staff to deliver high quality care and provides and environment which support the recruitments/retention of staff; supports clinical staffing arrangements.	<ul style="list-style-type: none"> <li>• Meets the workforce requirements of the Midlands and East best practice services specification</li> <li>• Making it easier to recruit staff;</li> <li>• Making it easier to retain staff;</li> <li>• Enabling the development of a clear “skills escalator” to engage all staff;</li> <li>• Meeting or protecting accreditation standards;</li> <li>• Improving productivity;</li> </ul>			

<b>Sustainability / flexibility</b>	<p>Able to meet current demand and future demands in activity; ability to respond to local, regional, national service change</p> <p>The service will ensure continued delivery of expected high standards of care with continuous improvement in care outcomes</p>	<ul style="list-style-type: none"> <li>• Meets the workforce requirements of the Midlands and East best practice services specification</li> <li>• Has sufficient bed capacity</li> <li>• Can demonstrate ability to meet Emergency care pressures comfortably</li> <li>• Has a contingency plan to deal with any unexpected increases in activity</li> <li>• Developing or providing services required by commissioners of clinical services;</li> <li>• Contributing to an increase in the quantity of clinical services available;</li> <li>• Ensuring the widest availability of services locally</li> </ul>			
<b>Ease of delivery:</b>	<p>The model can be delivered within a short time frame and does not adversely impact on other care pathways such as Urgent care.</p>	<ul style="list-style-type: none"> <li>• Practicality of delivery of physical proposals;</li> <li>• Practicality of delivery of service proposals;</li> <li>• Timescale for implementation;</li> <li>• Impact on other local Projects;</li> <li>• Acceptability to staff;</li> <li>• Planning workforce and estate implications, including WMAS and community rehabilitation</li> </ul>			
<b>Financial and Value for Money</b>	<p>Cost-Benefit-Analysis (there will be sufficient, people, skills, buildings and resource available to support the model)</p>	<p>TBC – anticipated analysis will be carried out by B'ham Uni or London Health Economics school and will complement the outcome of the option appraisal.</p>			