PROPOSED CRITERIA TO BE USED WHEN SHORTLISTING OPTIONS

Factor to be considered	Issues to be included when considering this factor
Can the option really be **implemented?**	Will there be sufficient / appropriate workforce? Will there be any negative impact on current workforce? Will there be any sustainability issues related to future workforsce? Will it be attractive enough to <u>retain</u> the workforce? Will the necessary IT systems be in place? Will all other necessary systems be in place? Will the implementation be achieveable within 3-5 years? Will the options provide a flexible platform for the future especially considering other strategic changes?
Does the option deliver services which are clinically **sustainable** and **safe**?	Will there be sufficient staffing and systems to ensure the safety of staff and people who use services in all settings? How vulnerable will the services be to unexpected staff shortages (eg sickness, absence)? Will the option be flexible enough to manage peaks and troughs in demand?
Will the option be **affordable?**	Using high-level estimates, do we believe that the option can be delivered by reshaping existing resources? Are there likely to be any one off revenue or capital costs associated with implementing the model options? If there will be short-term transitional costs, do we believe there will be a way of funding them? Will the option be affordable in the long term?
Will this option deliver services which will be **acceptable** to people?	Will services be acceptable / attractive to people who use services? Will travel times be acceptable and within agreed limits Will they be acceptable to the families and carers of those who use services? Will they be acceptable / attractive to all groups – for example, BME communities?
Is the option based on **evidence of best practice**?	Is there objective, accepted evidence of the effectiveness of the proposed service model? Will the models meet expected standards set by NICE and Royal Colleges? Will options meet mandated requirements?
Will this option result in **a better experience** for those who use the service?	Will it promote positive relationships between those who use the service and the clinicians who support them? Will it give patients choice? Will it "help us live the lives we want to live"?