Royal College of Nursing

Reviewing and Assessing Service Redesign and/or Change Proposals

RCN guidance

Acknowledgements

This publication is due for review in May 2020. To provide feedback on its contents or on your experience of using the publication, please email **publications.feedback@rcn.org.uk**

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Service redesign may be required to improve patient pathways, move care out of hospitals closer to patients' homes, maximise efficiency or a combination of all these factors. This guidance is intended to assist those responsible for undertaking the process of reviewing and assessing proposals for service redesign and change.

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Evaluation

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Introduction

NHS commissioners and providers are increasingly called to review how health care services are managed and, more importantly, aligned within the wider health and care system. This is an essential part of the work being undertaken by the Sustainability and Transformation Partnerships (STPs) that have come about to support implementation of the NHS *Five Year Forward View* (NHS England, 2014) strategy to develop a more integrated and sustainable health and care system for the future.

Service redesign may be required to improve patient pathways, move care out of hospitals and closer to patients' homes, maximise efficiency, centralise specialist services, or a combination of all these imperatives. The RCN has previously provided guidance on this topic, emphasising the importance of ensuring that service redesign is always undertaken in the context of a planned and managed process (RCN, 2013).

The challenges often associated with the service redesign process include ensuring that proposals for change:

• Have been developed with clinicians.

• Consider the wider impact and anticipated outcomes.

• Consider any potential unintended consequences and how these will be mitigated.

The RCN has had concerns about the implications of funding challenges, particularly in relation to changes to commissioning brought about through the *Health and Social Care Act 2012* in England. The current financial situation has forced local systems to assess the need for change and develop different solutions to address long-standing problems. Integration of health and care provides an opportunity to develop services designed around patients and populations, however, the impact and implications of these need considered planning and ongoing monitoring and evaluation across the system.

This guidance is intended to assist those responsible for undertaking the process of reviewing and assessing proposals for service redesign and change.

RCN Scotland (2012) developed a set of principles which set out the actions required for best practice in relation to delivering integrated health and social care services which are useful to consider when assessing and evaluating any proposal. Its recommendations include making sure proposals are sustainable and respect relationships across the system, and that plans are developed in partnership with local clinicians.

> **There are four key areas which need to be addressed to ensure any proposal under consideration has a clear rationale and purpose:**
>
> 1. Identifiying the problem
>
> 2. What is being proposed and what will be needed?
>
> 3. What is the impact?
>
> 4. What are the main risks/mitigations?

Reviewers will need to evaluate whether the proposal:

• Explains in detail all required resource inputs and activities.

• Identifies the expected outputs.

• Clearly defines the outcomes.

• Considers the impact for patients/service users and the wider population, as well as wider health and care system issues.

Planning, assuring and delivering service change for patients – best practice checks

The following guidance has been adapted from the good practice guide produced by NHS England (2015) and tools developed by North London Partners in Health and Care, as part of establishing good governance processes within the STP system. It provides a broad overview of the areas to consider when reviewing proposed service changes. It should be noted that not

all points will apply in every setting, but are presented here to provide a comprehensive overview of all potential areas that may need to be considered. Users should decide in each case what level of review and assessment is appropriate and proportionate, having regard to potential risks, resources involved and the likely impact for patients and staff.

Key tests

1. Strong public and patient engagement.

2. Consistency with current and prospective need for patient choice.

3. A clear clinical evidence base.

4. Support for proposals from clinical commissioners.

Clinical quality and strategic alignment

- There is a clear articulation of patient, quality and financial benefits.

- The clinical case fits with national best practice.

- The proposed changes are a good fit with local health and wellbeing board (HWBB) strategy and are aligned with the objectives and commissioning intentions contained in local commissioning strategic plans.

- The proposal contains an options appraisal that considers a network approach, cooperation and collaboration with other sites and organisations.

- The macro-impact is properly considered.

- There is alignment with QIPP (quality, innovation, productivity and prevention) workstreams (see below).

- Consider the need for a full impact analysis across clinical commissioning groups (CCG) and NHS England (NHSE) commissioned services, obtaining agreement and shared sign-up by all parties to any analysis in place.

- There has been consultation/liaison with social care and local authorities, the Joint Overview and Scrutiny Committee (JOSCE), and agreement with local MPs where appropriate.

- How do the proposed changes align with the new models of care in the *NHS Five Year Forward View* strategy and or have the proposals looked at other examples and evidence?

- How does the service align to other providers within the system, particularly where there are a mix of providers, and what is the nature of the partnerships between providers (for example, voluntary sector, charities, private, NHS)?

QIPP and financial best practice checks

- How does the proposal support commissioner financial sustainability and what is the impact on providers?

- Does the proposed change improve quality and reduce cost and how does it achieve such goals - reduced duplication, increased efficiency?

- What are the savings in financial terms?

- What changes to capacity are proposed?

- How, when and where is a saving made? Is it a cash releasing saving?

- Are the transitional costs (including non-recurrent revenue and capital) identified and properly accounted for? How will these be funded?

- Capital investment implications have been considered in terms of the viability, deliverability and sustainability of the proposal and the economic (value for money) impact.

- Do the finance plans link consistently to workforce and activity models?

Activity

- Ensure that all relevant patient flows and capacity have been properly modelled, and that assumptions are clear and reasonable.

- Are there any changes in bed/case load numbers?

- Activity and capacity modelling is clearly linked to service change objectives.

- Activity links consistently to workforce and financial models.

- Modelling of significant activity, workforce and financial impacts on other locations/ organisations has been undertaken.

Workforce

- Is there a clear workforce plan – and has this been integrated with financial and activity plans?

- Is the proposal making most effective use of the workforce for service delivery and is it compliant with all appropriate guidance?

- Has the proposal considered any training and development needs for the existing workforce to meet the proposed service delivery?

- Is there any consideration for implications for future workforce?

- Have staff been properly engaged in developing the proposed change?

- Is there evidence of staff consultation and analysis of risks and mitigation actions?

Travel

- Has the travel impact of the proposed change been modelled for all key populations, including analysis of available transport options, public transport schedules and the availability/affordability of car parking?

Resilience

- How will the proposed change impact on the ability of the local health economy to plan for, and respond to, a major incident?

- Has a business impact analysis been conducted for all affected organisations and appropriate changes made to business continuity plans?

- Has a local health resilience partnership impact assessment been undertaken?

Emergency services

- Have the implications for ambulance services (emergency and patient transport services) been identified and impact assessed, and appropriate discussions held with ambulance service providers?

- Have the implications for the wider system been considered and the potential impact for all providers, particularly out of hospital, community and primary care services?

Communications

- Are there plans to appropriately and effectively engage and involve all stakeholders (to include staff, patients, carers, the public, Healthwatch, GPs, media, JHOSCs, HWBBs, local authorities, MPs and other partners and organisations) and fulfil commitments under section 14Z2 and section 13Q of the *Health and Social Care Act 2012*?

Equality impact assessment

- There has been an appropriate assessment of the impact of the proposed service change on relevant diverse groups?

- Has engagement taken place with any groups that may be affected?

- What action will be taken to eliminate any adverse impacts identified?

Regulators involvement

- Is the proposal aligned with the NHS England/NHSI approach?

- Has the proposal considered appropriate Care Quality Commission (CQC) requirements?

Digital

- Does the proposal make best use of technology?

- Does it contain an assessment of the impact on local informatics strategy and ICT deployments?

- Are there likely to be any data migration costs?

- Are there any implications for specialist or network technology/equipment contracts associated with the service?

Estates

- Consideration will need to be given to the most effective use of estates.

- Have there been discussions with clinical staff on the appropriate use of estates for alternate use?

- Where estates are identified for sale, has there been consideration on impact on loss of resource?

Other

- Is the proposal consistent with rules for co-operation and competition?

- Is a robust programme delivery plan, together with risk management arrangements, in place?

- Have steps been taken to identify and reduce any privacy risks?

Section/component	Impact assessment	Review comments
Patient experience and patient public engagement		
Patient safety	Does the plan have direct or indirect impact on patient safety?	
	Has mitigation of these factors been considered within the proposed plan?	
	Can this be mapped across to any of the CQC essential standard requirements?	
	Is there a capacity impact on partner organisations?	
	Will this change impact on the organisation's duty to protect children, young people or vulnerable adults?	
	General comments on patient safety and process for completing this section	
Preventable harm	Have you Identified any possible harm (including safeguarding) as a result of planned changes?	
	Does it impact on systems and processes for ensuring that the risk of health care acquired infections to patients is reduced?	
	Does it impact on systems and processes for ensuring the optimisation of medicines?	
	General comments on preventable harm and process for completing this section	

Section/component	Impact assessment	Review comments
Patient and public experience and feedback	Does the plan affect or change patient experience?	
	Have changes resulted from patient experience feedback?	
	Will the plan impact on access, waiting time, or length of hospital stay?	
	Will the plan impact on patient choice as outlined in the NHS Choice Framework?	
	Will there be travel/transport implications?	
	Will the plan impact carers?	
	Is there evidence of patient/lay representative involvement/consultation of the changes being proposed?	
	Has Healthwatch been involved in the process?	
	Is this change likely to have an impact on complaints/ PALS/FFT? (Response to national/local surveys/ complaints/PALS/incidents)	
	Is there a reputational risk to the organisation/ system/STP as a result of the service change (namely, NHS organisations, local authorities, voluntary and community sectors)?	
	General comments on completing this section on patient and public engagement and process for completing this section	

Section/component	Impact assessment	Review comments
Clinical effectiveness		
Clinical effectiveness	Is there evidence that supports the proposed change delivers innovation, meets NICE guidance, and improves effectiveness of services?	
	Is evidence-based practice the basis for the change?	
	Does the change ensure that care is delivered in the most clinically appropriate setting?	
	Does the plan consider the impact on readmission, avoidable emergency admissions and mortality rates?	
	General comments on completing section on clinical effectiveness and process for completing this section	
Leadership and interdependencies		
Equality impact	Does the plan affect one particular group (with protected characteristics) more than any other, and if so how has this been mitigated?	
	Additional comments Is there a separate equality impact assessment tool?	
Workforce	Does the change require redundancy, redeployment or the recruitment of staff?	
	Is there an impact on clinical and/or social care workforce capability and skills requirements?	
	Is there an additional training requirement as a result of the proposed changes?	
	Is there a greater skill and band mix – does this impact on staffing ratios?	
	Further comments on assessment of this section	

Section/component	Impact assessment	Review comments
Clinical leadership	Do local clinical leaders support the change?	
	Further comments on assessment of this section	
Strategic linkages and STP interdependencies	Does the plan include an assessment of the estates and facilities requirements/impact?	
	Does the plan include an assessment of the digital requirements/impact?	
	Does the plan support the priorities identified in the local Joint Health and Wellbeing Strategy?	
	Has there been consultation with the local authority and the local JOSC?	
	What consideration has there been where there are mix of providers and partnerships between them – for example, voluntary sector, charities, private NHS?	
	Further comments on assessment of this section	
Social care	Do directors of adult social care and/or directors of children's social care support the changes?	
	Has the impact on children's and/or adult social care been considered?	
	Further comments on assessment of this section	
Monitoring arrangements	Do you have arrangements in place for review and evaluation of the impact of the changes?	
	Further comments on assessment of this section	

Based on the tool developed for North London Partners in Health and Care (NLPHC) clinical cabinet NCL STP

References

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