

NHS Harrow: Impact assessment tool for service change proposals

Mind in Harrow

Appendix 4: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

This framework is intended for use for individual proposals for changes to services. It is anticipated that a range of stakeholders and specialists will need to work together to complete this assessment while developing individual service proposals. This framework does not replace requirements to undertake an equality impact assessment or regulatory impact assessment where necessary.

2. Using the results of the assessment

Impact assessments on all current projects should be reviewed by the relevant Transformation Programme Management Board:

- a. If a proposal receives a 'Red' flag indicating that a high risk of harm exists the proposal should be reviewed urgently by the Transformation Programme Board and either ceased or redesigned appropriately.
- b. If a proposal receives one or more 'Red' flags in any other criteria then the relevant Transformation Board should review the proposal. One red flag is not necessarily a cause of concern; for example a service redesign project on a low prevalence condition may still be worthwhile if other benefits are anticipated. Each case will need to be considered individually to ensure that enough significant benefits (e.g. 'green flags') are predicted to accrue from the project.

Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals

Mind in Harrow

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■