Six tests framework – major hospital service reconfigurations

Tests	Supplementary questions to guide application of tests – note that not all will be relevant to every proposal
TEST 1: Health and healthcare inequalities test The proposed changes have maximised the opportunities available to the health system to reduce health and healthcare inequalities, which have been set out transparently together with an evidenced plan for further action. The plans clearly set out proposed action to prevent ill-health, including targeting action and resources to improve the healthy life expectancies of the most disadvantaged	Do proposals: • Set out the current systemic health inequalities issues in their local population, including those driven by socio-economic deprivation and structural racism? Is the contribution of these inequalities to the Healthy Life Expectancy gap and other relevant measures of inequality considered? • Set out current systemic healthcare inequalities issues – in access, experience and outcomes – in their local populations and healthcare services, including those driven by socio-economic deprivation and structural racism? Is the contribution of these inequalities to the Healthy Life Expectancy gap and other relevant measures of inequality considered? • Consider their impact on the health and healthcare inequalities identified in their baseline analyses in a systematic, documented way? • Ensure that services become more accessible to vulnerable groups, including those identified as experiencing the worst health and healthcare inequalities? • Set out specific, measurable goals for narrowing health and healthcare inequalities and how health and healthcare equity is weighted in the options appraisal process? Are there plans to address information gaps on inequalities and population groups where such gaps exist? • Set out plans to maximise the role of the NHS as an anchor institution by considering the following: - widening access to quality employment and work, - making local purchases for social benefit, - using building and spaces to support communities, - reducing environmental impact, and - working with local partners to advance a collective 'anchor institutions' mission?
TEST 2: Hospital beds The proposed bed capacity will need to be independently scrutinised in relation to the latest demographic projections. Any plans which involve a proposed bed capacity that is less	• Do the proposals reflect the implications of the latest demographic projections? If not,

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than that implied by these projections should meet at least one of the following conditions (which are based on NHS England's 'common sense' conditions): • Demonstrate that sufficient alternative provision is being put in place alongside or ahead of the proposed changes, and that the additional workforce required will be there to deliver it. The alternative provision might involve: o changes in care pathways in hospital (e.g. the introduction of the South West London Elective Orthopaedic Centre [SWLEOC] model). o changes in care pathways outside of hospital (e.g. increased GP or community services). o adapting to new technologies and innovations that lead to improved care (such as virtual wards, video consultations) whilst ensuring that these meet other tests and fully support those experiencing digital exclusion. o changes in patient flows (e.g. patients going to another hospital/service). • Show that specific new treatments and therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions. • Show, where a hospital has been using beds less efficiently than the national average, that the hospital has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First-Time programme).	• Is suitable alternative provision in place alongside or ahead of changes, with the required workforce? • Are there new treatments and therapies which will reduce specific categories of admissions? • Are there credible plans to improve bed use efficiency where currently less than the national average, without affecting patient care?
TEST 3: Financial investment and savings Sufficient funding is identified (both capital and revenue) and available to deliver all aspects of plans including moving resources from hospital to primary and community care and	• Are plans to make efficiency savings sufficiently detailed and credible? • Have plans secured capital and revenue investment to deliver in full, and are the sources of funding credible?

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investing in prevention work. Proposals to close the projected funding gap, including planned efficiency savings, are credible.	• Do plans include increased investment in primary and community care, including moving resources from acute care where appropriate? • Do plans include specific, increased investment in the prevention of ill health?
TEST 4: Social care impact Proposals take into account a) the full financial impacts on local authority services (including social care) of new models of healthcare, and b) the funding challenges they are already facing. Sufficient investment is available from Government to support the added burden on local authorities and primary care.	• Do plans include a full and credible assessment of the financial impact on social and community care? • Does this assessment take account of future demographic changes, especially an ageing population? • Does this assessment take account of the impact of new social care provision and funding models set out in the adult social care green paper? • Are there credible, funded, joint NHS/LA plans to meet any additional costs? • Do plans fit with local health and wellbeing board strategies?
TEST 5: Clinical support Proposals demonstrate widespread clinical engagement and support, including from frontline staff.	• Include a demonstrable, robust clinical case for change, including an improvement in both quality of care and outcomes? • Have the support of local primary and secondary care clinicians, including but not limited to those whose services/patients will be directly affected? • Have the support of pan-London clinical bodies – Londonwide LMCs, London Clinical Senate? • Have the support of local authority social care and other professionals?
TEST 6: Patient and public engagement Proposals demonstrate credible, widespread, ongoing, iterative patient and public engagement, including with marginalised groups, in line with Healthwatch recommendations.	• Did patients/the public/the local Healthwatch influence proposals before they were published for formal public consultation? • Did patients/the public/the local Healthwatch advise on the consultation plan? • Did proposals set out sufficient, easily understandable information about, and reasons for the proposals to enable an informed response? • Was the formal consultation well-publicised throughout the geographical and other communities in which affected people live, work and spend their time? • Were local networks used to promote engagement? • Was the formal public consultation open for a sufficient period of time? • Was the consultation available via a range of mediums including online and hard copy? • Was it possible to comment verbally via telephone and face to face meetings, as well as in writing?

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	• Were proactive steps taken to engage patients and the public, especially harder-to-reach groups and communities, and those particularly affected by proposals – both directly and through representative groups? • Did the consultation yield widespread, detailed public/patient feedback, especially from equalities and hard to reach groups, and those particularly affected by the changes? • Have the final proposals been demonstrably modified following patient/public feedback? • Do the final proposals set out plans for ongoing dialogue with patients and the public as detailed delivery plans are developed and service changes are implemented?