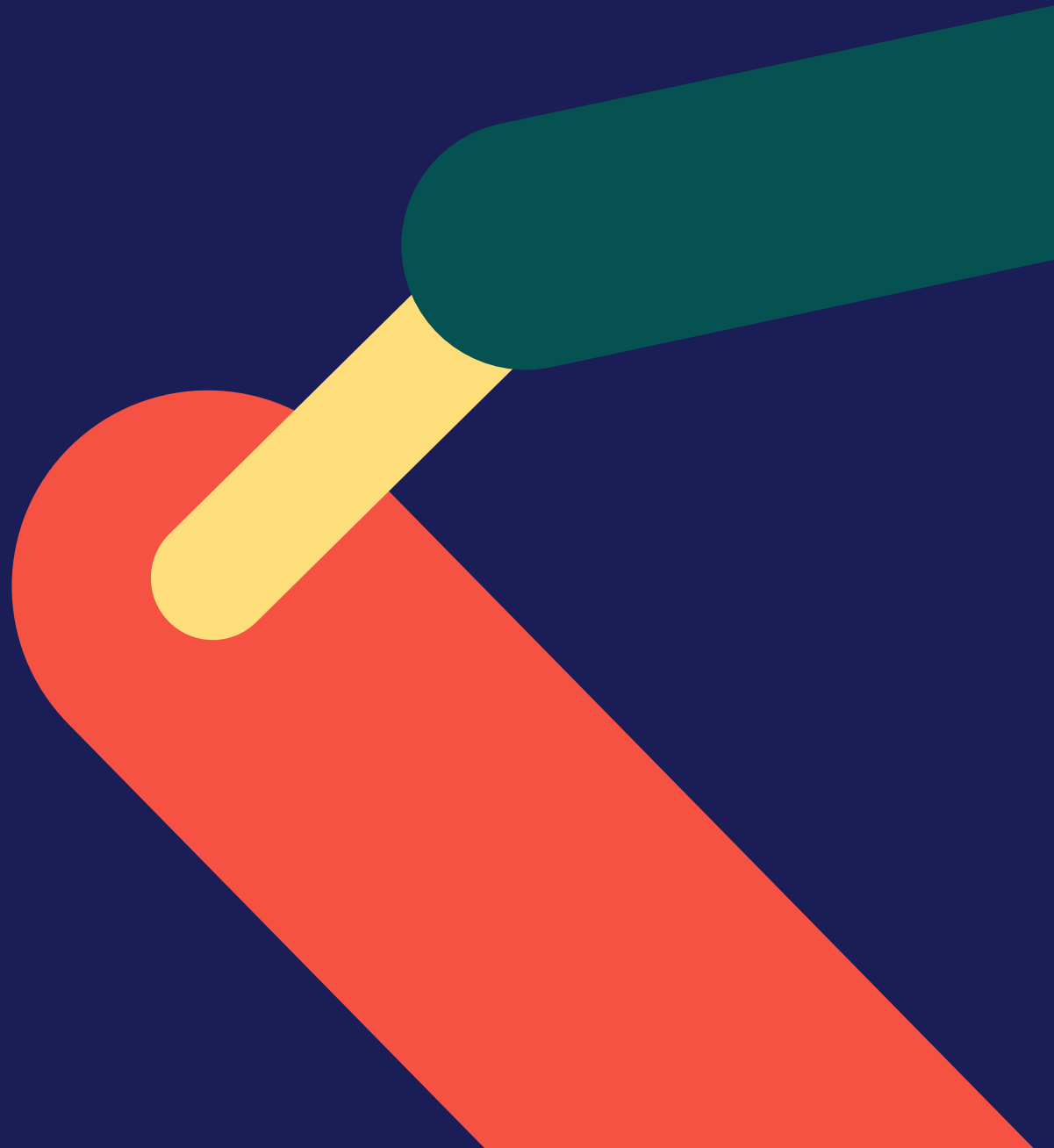
The PSC

Delivering Fast Effective Projects

Handout Workbook



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Handout Workbook

INDEX

	Section	Page
1	Glossary of relevant terms	2
2	Exercise worksheets ▪ Ex 1.1 PDS template ▪ Ex 2.1 Issue tree exercise ▪ Ex 8.3 Activity flows ▪ Ex 10.2 KPI dashboard	4
3	Excel exercise tips: ▪ Formatting, sorting & printing ▪ VLOOKUP, INDEX/MATCH, INDIRECT	10
4	PDSA simulation observer worksheet	17
A	Appendix	19

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Section 1

Glossary

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Glossary of terms

Acronym/term	Explanation
DHSC	Department of Health and Social Care – responsible for Government policy on the NHS
ES	Emergency Services - involves the treatment of physical injuries, typically during an emergency
Health Economy	The system of providers & commissioners of healthcare services (Trusts, ICBs, etc.) and recipients of healthcare services (i.e., patients) in a particular area
HES	Hospital Episode Statistics – the national data warehouse for care provided by hospitals in England
ICB	Integrated Care Boards are NHS organisations responsible for arranging for the provision of health services in the ICS area, developing a plan to meet population health needs and managing the NHS budget
ICB Chief Executive Officer (CEO)	Responsible for ensuring that the ICB fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money
ICB Medical Director	An experienced area GP and senior member of the ICB governing board, responsible for informing and supporting ICB decisions from a clinical perspective
ICS	Integrated Care Systems are partnerships of organisations that collaborate to plan and deliver health and care services in a certain area.
NHS	National Health Service – the collection of bodies that provide comprehensive health services in the UK
NHS Foundation Trust	Foundation Trust – like NHS Hospital Trusts, but with greater financial and managerial freedom
NHS Trust	Provides healthcare services on behalf of the NHS
NICE	National Institute for Clinical Excellence – the body that develops evidence-based clinical guidelines for patient care in the UK
ONS	Office for National Statistics – body providing UK Government statistics
Primary Care	Healthcare services which play a role in the community and are usually the first point of contact for patients (e.g., GPs)
Secondary Care	Healthcare services provided by medical specialists (usually in hospitals), often following referral from Primary Care

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Section 2

Exercise worksheets

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Exercise 1.1

PROBLEM DEFINITION SHEET (PDS)

Project Title: x

1. 1. Basic question to be resolved: x

2. Stakeholders, decision makers and project resourcing

- x

3. Desired outputs and criteria for success

- x
  - x
  - x
- x
  - x
  - x

4. Scope of the work

- **In scope**
  - x
- **Out of scope**
  - x

5. Outline timings and milestones

- x

6. Context

- x

7. Constraints and dependencies/interfaces

- x

Find PowerPoint and Google Slides templates for the PDS here:
https://thepsc.co.uk/capability-building/module/fep-module-1/

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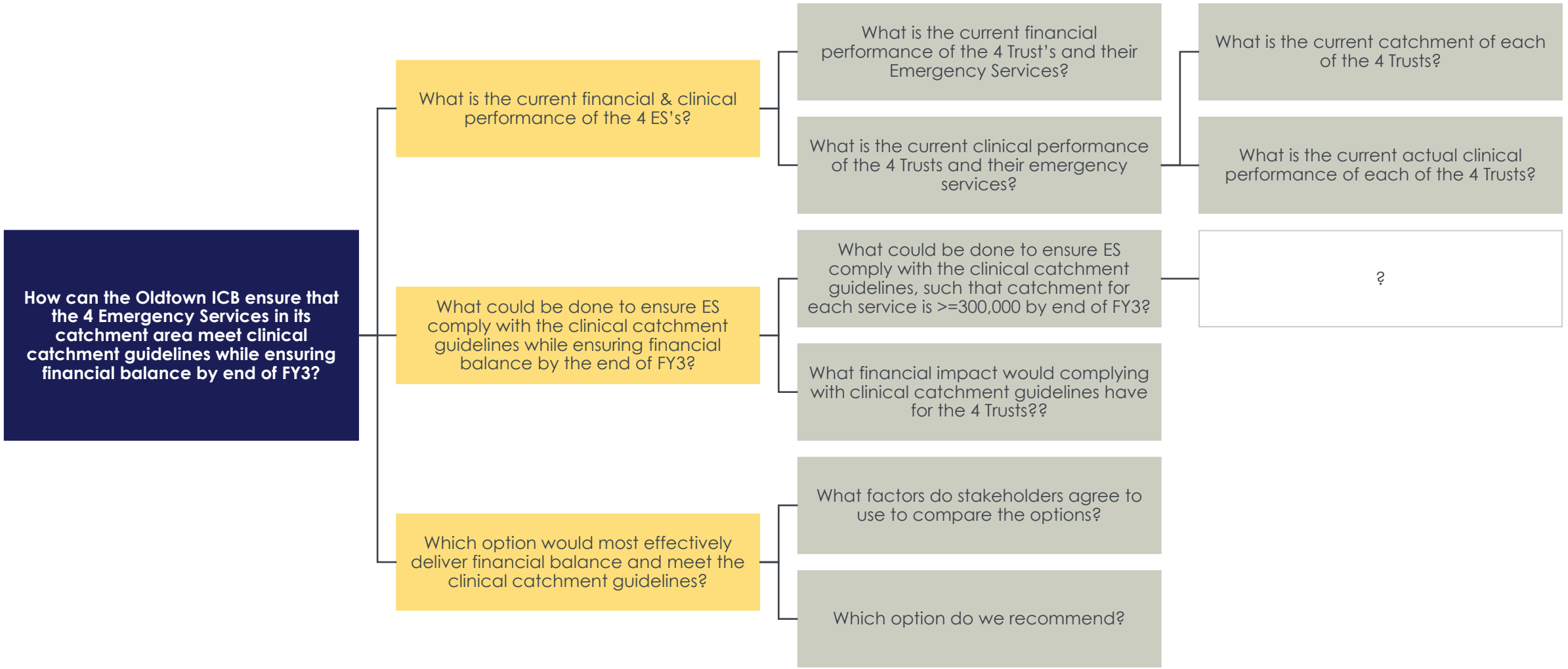
Week 1 project issue tree (for discussion & completion)

EXERCISE 2.1



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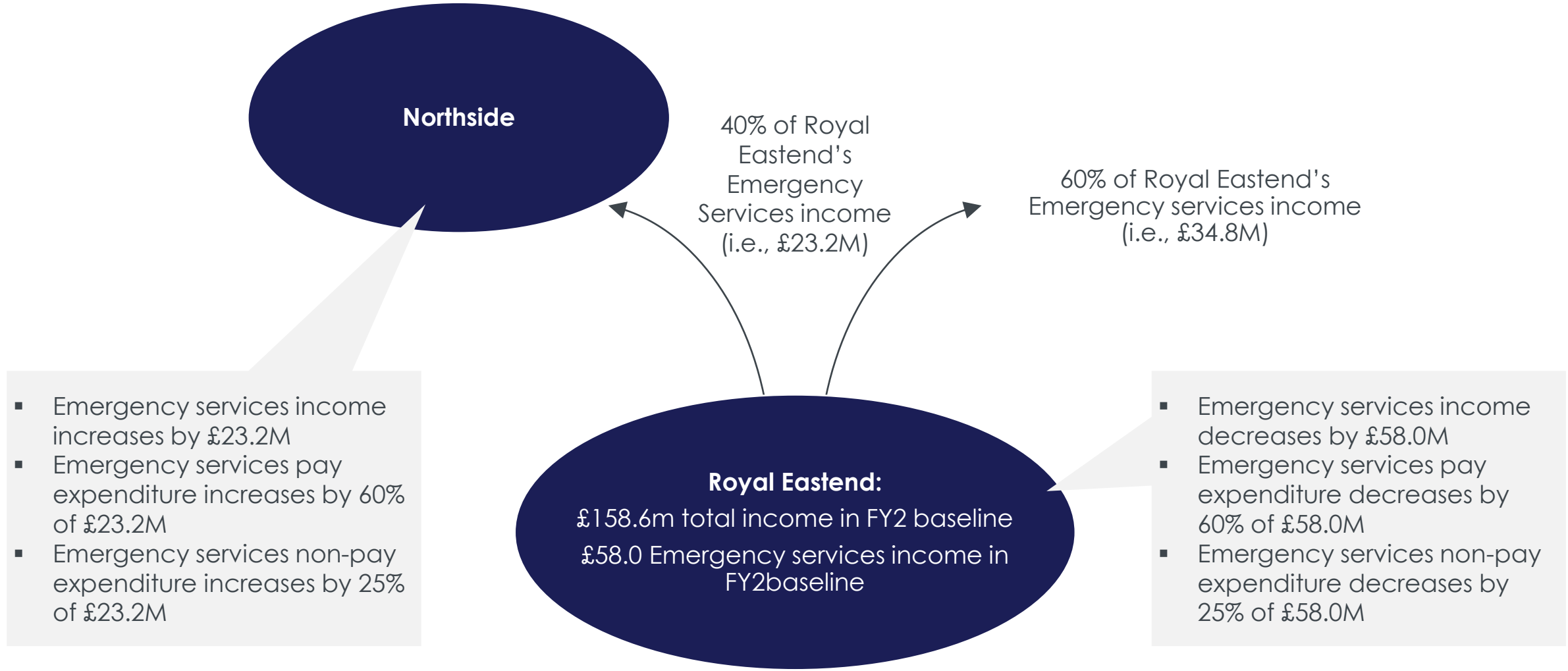
Emergency Services activity flow due to reconfiguration between Eastend and Northside, FY1

EX 8.3 CHANGE IN ACTIVITY, INCOME AND EXPENDITURE FOR NORTHSIDE, EASTEND AND OTHERS



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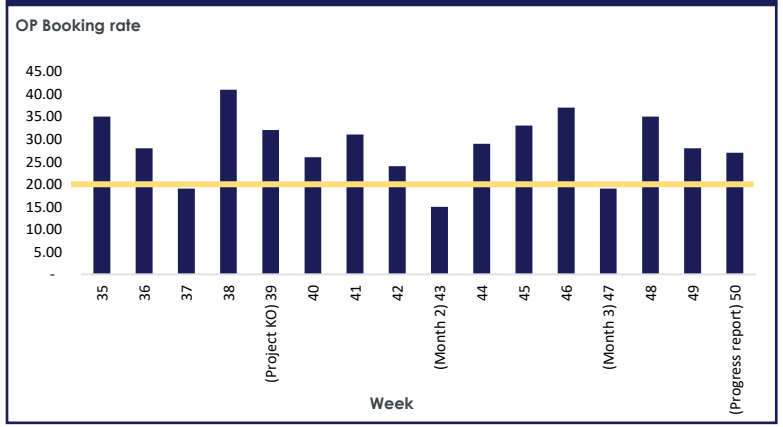
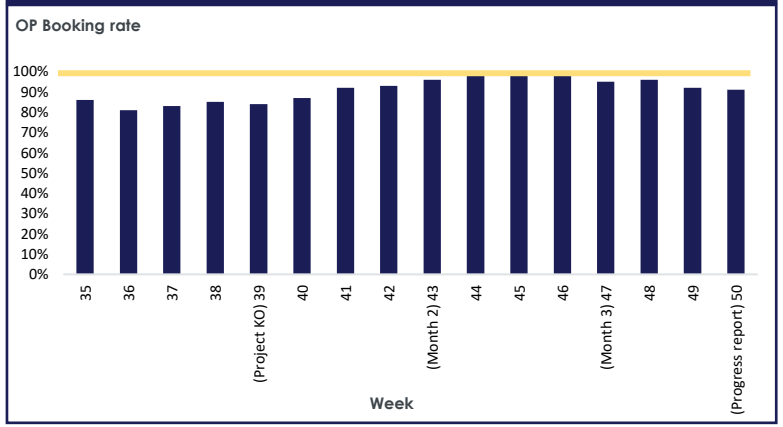
Westway Trust - Quarterly KPIs 'dashboard'

EXERCISE 10.2

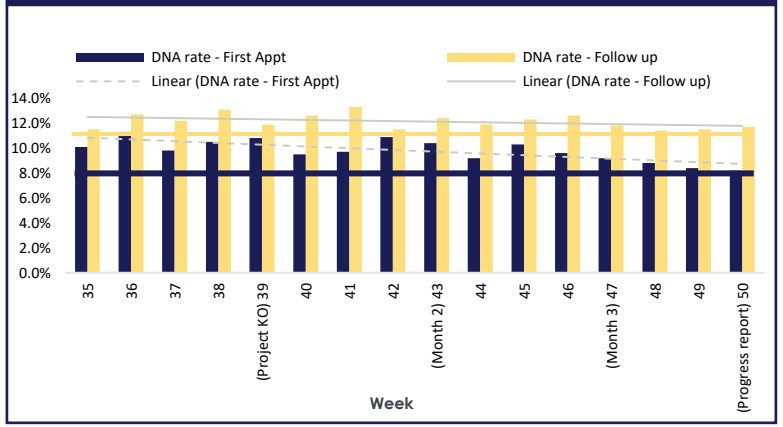
Rescheduled appointments



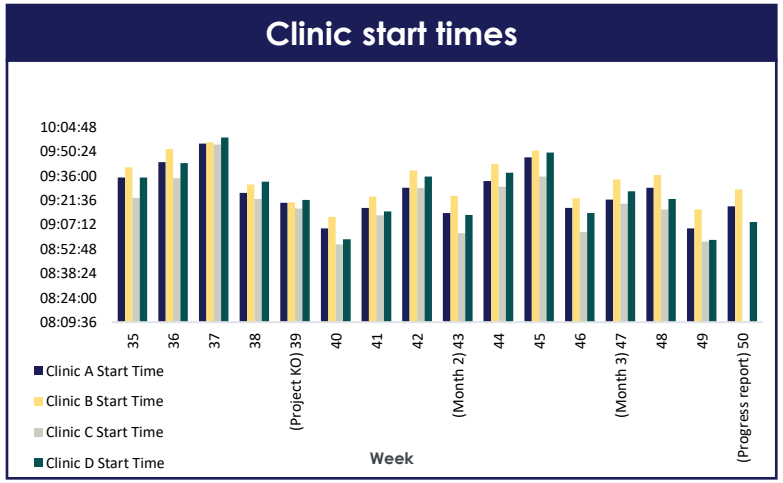
Percentage of slots booked



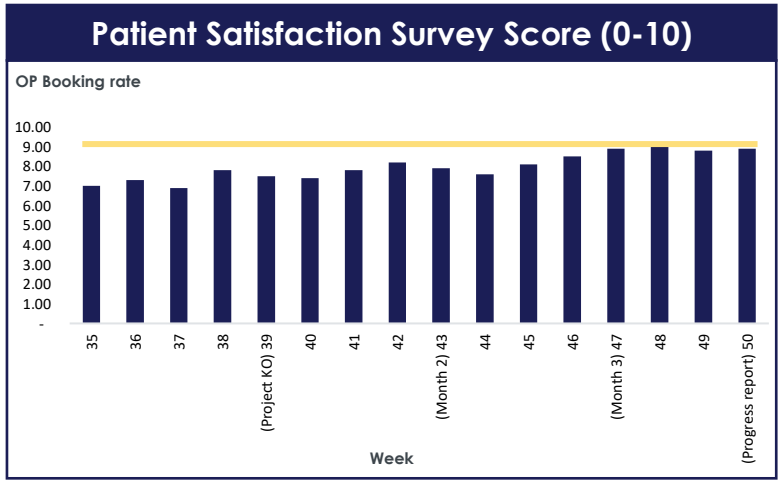
Did Not Attend (DNA) Rates



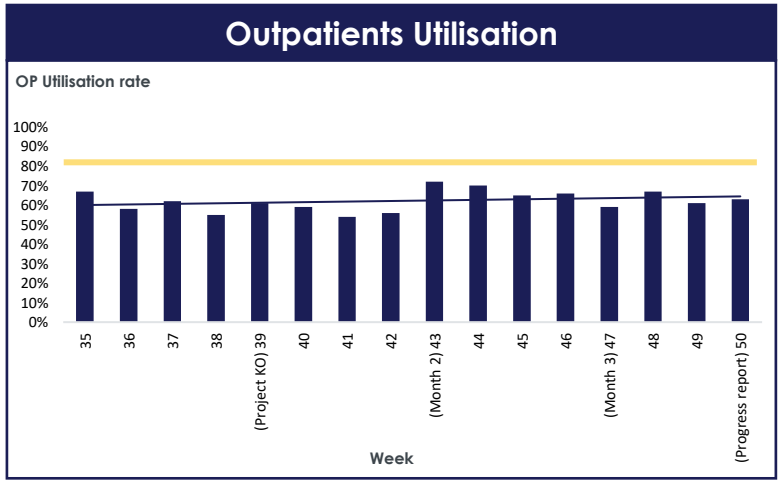
Clinic start times



Patient Satisfaction Survey Score (0-10)



Outpatients Utilisation



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Role Play Briefing (for Catherine M's)

EX 3.4 ROLE PLAY WITH CATHERINE M (DIRECTOR OF STRATEGY AT NORTHSIDE HOSPITAL)

Scenario:

Catherine M was overheard earlier in the day by the team expressing a lack of familiarity and distrust of the ICB project team and the project as a whole. She is not aware that she was overheard. Catherine has had a negative experience with externally driven projects in the past.

Background info on Northside Trust:

Northside Trust is in a strong financial position compared to other Acutes in Oldtown ICB, making a surplus in the last financial year. However its Emergency services catchment is below new NHS clinical catchment guidelines (catchment population of 300,000 minimum; 450,000 is optimal), so Catherine M may feel threatened by this project:

- 700 bed, single site DGH
- £2.1m surplus in 2007/08
- Excellent for 'Quality of Care' and Good for 'Use of Resources' in most recent CQC ratings
- Hosts MDHU (Military hospital)
- Provides healthcare for patients in the north west of the ICB
- Catchment population of 250,000

Catherine M's positions:

- Catherine is sure that Northside is one of the better-run hospitals in the country.
- With its military hospital, Northside is also an important Trust with a lot of responsibilities, which Catherine feels the ICB sometimes doesn't seem to understand.
- The military hospital includes **a centre of trauma expertise**, which is funded separately from general ES's
- The Trust as a whole is proud of its strong financial record, and is considering seeking FT status
- Catherine is not sure why the project has been commissioned – is this a possible threat to Northside?
- Catherine is insistent on the need for Northside to remain capable of delivering Emergency services, focusing on **recent capital investments made to the emergency services department** and the fact that Northside is an important employer in the area, and it's Military Hospital role and expertise
- Catherine thinks that the ICB often ignores patient priorities and experiences e.g., **regarding distance they have to travel to nearest hospital**, which can lead to both inconvenience but more importantly to negative clinical outcomes (deaths!)
- Catherine is anxious to pass on her expertise, as long as she feels that the project team members are listening and being open with her (note: if you don't feel this is the case, don't be too quick to pass on this information about your hospital and patient priorities, or to be too helpful with the questions you are asked!).
- The project team members can succeed in gaining Catherine's trust if they are completely open about the range of options for completing their project, but only after they have spent time building a relationship with her.

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Section 3

Excel exercise tips

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These are hints and tips to guide you through the exercises in our training module "Gathering Data & Conducting Analysis"

CONTENTS

Formatting

- Applying number formats to cells (e.g. percentage with no decimal places)
- Sorting data sets
- Formatting using "format painter"
- Printing set up

Functions

- Adding the values in two cells to show the result in a third cell
- (help on functions – the pop up prompt, and using Fx)
- SUM function
- COUNT function
- AVERAGE function
- MAX & MIN functions
- IF function (If… Then… Else…)
- SUMPRODUCT function
- VLOOKUP (with cookery book example!)
- $$ locks for absolute vs relative references

Advanced functions

- Standard Deviation (.p vs .s)
- Arithmetic Mean
- Percentile
- Median
- Countifs
- Sumifs
- Averageifs
- Index / Match
- Hlookup (see vlookup)
- Transpose (array formulae)
- Rank (.eq)
- CAGR
- Indirect

Tips for Travel Times exercise

- Writing out your logic BEFORE you write the formulae in the cells
- Applying functions to multiple cells which are not next to each other
- Putting key variables in cells (vs hardcoding) to allow sensitivity checking

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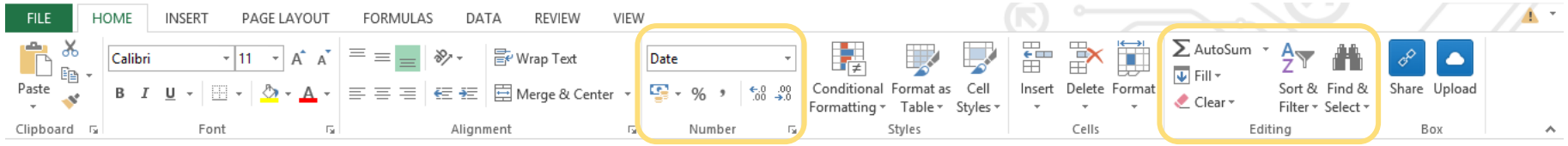
Ask your faculty if this isn't clear!

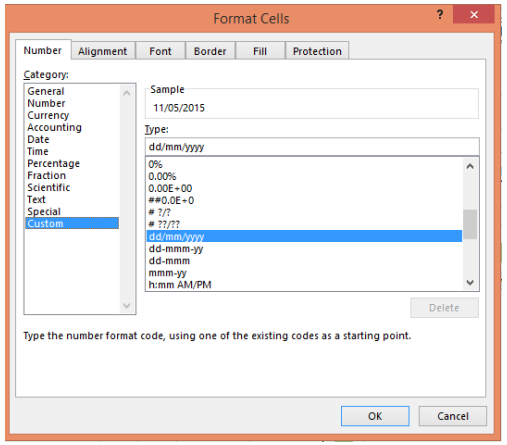
TIP 1: "Pin" the ribbon so it doesn't keep disappearing
TIP 2: Move the Quick Access toolbar to underneath the ribbon and fill it with commands you use often – e.g. strikethrough, wrap text, borders

FORMATTING TIPS (1/2)



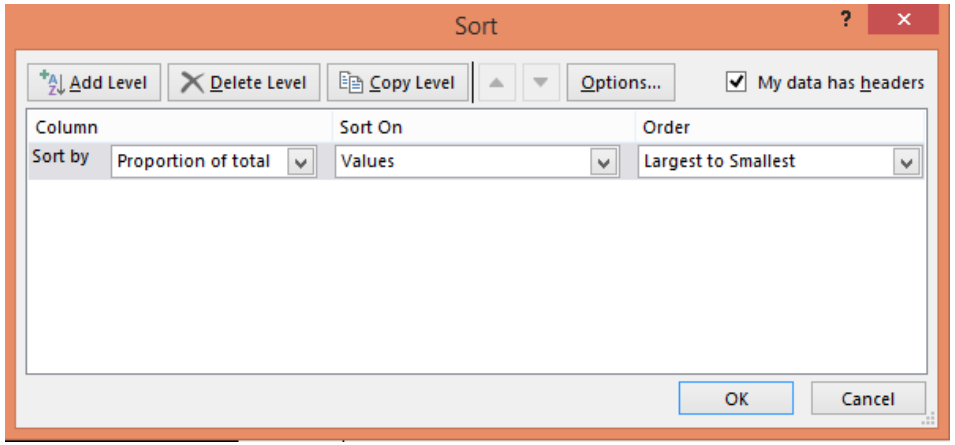
Applying number formats to cells

- E.g. showing a value as a % with no decimal places – note that this does not change the underlying value, so "100%" is still "1"
- Select the cell you want to change, and either:
  - The Home tab of the ribbon, the "Number" group has shortcuts to formats including %, £, and decimals
  - OR Right click and choose "format cells" to get the format cells window:



Sorting data sets

- Use "custom sort" unless you're sorting only on the first column of the data table
- Select the table you want to sort, INCLUDING column titles, EXCLUDING any final total row, and either:
  - On home tab, "Editing" group, "Sort & Filter"
  - Right click "Sort" and "Custom Sort"



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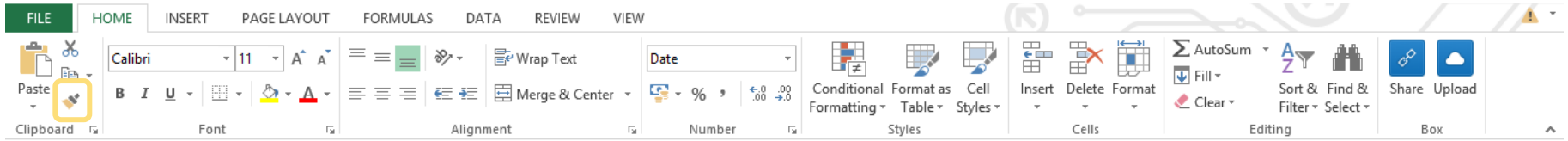
Ask your faculty if this isn't clear!

FORMATTING TIPS (2/2)



Formatting using "format painter"

This will paint a format (colours, borders, number format, etc) from one range of cells to another

- Select the cells with the format you want to paint
- Either on right click menu, or Home tab>Clipboard, click the "paintbrush"
- Paint the cells you want to have the new format

Printing set up

- In Excel use the "Print layout" view (select this on the View tab) to see what will print
- Then on the Print layout Tab, you can adjust the print properties – e.g. 1 page wide, N tall, etc.
- You can also do this during printing

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Vertical lookup (VLOOKUP) works similarly to how you would use the index of a book to find the page number for a given topic.

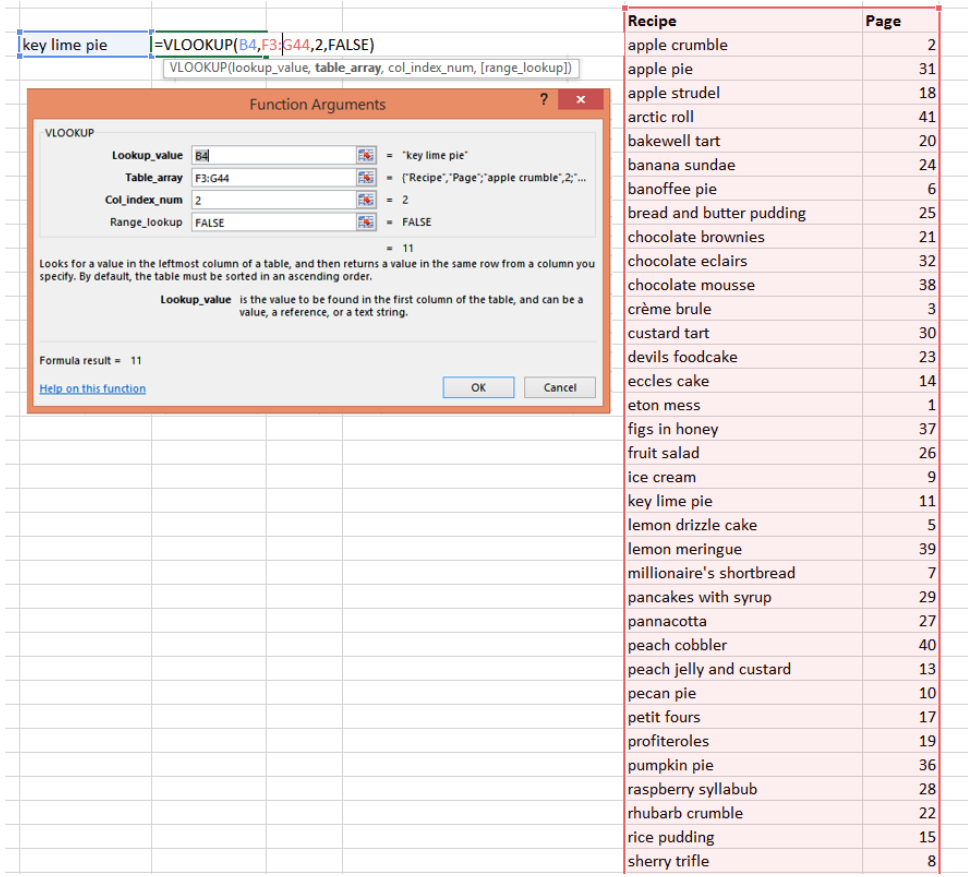
VLOOKUP()

The formula syntax is

=VLOOKUP(Lookup_value, Table_array, Col_index_num, Range_lookup)

1. Decide the topic you want to look up (in this example, the recipe for Key Lime Pie) – Excel calls this the "Lookup_value"
2. Tell Excel where the list is to lookup that topic in – in this case the index of the book, shown in red
   – Excel calls this the "Table_array"; **Excel always looks up in the first column of this array**
3. Then tell Excel which column of the table to look in for the answer – in this case the second column (of the red table)
   – Excel calls this the "Col_index_num"
4. Excel also wants to know whether you only want an exact answer (and an error if it can't find it), or if you'd like it to find the closest. For an exact match tell Excel that the "Range_lookup" is FALSE

Whether you are typing in the formula bar, or directly in a cell, you will get a formula prompt. If you'd like more help, click "fx" in the formula bar to open the "function arguments" window, which reminds you what each element of the formula requires



Recipe	Page
apple crumble	2
apple pie	31
apple strudel	18
arctic roll	41
bakewell tart	20
banana sundae	24
banoffee pie	6
bread and butter pudding	25
chocolate brownies	21
chocolate eclairs	32
chocolate mousse	38
crème brule	3
custard tart	30
devils foodcake	23
eccles cake	14
eton mess	1
figs in honey	37
fruit salad	26
ice cream	9
key lime pie	11
lemon drizzle cake	5
lemon meringue	39
millionaire's shortbread	7
pancakes with syrup	29
pannacotta	27
peach cobbler	40
peach jelly and custard	13
pecan pie	10
petit fours	17
profiteroles	19
pumpkin pie	36
raspberry syllabub	28
rhubarb crumble	22
rice pudding	15
sherry trifle	8

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INDEX and MATCH can be combined to return a value from a table

INDEX() AND MATCH()

There are two uses of INDEX – the main use is to return the value from an array in a given row and column position. The syntax for this is:

=INDEX(array, row_num, [column_num]) *(column number is an optional argument)*

INDEX is typically used with MATCH, which returns the position number of a given value within a range; the syntax is:

=MATCH(Lookup_value, Lookup_array, Match_type)

Remember:

- If you include the first row and column in your INDEX array, you need to include these in the ranges in MATCH
- Use anchoring ($ signs) as appropriate – normally you will want to fix the lookup ranges fully and lock either the row or column of the lookup values

In the example here, to return the value of cell G137, the formula would be:

=INDEX(
E129:L143,
MATCH(F150,E129:E143,0),
MATCH(G150,E129:L129,0)
)

Where to look

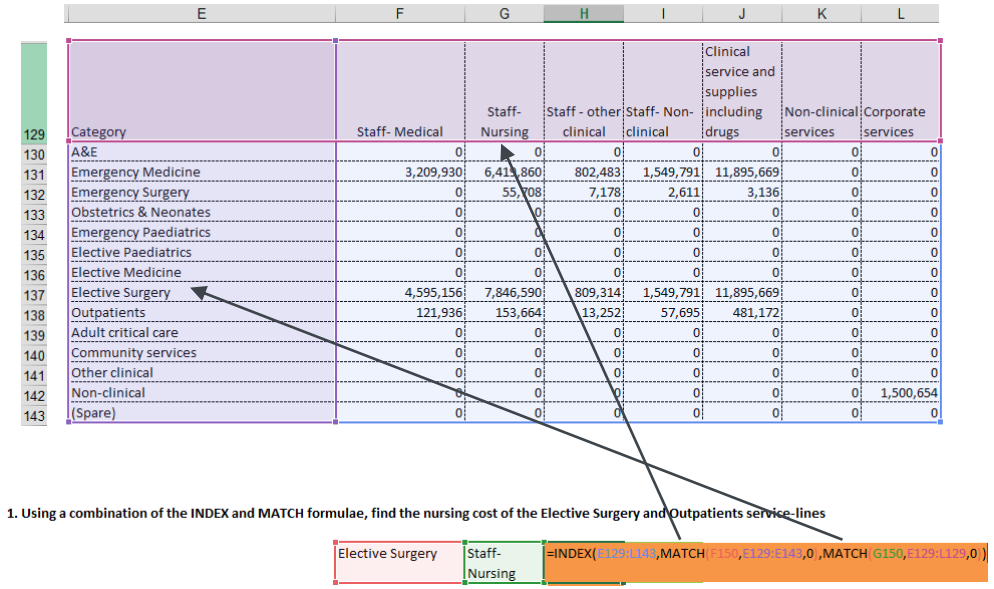
Where to look

Where to look

Match type:
-1 is greater than
0 is an exact match
+1 is less than

What to look-up
("Staff-Nursing")

Lookup array
(the header row)



	E	F	G	H	I	J	K	L
129	Category	Staff- Medical	Staff- Nursing	Staff - other clinical	Staff- Non-clinical	Clinical service and supplies including drugs	Non-clinical services	Corporate services
130	A&E	0	0	0	0	0	0	0
131	Emergency Medicine	3,209,930	6,411,860	802,483	1,549,791	11,895,669	0	0
132	Emergency Surgery	0	55,708	7,178	2,611	3,136	0	0
133	Obstetrics & Neonates	0	0	0	0	0	0	0
134	Emergency Paediatrics	0	0	0	0	0	0	0
135	Elective Paediatrics	0	0	0	0	0	0	0
136	Elective Medicine	0	0	0	0	0	0	0
137	Elective Surgery	4,595,156	7,846,590	809,314	1,549,791	11,895,669	0	0
138	Outpatients	121,936	153,664	13,252	57,695	481,172	0	0
139	Adult critical care	0	0	0	0	0	0	0
140	Community services	0	0	0	0	0	0	0
141	Other clinical	0	0	0	0	0	0	0
142	Non-clinical	0	0	0	0	0	0	1,500,654
143	(Spare)	0	0	0	0	0	0	0

1. Using a combination of the INDEX and MATCH formulae, find the nursing cost of the Elective Surgery and Outpatients service-lines

Elective Surgery	Staff-Nursing	=INDEX(E129:L143,MATCH(F150,E129:E143,0),MATCH(G150,E129:L129,0))

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INDIRECT can be used to return the value of another cell, or construct references to other sheets

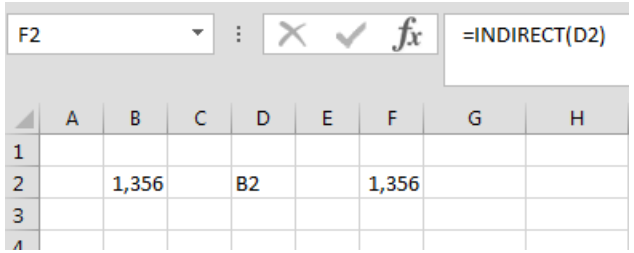
INDIRECT()

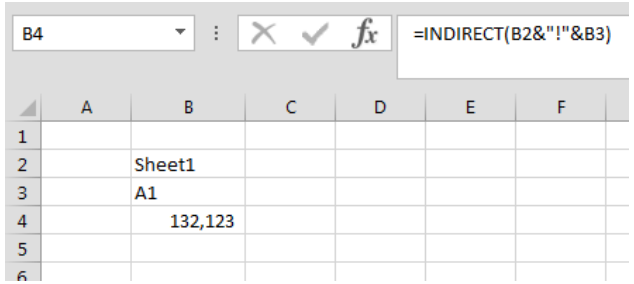
- The INDIRECT function returns a reference specified by a text string, evaluates that reference and displays its contents. The function is useful when you want a cell reference in a formula to be variable, without the need to change the formula every time
- **=INDIRECT(ref_text, [a1])**

Text that is a cell reference – either formatted as text with "" around, or a cell reference

Optional logical value:
- TRUE (default) – assumes standard A1B1-type reference
- FALSE – assumes R1C1 type reference

- In the following example, cell D2 contains a reference that can be referred to by another cell – cell F2 contains the formula =INDIRECT(D2), which is then evaluated to give the contents of the cell referred to in D2
- This allows the cell reference to be dynamically updated
- This can also be used to construct references to other sheets; for example:
  - In cell B2, we have a sheet reference
  - In cell B3, we have a cell reference
  - In cell B4, these have been combined to return the value of cell A1 in the sheet "Sheet1"
- This can be used in analyses that refer to data to on multiple, similarly-structured sheets





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Section 4

PDSA Game:
Observer Template

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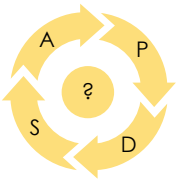
PDSA Simulation structure



Do

Background – what's the problem?

Current conditions – what is performance vs plan?

STUDY

Goals – what is required?

Investigation – what are your observations of the CAUSES?

ADJUST

Hypotheses – what possible improvements might help?

PLAN

Plan – what one change are you going to test this cycle?

…and what impact do you predict it will have:

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Role-play Briefing (for ICB Medical Directors)

EX 6.1 ROLE PLAY WITH ICB MEDICAL DIRECTOR

- Facilitator: These responses can be given to interviewers when prompted with specific questions on the pros/cons of reconfiguration, the importance of Emergency services, and questions probing the 'greatest impact' to the community.
- Behaviours: at first, reticent to provide much detail, mainly trying to find out what the team is recommending. As questioners drive closer to 'sticking points' on why reconfiguration may not be the best answer, the ICB Medical Director should open up and passionately advocate a different approach.
- Note that the participants are briefed that they have a 20 minute meeting arranged, but only 15 mins is allowed for the exercise, so you will have to cut them short. Ideally they will have covered the key topics first – if not, mention this during the feedback.

Key thoughts:

- **The ICB Medical Director should dismantle the notion that clinical catchment guidelines* are of primary importance and thus make reconfiguration inevitable**

Several neighbouring health regions have reconfigured services in recent years.

Improved commissioning would cost the same as reconfiguring, but would have a much greater impact on improving population health in Oldtown

New research is showing promising new techniques and interventions that can improve the health of our population

I have friends who work in Emergency services at Northside and Sunnysouth... I'm worried about their jobs, and so are they.

The clinical catchment guidelines* are only guidelines, they are not mandatory and it is possible (although much harder) to deliver a high quality service without adhering to them

I've discussed this with my colleagues in Finance: Reconfiguration will represent a significant near – term investment

Emergency services outcomes are not a major concern – while outcomes could be improved, there are not very many cases every year.

The Finance Director of the ICB told me over coffee this morning: reconfiguration in other jurisdictions has not provided significant cost savings.

*Note that this is a fictional guideline for this exercise, and does not fully reflect current NHS Guidelines

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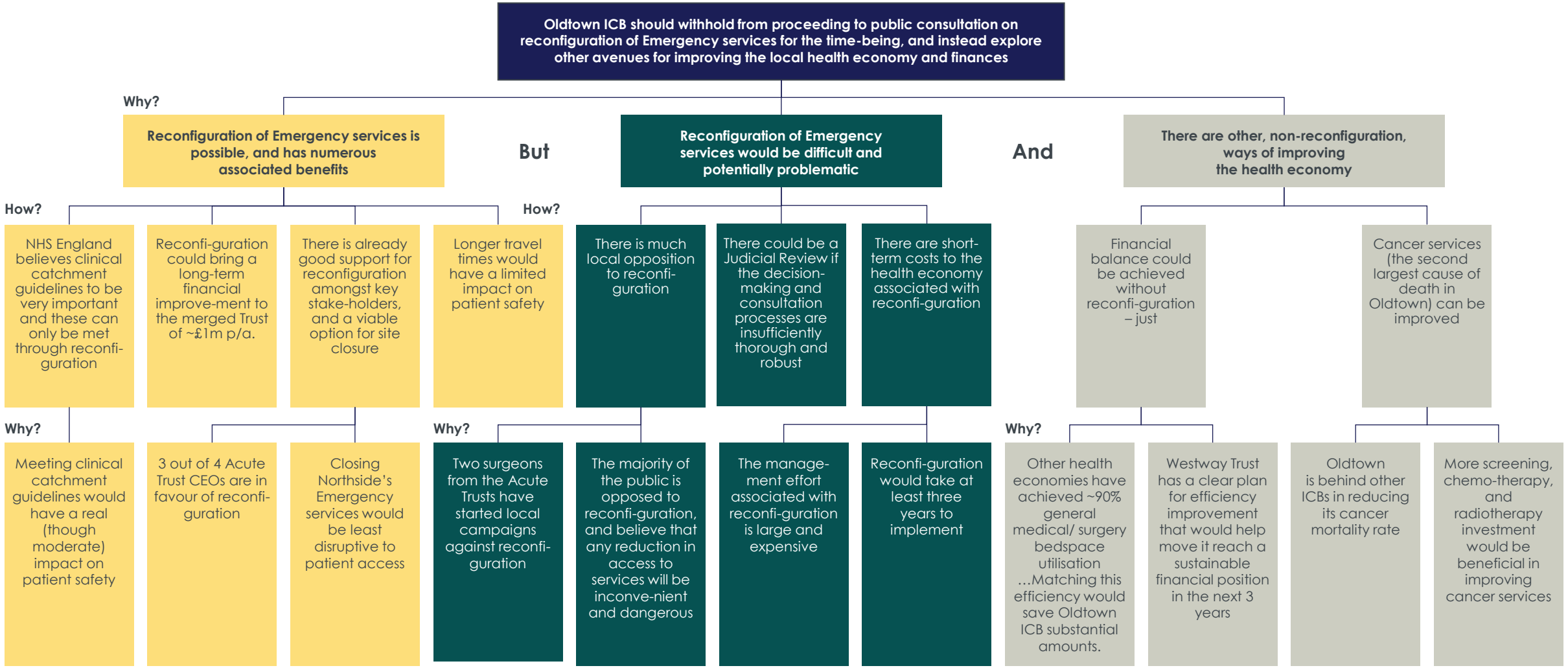
Recommendation Hypothesis tree

EXERCISE 9.1 (S)



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Source for Exercise 9.1
Catchment & Activity Analysis (Zones 1-15 shown)

TRAVEL TIMES BASIS FOR FLOW CHANGES BY ELECTORAL WARD POPULATION

1 Catchment & Activity Analysis

Note - this is based on population residency, which is not perfectly correlated with emergency services demand, for various reasons, as discussed

Closure scenario	% change to services at: South	West	East	North	CHECK
Close South	-100%	48%	52%	0%	0.0%
Close West	40%	-100%	38%	22%	0.0%
Close East	38%	61%	-100%	1%	0.0%
Close North	0%	98%	2%	-100%	0.0%

		Current flows					Sunny south closed scenario					Westway close scenario					Eastend close scenario					Northside close scenario			
					1,061,292					1,061,292					1,061,292					1,061,292					1,061,292
Total population		South	West	East	North		South	West	East	North		South	West	East	North		South	West	East	North		South	West	East	North
#'s to each hospital		122,529	494,302	191,962	252,499		-	552,532	256,261	252,499		322,481	-	377,483	361,328		195,292	611,823	-	254,177		122,529	742,784	195,979	-
% to each hospital		11.5%	46.6%	18.1%	23.8%		0.0%	52.1%	24.1%	23.8%		30.4%	0.0%	35.6%	34.0%		18.4%	57.6%	0.0%	23.9%		11.5%	70.0%	18.5%	0.0%
Change from current		0.0%	0.0%	0.0%	0.0%		-11.5%	5.5%	6.1%	0.0%		18.8%	-46.6%	17.5%	10.3%		6.9%	11.1%	-18.1%	0.2%		0.0%	23.4%	0.4%	-23.8%
% of original that moves		0.0%	0.0%	0.0%	0.0%		-100.0%	47.5%	52.5%	0.0%		40.5%	-100.0%	37.5%	22.0%		37.9%	61.2%	-100.0%	0.9%		0.0%	98.4%	1.6%	-100.0%

TRAVEL TIME FROM EACH WARD TO EACH SITE:

		South	West	East	North	Current flows					Sunny south closed scenario					Westway close scenario					Eastend close scenario					Northside close scenario			
		2	3	4	5																								
Electoral ward number	Electoral ward population	Sunny South NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust	Sunnysouth NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust	CHECK	Sunnysouth NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust	Sunnysouth NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust	Sunnysouth NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust	Sunnysouth NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust
Zone 1	6,486	35.4	21	29.7	31.4	-	6,486	-	-	OK	-	6,486	-	-	-	-	6,486	-	-	-	6,486	-	-	-	6,486	-	-	-	6,486	-	-
Zone 2	6,239	28	13.6	21.2	29.5	-	6,239	-	-	OK	-	6,239	-	-	-	-	6,239	-	-	-	6,239	-	-	-	6,239	-	-	-	6,239	-	-
Zone 3	4,824	27.9	13.6	22.3	29.4	-	4,824	-	-	OK	-	4,824	-	-	-	-	4,824	-	-	-	4,824	-	-	-	4,824	-	-	-	4,824	-	-
Zone 4	6,360	32.2	17.8	26.5	30.1	-	6,360	-	-	OK	-	6,360	-	-	-	-	6,360	-	-	-	6,360	-	-	-	6,360	-	-	-	6,360	-	-
Zone 5	5,869	31.4	17	27.6	32.9	-	5,869	-	-	OK	-	5,869	-	-	-	-	5,869	-	-	-	5,869	-	-	-	5,869	-	-	-	5,869	-	-
Zone 6	6,140	27.3	12.9	21.6	28.8	-	6,140	-	-	OK	-	6,140	-	-	-	-	6,140	-	-	-	6,140	-	-	-	6,140	-	-	-	6,140	-	-
Zone 7	4,212	36.1	21.7	30.4	30.1	-	4,212	-	-	OK	-	4,212	-	-	-	-	-	-	4,212	-	4,212	-	-	-	4,212	-	-	-	4,212	-	-
Zone 8	6,259	36.5	23.1	31.9	30.4	-	6,259	-	-	OK	-	6,259	-	-	-	-	-	-	6,259	-	6,259	-	-	-	6,259	-	-	-	6,259	-	-
Zone 9	6,126	32.5	22.3	34.4	36.1	-	6,126	-	-	OK	-	6,126	-	-	-	6,126	-	-	-	-	6,126	-	-	-	6,126	-	-	-	6,126	-	-
Zone 10	6,228	33.3	19.8	34.1	38.3	-	6,228	-	-	OK	-	6,228	-	-	-	6,228	-	-	-	-	6,228	-	-	-	6,228	-	-	-	6,228	-	-
Zone 11	6,537	35.8	20.8	35.1	39.3	-	6,537	-	-	OK	-	6,537	-	-	-	-	6,537	-	-	-	6,537	-	-	-	6,537	-	-	-	6,537	-	-
Zone 12	5,708	25.5	11.1	26.5	33.7	-	5,708	-	-	OK	-	5,708	-	-	-	5,708	-	-	-	-	5,708	-	-	-	5,708	-	-	-	5,708	-	-
Zone 13	6,227	30.6	16.2	24.9	22.1	-	6,227	-	-	OK	-	6,227	-	-	-	-	-	-	6,227	-	6,227	-	-	-	6,227	-	-	-	6,227	-	-
Zone 14	6,088	26.9	12.5	21.2	28.4	-	6,088	-	-	OK	-	6,088	-	-	-	-	6,088	-	-	-	6,088	-	-	-	6,088	-	-	-	6,088	-	-
Zone 15	6,048	34.3	24	32.7	33.7	-	6,048	-	-	OK	-	6,048	-	-	-	-	6,048	-	-	-	6,048	-	-	-	6,048	-	-	-	6,048	-	-

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Exercise 8.3 solution
Financial Model Outputs

COMPARISON OF THE RECONFIGURATION SCENARIOS

1 Summary outputs

A Extra surplus due to reconfiguration

Extra surplus due to reconfiguration

£ million

		FY1	FY2	FY3	FY4	FY5	FY6
Scenario 1	close East	0.00	0.00	3.37	6.47	6.57	6.66
Scenario 2	Close North	0.00	0.00	6.13	9.38	9.59	9.73
Scenario 3	Close South	0.00	0.00	8.54	11.93	12.23	12.43
Scenario 4	Close West	0.00	0.00	0.88	3.83	3.83	3.87

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Pugh Matrix – Evaluating reconfiguration options

EXERCISE 8.1B (S)

		Ideas / Options					
Criteria / Considerations	**Weighting**	**1. Close Emergency Services at Northside**	**2. Close Emergency Services at Royal Eastend**	**3. Close Emergency Services at Sunnysouth**	**4. Close Emergency Services at Westway**	**5. Close Emnergency Services at TWO locations**	**6. Do nothing**
Financial sustainability	35%						
Ease of implementation	15%						
Meeting clinical catchment guidelines	10%						
Clinical outcomes and safety	20%						
Travel times	5%						
Patient experience	15%						
Overall Benefit							

Your weightings may differ from these – the important thing is to have a clear justification for the relative weighting of each criteria

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Option evaluation for reconfiguring a health economy

EXERCISE 8.1A (S)

Factors	Factors for comparing the different options which should be considered: ▪ Issues that already have been raised – finances, travel times, clinical catchment guidelines ▪ Other issues that also matter – clinical outcomes, deliverability (political and public acceptability), strategic fit
Inputs	Inputs for assessing which factors should be more strongly weighted might include: ▪ Views of stakeholders and experts e.g., public consultation (includes local Politicians), medical expertise (public health clinicians and hospital clinicians), financial directors (within NHS England and from other ICBs where they had done this previously) ▪ Relevant published evidence e.g., regarding trade-off between patient access and clinical outcomes: – Quantitative evidence estimating clinical gains in treating patients in centres of Excellence (x,000 lives saved) – Quantitative evidence estimating proportion patients required to travel further
Process	The process for appraising options should: ▪ Be transparent ▪ Include the full breadth of factors, although some may be weighted more strongly than others ▪ Use appropriate evidence to weight each factor, (e.g., by consulting relevant stakeholders as to which factors they would prioritise) and with the evidence clearly presented alongside the final scorings

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Exercise 5.4
Travel times solution (showing Zones 1-24 only)

ANALYSIS OF IMPACT ON PATIENT TRAVEL OF 4 CLOSURE SCENARIOS, USING ELECTORAL WARD POPULATION AND TRAVEL TIMES DATA

1 Travel Times Analysis for the Reconfiguration Case

Hospitals Northside, Royal Eastend, Sunnysouth and Westway currently all offer Emergency services to the population of the electoral wards listed below. The ICB is considering de-commissioning (i.e., stopping) Emergency services from one of the four hospitals

		Answers:				
Q1	What **proportion of the population** currently travels **less than 15 minutes** to access Emergency services?	56.537%				
Q2	The CCG is considering de-commissioning Emergency services from one of the hospitals. For **each** of those four de-commissioning scenarios, how **many people** would have their travel time to the nearest Emergency services department increase by **more than 10 minutes**?		26,685	258,167	146,917	171,070
Q3	For **each** potential de-commissioning scenario, how **many people** would have to travel **more than 30 minutes** to access their nearest Emergency Services department?		1,859	72,205	50,290	100,824

Travel times (minutes) between each electoral ward and each of the four hospitals.

							Sunnysouth closed scenario				Westway close scenario				Royal Eastend close scenario				Northside close scenario			
Electoral ward number	Electoral ward population	Sunny South NHS Trust	Westway NHS Trust	Royal Eastend Foundation Trust	Northside NHS Trust	Q1:# of people who currently travel less than 15min	Minimum non-"Sunnysouth" travel time	Closest vs. "Sunnysouth"	Q2: # who's time increases more than 10min if "Sunnysouth" closes	Q3: Total # travelling more than 30 min	Minimum non-"Westway" travel time	Closest vs. "Westway"	Q2: # who's time increases more than 10min if "Westway" closes	Q3: Total # travelling more than 30 min	Minimum non-"Royal Eastend" travel time	Closest vs. "Royal Eastend"	Q2: # who's time increases more than 10min if "Royal Eastend" closes	Q3: Total # travelling more than 30 min	Minimum non-"Northside" travel time	Closest vs. "Northside"	Q2: # who's time increases more than 10min if "Northside" closes	Q3: Total # travelling more than 30 min
Zone 1	6,486	35.4	21	29.7	31.4	0	21	-14.4	0	0	29.7	8.7	0	0	21	-8.7	0	0	21	-10.4	0	0
Zone 2	6,239	28	13.6	21.2	29.5	6239	13.6	-14.4	0	0	21.2	7.6	0	0	13.6	-7.6	0	0	13.6	-15.9	0	0
Zone 3	4,824	27.9	13.6	22.3	29.4	4824	13.6	-14.3	0	0	22.3	8.7	0	0	13.6	-8.7	0	0	13.6	-15.8	0	0
Zone 4	6,360	32.2	17.8	26.5	30.1	0	17.8	-14.4	0	0	26.5	8.7	0	0	17.8	-8.7	0	0	17.8	-12.3	0	0
Zone 5	5,869	31.4	17	27.6	32.9	0	17	-14.4	0	0	27.6	10.6	5869	0	17	-10.6	0	0	17	-15.9	0	0
Zone 6	6,140	27.3	12.9	21.6	28.8	6140	12.9	-14.4	0	0	21.6	8.7	0	0	12.9	-8.7	0	0	12.9	-15.9	0	0
Zone 7	4,212	36.1	21.7	30.4	30.1	0	21.7	-14.4	0	0	30.1	8.4	0	4212	21.7	-8.7	0	0	21.7	-8.4	0	0
Zone 8	6,259	36.5	23.1	31.9	30.4	0	23.1	-13.4	0	0	30.4	7.3	0	6259	23.1	-8.8	0	0	23.1	-7.3	0	0
Zone 9	6,126	32.5	22.3	34.4	36.1	0	22.3	-10.2	0	0	32.5	10.2	6126	6126	22.3	-12.1	0	0	22.3	-13.8	0	0
Zone 10	6,228	33.3	19.8	34.1	38.3	0	19.8	-13.5	0	0	33.3	13.5	6228	6228	19.8	-14.3	0	0	19.8	-18.5	0	0
Zone 11	6,537	35.8	20.8	35.1	39.3	0	20.8	-15	0	0	35.1	14.3	6537	6537	20.8	-14.3	0	0	20.8	-18.5	0	0
Zone 12	5,708	25.5	11.1	26.5	33.7	5708	11.1	-14.4	0	0	25.5	14.4	5708	0	11.1	-15.4	0	0	11.1	-22.6	0	0
Zone 13	6,227	30.6	16.2	24.9	22.1	0	16.2	-14.4	0	0	22.1	5.9	0	0	16.2	-8.7	0	0	16.2	-5.9	0	0
Zone 14	6,088	26.9	12.5	21.2	28.4	6088	12.5	-14.4	0	0	21.2	8.7	0	0	12.5	-8.7	0	0	12.5	-15.9	0	0
Zone 15	6,048	34.3	24	32.7	33.7	0	24	-10.3	0	0	32.7	8.7	0	6048	24	-8.7	0	0	24	-9.7	0	0
Zone 16	4,209	33.9	18.7	30.3	35.8	0	18.7	-15.2	0	0	30.3	11.6	4209	4209	18.7	-11.6	0	0	18.7	-17.1	0	0
Zone 17	5,952	28.8	13.6	27.8	35	5952	13.6	-15.2	0	0	27.8	14.2	5952	0	13.6	-14.2	0	0	13.6	-21.4	0	0
Zone 18	6,804	31.5	16.3	30.5	37.7	0	16.3	-15.2	0	0	30.5	14.2	6804	6804	16.3	-14.2	0	0	16.3	-21.4	0	0
Zone 19	6,284	31.3	16	27.6	34.5	0	16	-15.3	0	0	27.6	11.6	6284	0	16	-11.6	0	0	16	-18.5	0	0
Zone 20	3,755	33.7	21.4	30.1	31.9	0	21.4	-12.3	0	0	30.1	8.7	0	3755	21.4	-8.7	0	0	21.4	-10.5	0	0
Zone 21	4,128	25.8	11.4	28.3	35.5	4128	11.4	-14.4	0	0	25.8	14.4	4128	0	11.4	-16.9	0	0	11.4	-24.1	0	0
Zone 22	3,930	23.6	9.2	25.8	32.9	3930	9.2	-14.4	0	0	23.6	14.4	3930	0	9.2	-16.6	0	0	9.2	-23.7	0	0
Zone 23	3,666	42.4	28.1	36.8	31.5	0	28.1	-14.3	0	0	31.5	3.4	0	3666	28.1	-8.7	0	0	28.1	-3.4	0	0
Zone 24	5,422	39.2	24.9	33.6	24.4	0	24.4	-14.8	0	0	24.4	-0.5	0	0	24.4	-9.2	0	0	24.9	0.5	0	0

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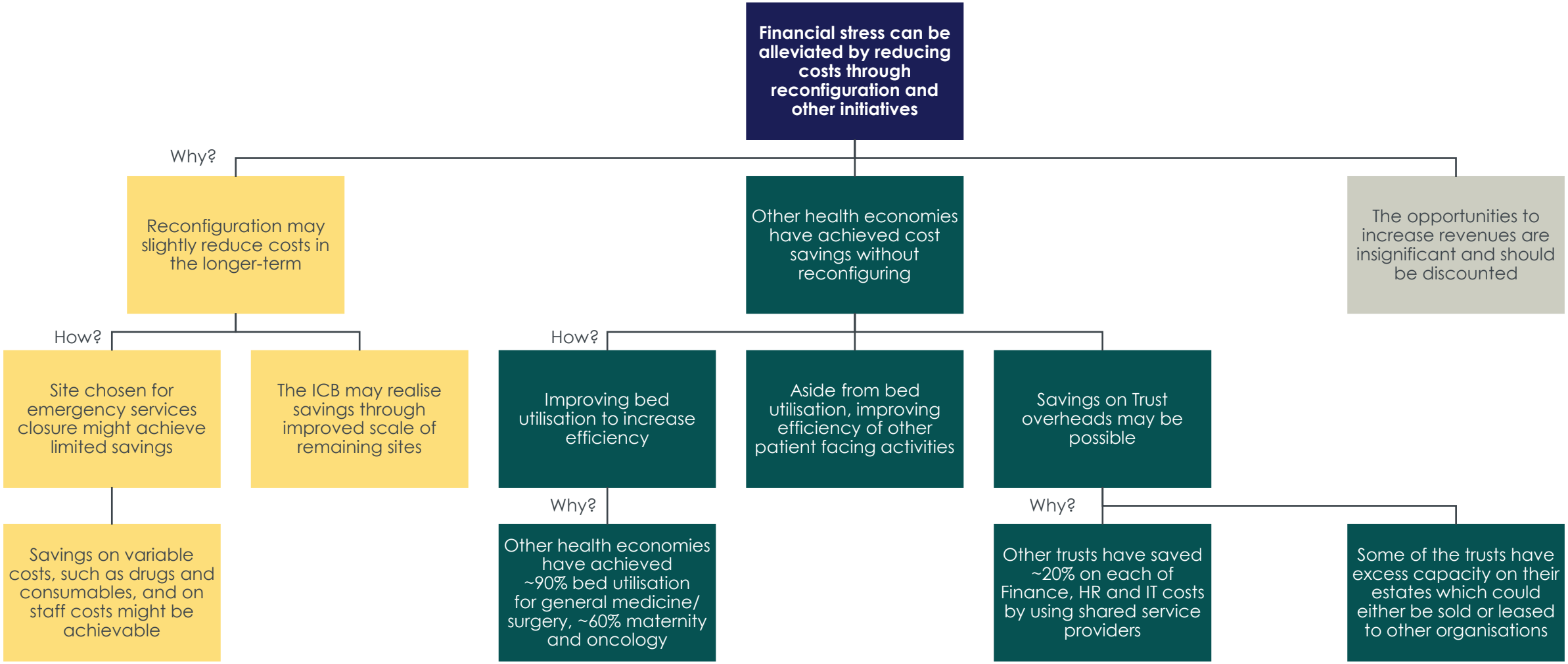
EXAMPLE SOLUTION
Working Hypothesis: Financial balance

EXERCISE 4.1 (S)



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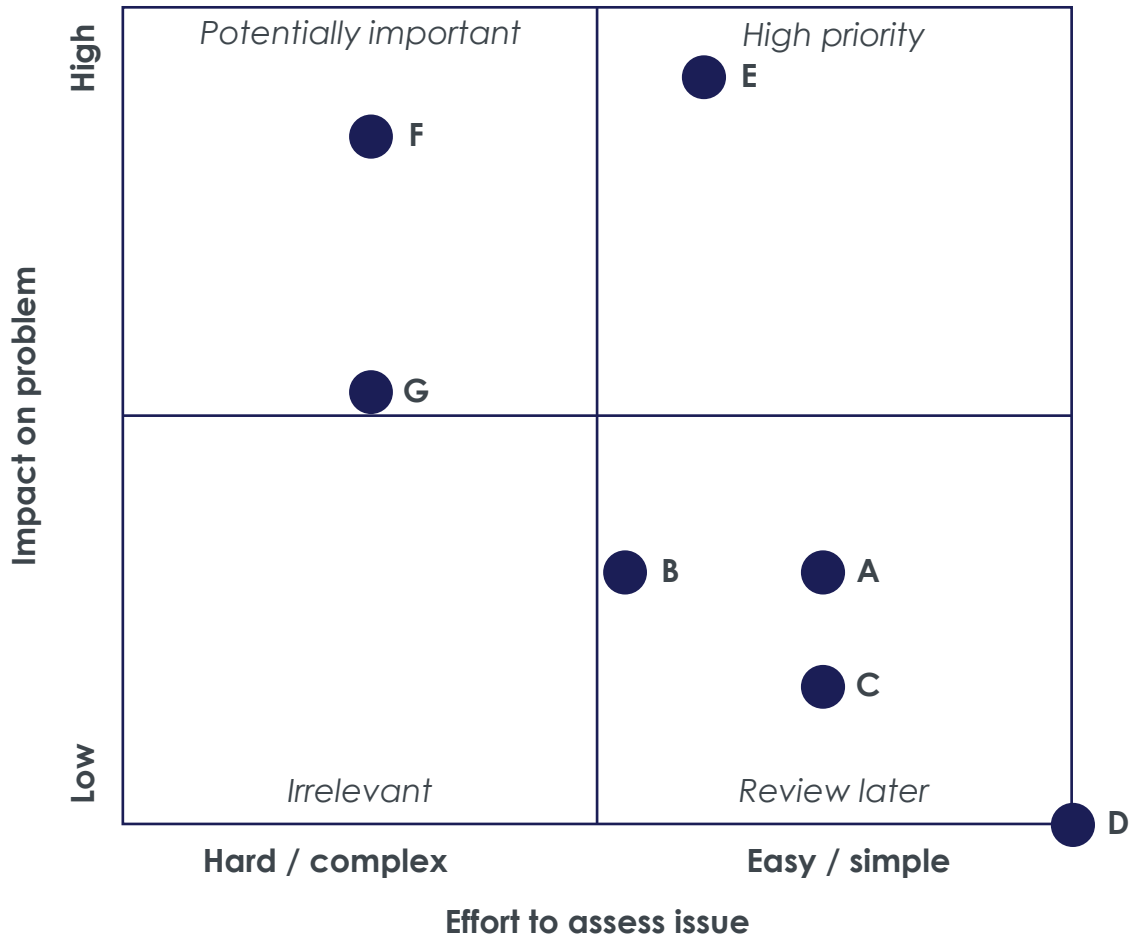
EXAMPLE SOLUTION:
Prioritising issues for the workplan

EXERCISE 2.2 (S)

#	Issue	Prioritisation logic
A	Ambulance Trusts	Easy to assess – few AT's Limited impact – few patients affected
B	Wider area GPs	Less easy to assess – many GPs Limited impact – few patients affected
C	Neighbouring ICBs	Easy to assess – few ICBs Very limited impact – no levers
D	Re-distribution	Irrelevant – not possible to achieve guideline with 4 ES's
E	Catchment & Activity	Easy to assess catchment changes on closure Critical to the guiding question
F	Impact on patients	Hard to assess, likely to impact the problem
G	Capacity requested	Hard to assess (many variables), may impact the answer to the problem



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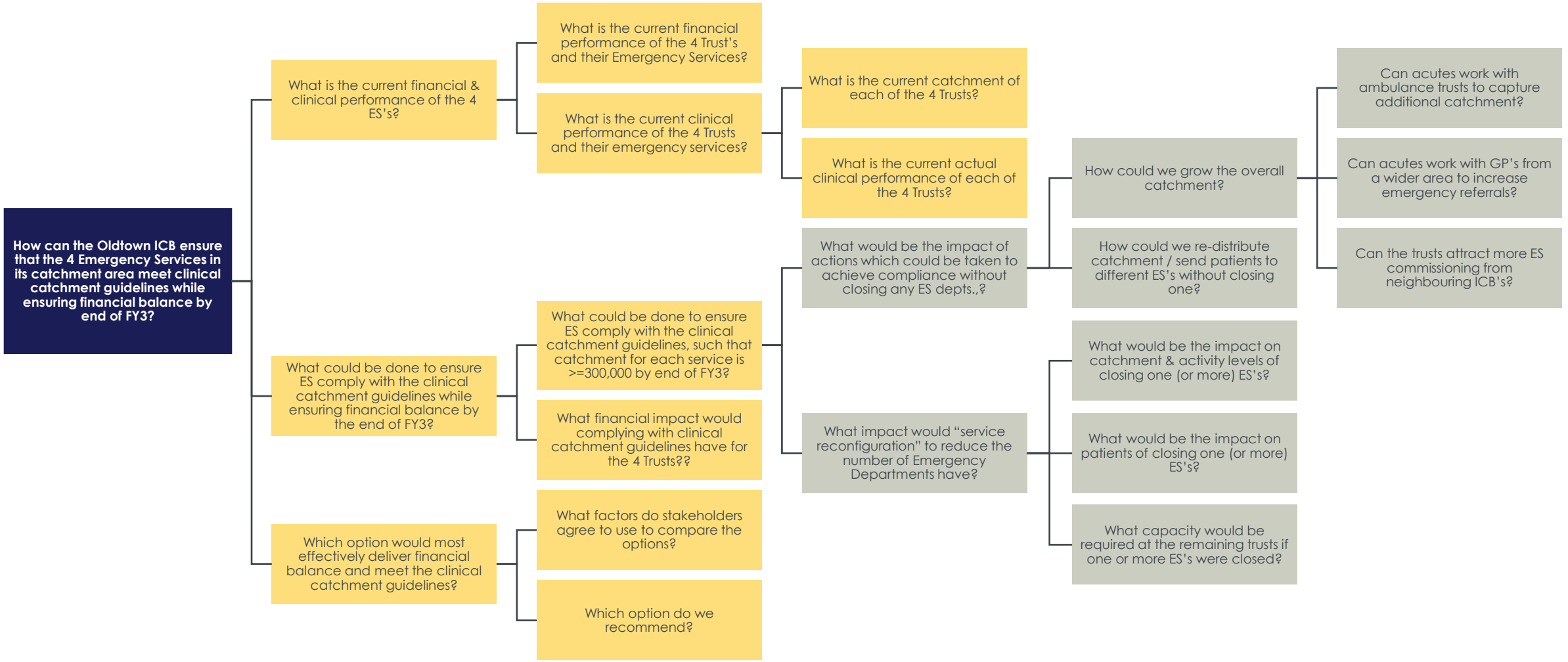
EXAMPLE SOLUTION:
Week 1 project issue tree – draft for review

EXERCISE 2.1(S)



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