Service Model

Present: Sue Lewis, County Director & Commissioner (HDUHB)
Sonia Hay, General Manager Community & Primary Care (HDUHB)
Karen Barker, Community & Primary Care Nurse Manager (HDUHB)
Chris Thomas, Practice Manager – Saundersfoot Medical Group
Caroline Thomas, Tenby Town Council
Christopher Jones, Pembrokeshire Community Health Council
Rosemary Whittemore, Pembrokeshire Community Health Council
Ceri Griffiths, ANP Frailty (HDUHB)
Lucie Whelan, Primary Care Locality Development Manager (HDUHB)
Helen Roberts, Practice Manager – Tenby Surgery
Sam Dentten, Deputy Chief Office, Pembs Community Health Council
Tony Wales, South East Pembs Community Health Network
Mansel Thomas, South East Pembs Community Health Network
Karen Powell, ENP (HDUHB)

30th June 2016.

The option appraisal is a very important step in the development of the business case for the future services provided in Tenby Cottage Hospital. The purpose of the meeting is to consider all the options available to us in developing the service we offer our patients and public.

We will be asking you to participate fully in the process, considering the pro’s and con’s of each of the options.

The six options for the unit will be considered against the investment objectives and the benefit criteria with a consensus achieved by the group in awarding the scores.

The weighting of the benefit criteria will be agreed by the group prior to the option appraisal scoring process commences.

Each criterion will be scored 1-10 against each of the Six options under consideration.

The investment objectives for this service have been agreed by the project group as:

1. To provide a clinically effective, viable and sustainable service for patients, in an environment which meets current standards and in a suitable layout and configuration that ensures best practice.
2. To ensure that all patients who currently require access in the Tenby area are able to have an accessible service.
3. To ensure that there is adequate future capacity and flexibility to meet the projected growth in demand.
4. To ensure there are good clinical adjacencies with primary care, radiology, pharmacy and other supporting services.
5. To ensure that patients are supported to self help, self manage, Choose Well, utilise Triage and Treat and ensure that they receive appropriate services in the most appropriate setting to provide Care Close to Home.
The Six Options

As part of the option appraisal the 6 options under consideration for the development are:

<table>
<thead>
<tr>
<th>Option No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do Nothing – no additional service provision</td>
</tr>
<tr>
<td>2</td>
<td>To provide a 3rd Sector Easter/ Summer Service only</td>
</tr>
<tr>
<td>3</td>
<td>Provide a ENP lead service</td>
</tr>
<tr>
<td>4</td>
<td>Provide an ANP service for minor ailments</td>
</tr>
<tr>
<td>5</td>
<td>Provide an ANP / ENP Walk-In Services</td>
</tr>
<tr>
<td>6</td>
<td>Collaborate with the Tenby Practice to provide an integrated Primary Care/ Walk-In service</td>
</tr>
</tbody>
</table>

Benefit criteria

The following benefits for both staff and patients have an apportionment of weighting as an example – the total of which should be 100. **The weighting will need to be agreed before the scoring commences.**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Definition</th>
<th>Weighting (%)</th>
</tr>
</thead>
</table>
| Improvements in Care                          | • How well will the option deliver best practice  
  • Will the sustainability of the service be improved  
  • Improved quality and continuity of care  
  • Well-being of patients and staff improved  
  • Provide One-stop delivery model (Prudent Healthcare) | 25            |
| Clinical Effectiveness                        | • Will the option support clinically effective practice  
  • Governance framework | 25            |
| Consistency with strategic direction          | • Is the option consistent with national policies / priorities and strategies  
  • Is the option sustainable over the longer term | 20            |
| Feasibility                                  | • Will the physical environment be improved for patient care  
  • Is the option feasible and sustainable in relation to recruitment, retention and training of staff  
  • Does the option meet training, development and research needs – that is supports a learning organisation  
  • Affordability | 20            |
| Accessibility                                | • How well does the option support accessibility of patients to the service  
  • How well does the option support accessibility to supporting services  
  • Does the option provide a defined alternative | 10            |
Each criterion will be scored 1-10 against each of the **Six** options under consideration.

Once the Benefit Criteria Scoring Table is completed (attached) then the option with the highest score should reflect the best option for the county to develop a business case which reflects the wishes of staff, patients and stakeholders.
### Benefit Criteria Scoring Table – South East Pembrokeshire – Tenby Resource Centre Walk In service

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Option 1 Do Nothing – no additional service provision</th>
<th>Option 2 – Provide a 3rd Sector Easter/Summer Service only</th>
<th>Option 3 – Provide a ENP lead service</th>
<th>Option 4 – Provide an ANP service for minor ailments</th>
<th>Option 5 – Provide an ANP/ENP Walk-In Services</th>
<th>Option 6– Collaborate with the Tenby Practice to provide an integrated Primary Care/Walk-In service</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Weighting (%)</td>
<td>Score (out of 10)</td>
<td>Weighted score</td>
<td>Score (out of 10)</td>
<td>Weighted score</td>
<td>Score (out of 10)</td>
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<tr>
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<td>25</td>
<td>0</td>
<td>0</td>
<td>2</td>
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</tbody>
</table>

**Benefit Criteria**

1. Improvements in Care
2. Clinical effectiveness
3. Consistency with Strategic Direction
4. Feasibility
5. Accessibility