

Prioritising Health Services – Threats and Opportunities
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Priority Setting and the Portsmouth Scorecard

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Outcomes

Decision making

Behaviours

Responding to and dealing with clinicians, trusts, patients and carers, media

Understanding, standards, training, support, the NHS contract, and above all *consistency*

Priority setting structures and processes

In-year developments

Individual funding requests

LDP round

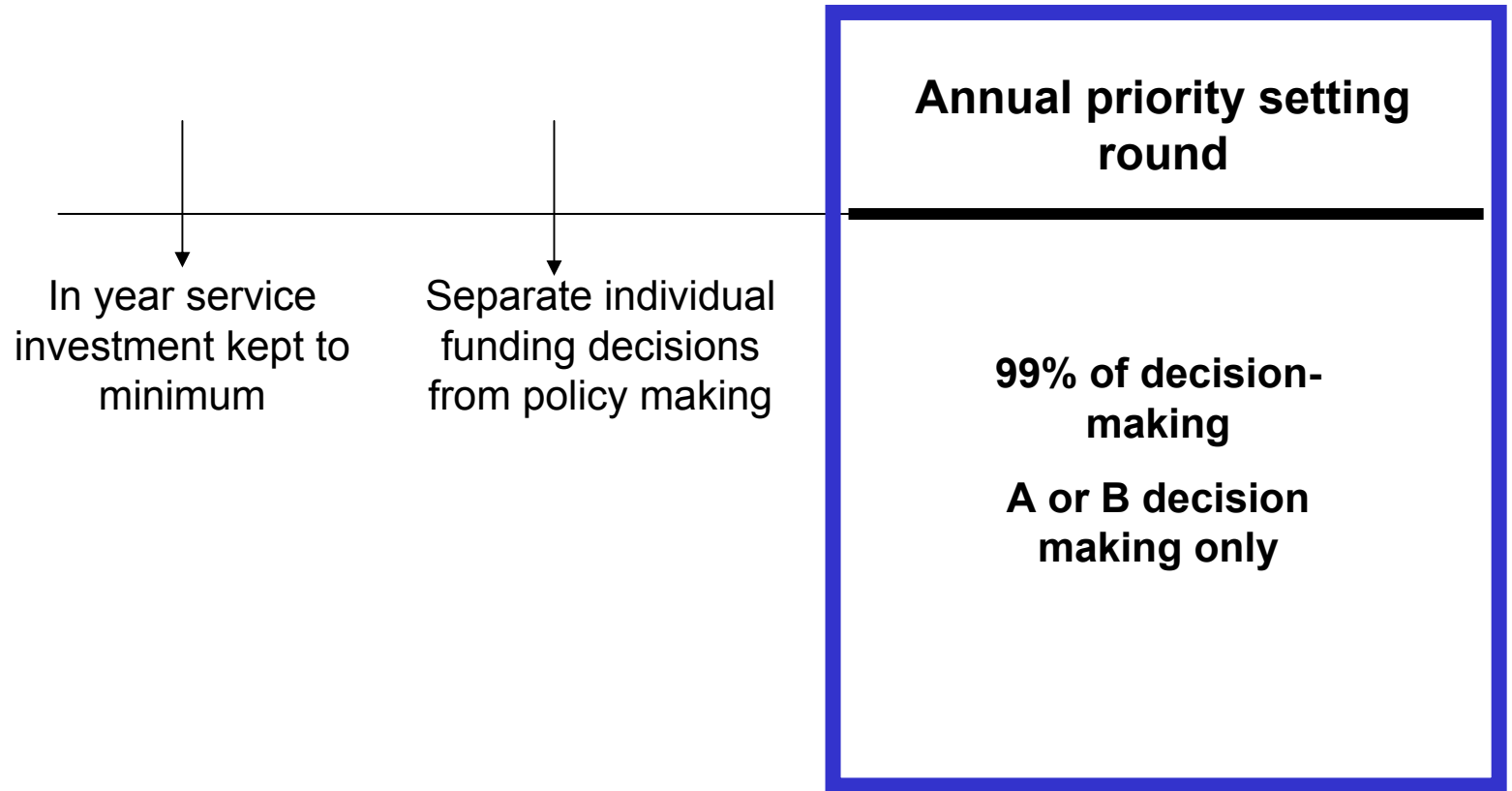
Priority Setting Framework

Comprehensive, coherent, consistent and integrated

Fundamentals

Law, Accountability for Reasonableness and the primacy of the annual investment review (LDP)

Resource allocation



The annual cycle

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Evolutionary elements

- How to use the NHS contract to support decision making and alter behaviours (short term).
- How to best make decisions in the LDP round (long term).
- How to move from the current LDP format to an annual investment review which covers disinvestment
- How to get Providers, Professionals, Patients, Public, Politicians and Press engagement is the other (long term).

- Programme based decision making is conceptually vitally important but do we deliver it?
 - Data
 - How to 'cut' the programmes
 - How to get the decision making processes in place
- How to make decision making within programmes and across programmes?
 - Compare very different interventions and service developments
 - How to do this efficiently

Modified Portsmouth Scorecard - WM SHA

Development: 15 Radio Frequency Ablation

| Factor | Scale | | | Score | out of |
|--|--|---|---|-------|--------|
| | Low | Mid scale | Top points | | |
| Strength of evidence This is more difficult for services (and one of the weaknesses) but individuals will need to make a judgment on 'additional surgeon' for example – should probably get a reasonably high score | Under 3 points if still experimental, case series or opinion | 20 points if single RCT with proxy outcomes and short time scales | 40 points if multiple good RCTs with good medium term outcomes | | 40 |
| Magnitude of benefit Cure Quality of life Improvement | Under 5 points if mild benefit (about 10% compared with cure or huge improvement in QOL) | 20 points if about 50% | 40 points for significant gain (e.g. confident that there will be 50% patients cured). Portsmouth currently use 75% of cure score for QOL life gains so top QOL gain will be 30 points and top Cure gain will be 40 points) | | 40 |
| Number of will benefit not the number who will be treated. For a service the number of those treated and benefit might be the same but for a drug treatment for example the number who will benefit is often 25% of those treated. | 10 | 1000 | 10,000 | | 40 |
| Total cost of the development | £500,000 | £100,000 | £1000 | | 40 |
| Patient acceptability | Low | Medium | High | | 40 |
| National requirement / NSF | None = Zero | Two targets | Four targets or must do | | 40 |
| Addressing health inequal. or health inequity | None = Zero | Moderate | Major | | 20 |
| Wider benefits to Society | None = Zero | Moderate | Major | | 20 |
| Only treatment or alternative | Other options available and similar outcomes | Other options but lesser outcomes | No other alternative | | 20 |
| Strength of local feeling | | | | | 10 |
| TOTAL SCORE | | | | | |