Draft 2.1 of PCBC – Editor's Commentary

1 Introduction

Oxfordshire CCG is leading the drafting of a Pre-Consultation Business Case (PCBC) for transformation of the local health economy. An initial draft PCBC was discussed – at high level – with NHS England on 18 July. Further work has taken place reflecting that discussion and recent work undertaken. The current draft is Version 2.1, dated 5 August 2016.

This commentary highlights issues that the document editor feels need attention. The commentary is partly informed by published guidance on the likely depth of review that the Clinical Senate will undertake, and partly informed by the experience of the editor and other external advisers supporting the Oxfordshire Transformation Programme.

2 Commentary

2.1 High-level NHSE feedback

In general, discussions at the 18 July meeting focused on the programme rather than the PCBC draft document. Comments relating to the document included:

- Clarify the scale and nature of changes in services, including bed numbers
- Demonstrate evidence that proposed service models are 'reasonable'
- Clarify the contribution of local government to the service models
- Reflect *Right Care*
- As much of the case for change relates to an ageing population, show more specifically how the new models will address this
- Reflect population stratification analysis in the document
- Ensure we give positive messages on the patient/care/public gains due to the new service model
- Evidence population needs assessment, travel analysis, etc.
- Clarify what is 'in scope' for change and what is not
- Evidence engagement of hard to reach groups
- Evidence engagement of staff.

Draft V2.1 has in part responded to these points, but there is more to be done.

2.2 Guidance issued to authors of sections in Chapter 5 (new care models)

Early drafts reflected very variable approaches to describing the new service models. Given the feedback from the NHSE meeting, authors were asked to restructure and clarify their text as follows:

1. Workstream-specific **case for change** – reflecting in more detail the agreed 'global' drivers for change: quality and safety improvement; financial pressure; workforce pressure; prevention
2. A description of the new workstream **service model** – high level pathways and processes, examples of improved systems of care

3. The workstream-specific **features/benefits** of the new model – the high-level improved outcomes and experience; the better use of resources (money, workforce, IM&T, estates, etc.) – being clear that these address the case for change
4. A summary of the likely **scale of change** required to get from where we are now to the new model, setting out the key dependencies (such as changes in estates) that will inform the options appraisal. Use caution here and keep this general – we cannot pre-judge the outcome of appraisals and consultations.

The purpose of the guidance on the structure and content of workstream service model descriptions was to make as clear as possible *what will change* and how it will *contribute to a sustainable health economy*. The material in Chapter 5 must be sufficiently clear to support robust financial and other modelling, and to make clear where key support activities such as consultation will need to focus attention.

In the current version (V2.1) this guidance has been partially addressed. However it is clear that the new service model descriptions as they stand, need further work to:

- Be more focused and succinct
- Reduce passive language (e.g. “we need to work with providers and clinicians”) and be more definitive in the proposed changes
- Link the changes to the case for change – demonstrating that they will contribute to financial sustainability, better quality, better prevention, using workforce more effectively, reducing or shifting activity
- Present data on what will result from the change to inform options appraisal – the Clinical Senate review will require detail and precision, to clearly justify any changes to service locations etc.
- Link to the evidence that the new care models will deliver the proposed and modelled benefits (all evidence will be collated into an appendix in a later version).

The urgent and emergency care and mental health, LD and autism sections are being reworked so are missing from this draft.

3 Other chapters and general points

There are a number of gaps elsewhere in the document. The key gap is the description of the options for change relating to the Horton and community hospitals. Once this is drafted, important sections such as the equality and impact analyses can be drafted.

Highlighting in yellow is used to show comments that have been made but not addressed or to show where the final draft will require checking – for example, cross references. Highlighting is also used where the text may be in the wrong tense, for example referring to activities that may be complete by the time the final version is submitted.

Non-highlighted text throughout is still subject to editing/redrafting.

5 August 2016