

Appendix 9 – Panel Score Colchester

Weighting

Clinical Service & Quality	35%
Workforce	15%
Patients Access & Experience	20%
Deliverability & Implementation	15%
Service Development	10%
Finance	5%

Panel Score %

1	2	3	4	5	Average
23%	21%	22%	14.7%	28%	21.74%
Not scored	9%	10%	6.75%	12%	9.43%
19.2%	17.5%	15%	10.8%	16%	15.7%
Not scored	7.5%	8%	3.75%	12%	7.8%
Not scored	6.67%	10%	6.6%	10%	8.31%
5%	5%	5%	5%	5%	5%
47%	67%	70%	47.6%	83%	62.92%

1.1 Specialist Multi-Disciplinary Team Service Model

Describe how you will ensure that the service will fully comply with requirements of the SMDT service model set out in the specification.

- 1 How will you deliver a Specialist Multidisciplinary Team (SMDT) for kidney, bladder and prostate cancers and provide associated specialist care?
- 2 How will you ensure your SMDT complies with all measures within the Manual for Cancer Services: Urology Measures, version 1 and all subsequent care?
- 3 Details of how you will ensure that all specialist care and treatment is delivered under the care of a core member of the SMDT
- 4 How will you ensure close collaborative working between SMDT members with particular reference to non-surgical oncology care and treatment?

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	2	Total	4	Total	1	Total	3

Comments

- The Team were able to show what the definition of an MDT and how the current set up functions – which seems effective, but they were unable to demonstrate a model for integrating other services – this was relatively poor, and did not demonstrate inclusiveness of all specialties across multiple sites.

- Better descriptions of the roles of urologists and oncologists outside the Trust. This should include the mechanisms by which urological surgeons are incorporated and effectively included in the MDT

1.2 Specialist Multi-Disciplinary Team Service Meeting

Describe how you will ensure that the SMDT has sufficient capability and capacity to perform its role

1. Given that this will be an SMDT covering kidney, bladder and prostate cancer, how you will ensure that sufficient time is allocated to discuss each case that meets criteria for referral?
2. How will you ensure effective inclusion of all SMDT members in multi-disciplinary team decision making?
3. How will you ensure sufficient time and resource is available to SMDT members attending the MDT meeting?
4. Confirm the full membership of the Specialist MDT

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	4	Total	2	Total	2	Total	2	Total	4

Comments

- The Team should think more about the time line for the MDT accounting for the increased size.

1.3 Single Service

Describe how you will deliver a single, integrated service to ensure equal access to high quality care for the population of Essex. For a single SMDT serving the whole population in the specified geographical area:

1. Details of how a single referral point will be administered across the population of Essex to ensure that where appropriate:
 - a. Cases are allocated dependent on clinical need
 - b. Referrals are managed by the clinical lead for the service
 - c. Equity is maintained for all patients
2. How will you manage risk associated with variation in demand and ensure capacity is available to maintain relevant standards
3. Your approach to organisational development in order to ensure a fully functioning team
4. How you will ensure good communication between partners in the pathway e.g. for patients presenting at local A&E undergoing treatment at the cancer centre

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	1	Total	1	Total	1	Total	3
Comments <ul style="list-style-type: none"> ○ The Team need an inclusive rather than exclusive approach. It seemed to lack the need for multispecialty members from all of Essex. ○ Detail beyond what was provided in the documentation and presentation on how the 'single service' will be operational for the entire population is needed 									
1.4 Research and access to clinical trials									
Describe your vision and approach to audit, research and access to clinical trials. <ol style="list-style-type: none"> 1. Your approach to clinical trial recruitment and research 2. Details of systems that will be in place to ensure that all patients who are referred to the SMDT are considered for entry in to a clinical trial and how they are supported to make an informed choice 3. How you will collaborate with other organisations and agencies to maximise benefits of research and development 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	3	Total	3	Total	2	Total	3	Total	3
Comments <ul style="list-style-type: none"> ○ good focus on research and access to clinical trials. Clinical trials flagged up at the MDT. ○ Better arrangements need to be considered for surgical trials and need to be outlined. 									
1.5 Audit									
Describe how you will assess and demonstrate continuous service improvement through audit. <ol style="list-style-type: none"> 1. How the SMDT will ensure a single audit programme and clinical data collection process for the population of Essex 2. How the SMDT(s) will ensure that audit results are used to improve outcomes of care and treatment 3. Details of how you will ensure prospective data capture and audit, including submission to national clinical audit programmes 4. Details of your planned administrative arrangements for the service to ensure that recording of information is achieved to the specific standards outlined in the following standards: <ol style="list-style-type: none"> a. Cancer outcomes and services dataset (COSD) b. Specialist Palliative Care Minimum Dataset c. NHS Standard Contract reporting requirements 									

d. British Association of Urological Surgeons Dataset (BAUS) e. Patient reported Outcome Measures (PROMS)									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	3	Total	1	Total	1	Total	4	Total	3
Comments <ul style="list-style-type: none"> Concrete proposals for data capture and analysis across the sector and a clear description of systemic approaches will help to drive service improvement Details is needed on specifics and evidence to support review of audit outcomes in relation to COSD, BAUS and PROM's data. 									
1.6 Administration of the service									
Indicate how you will ensure consistent deliver of service standards in relation to non-clinical services. <ol style="list-style-type: none"> How you will ensure that patients who meet criteria for onward referral will be referred in line with the agreed clinical pathway (this includes GP, local MDT, internal referrals and referrals on to the Supra network) How you will ensure that sufficient administrative resources is provided to support the service Details of how you will ensure delivery of cancer waiting time standards for all urology cancer patients as identified in 3.1 of NHS England's national service specification <i>B14/S/a: Specialised kidney, bladder and prostate cancer services</i> 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	3	Total	2.5	Total	1	Total	2	Total	3
Comments <ul style="list-style-type: none"> Greater clarity regarding administrative resources to provide oversight of referral pathways particularly from LMDTs to SMDTs to reduce the expectation of local providers ie non-specialist urology services. 									
1.7 Management of Emergency Patients									
Demonstrate how your service will support management of patients who present through an emergency route either at the specialist provider or local hospital. <ol style="list-style-type: none"> Details of how all surgeons will manage post op complications and contribute to the out of hours emergency urological on-call rota for the centre and as part of the single service for Essex How you will support patients who present as an emergency, wherever they present, including decision making and communication alert systems How you will ensure patients who present as emergencies have access to a clinical nurse specialist 									

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	1	Total	1	Total	0	Total	3
Comments <ul style="list-style-type: none"> ○ The management of emergency situations out of hours would need to be clarified. More precise detail of the appropriate level of decision making and access to the centre would be required. ○ The CNS network in Essex seems to be of a very high standard and could be utilised further in this part of the service. 									
1.8 Treatment									
Describe how the service will ensure that all patients who meet criteria for specialist treatment receive appropriate access. <ol style="list-style-type: none"> 1. How you will ensure that all patients have access to joint consultation with the surgeon, oncologist and clinical nurse specialist to discuss treatment options. 2. Details of how you will ensure that the SMDT offers equal access for all patients to novel techniques within nationally agreed guidelines and delivered under the care of core members of the SMDT. This includes brachytherapy, robotic surgery, radio-frequency ablation and cryotherapy. 3. How you will ensure patients are managed as part of enhanced recovery pathways 4. Please describe your intentions to provide access to robotic-assisted surgery (RAS) as part of the prostate pathway in line with the NHS England Clinical Commissioning Policy 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	3	Total	3	Total	3	Total	1	Total	4
Comments <ul style="list-style-type: none"> ○ Although JOC appeared central to workings it seemed to exclude certain areas of Essex within this function, it was not clear how these clinics would run for southern areas. ○ Clinic arrangements are required that provide joint consultations at local centres particularly in relation to the varying needs of tumour types. 									
1.9 Infrastructure									
Describe how the service will meet infrastructure requirements set out in the specification. <ol style="list-style-type: none"> 1. How your organisation will ensure that inpatients are cared for in an environment appropriate to their needs, which in most cases will be a designated urology ward area where staff are experienced in the care of patients undergoing resectional surgery for urological cancer. 2. How you will ensure that all elective urological cancer surgery is supported by experienced theatre teams and 									

anaesthetists 3. How you will ensure that sufficient critical care capacity will be available to manage this patient group 4. Confirmation that all patients have access to on site critical care (level 3) beds									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2.5	Total	3	Total	4	Total	1	Total	3
Comments <ul style="list-style-type: none"> ○ The Team need to provide more robust evidence on how new workload would be serviced within the current infrastructure. ○ Greater detail regarding interactions with other Trusts and providers within Essex required. Current arrangements with MEHT used as example but no detail concerning how others would be incorporated or involved. 									
1.10 Interdependencies with other services									
Indicate how the following services will be accessed by the SMDT: <ol style="list-style-type: none"> 1. Named ward for the care of post-operative patients with appropriately trained staff 2. Renal haemofiltration facility 3. Arrangements for surgery to be undertaken in centres, co-located with vascular and cardiothoracic surgery where appropriate, for example renal cancer cases with thrombus in the in the vena cava and /or heart 4. In emergency situations, that the host hospital has access to relevant surgical expertise within 30 minutes, e.g colorectal expertise 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	3.5	Total	4	Total	1	Total	4
Comments <ul style="list-style-type: none"> ○ There was lack of insight into how the new service would allow existing non-urological services within Essex to function safely, e.g. gynaecology, Pelvic cancer teams 									
1.11 Integration and communication									
Describe how you will work in partnership with other providers to ensure delivery of an integrated, multi-disciplinary service. <ol style="list-style-type: none"> 1. Details of your approach to working in co-operation with other NHS hospital trusts within the geographical boundary detailed in the specification which will continue to provide diagnostic / non-specialist care to their local population in line with existing arrangements 2. How you will ensure integration with health and social care providers local to the patient to help optimise any care 									

delivered locally

3. How you will manage patients in need of prolonged hospitalisation once specialist care is no longer required
4. How you will ensure good governance and communication with primary care, referring teams, other specialist providers and with patients, including arrangements for transfer of clinical responsibility. This should include arrangements for patients who for clinical reasons are transferred to another site e.g. for cardiothoracic support.
5. Details of your approach to the multi-disciplinary care of patients and ensure effective integration with therapeutic disciplines. This should include how you propose to work in c-operation with the provider of radiotherapy and chemotherapy in line with existing agreed pathways.

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	1.5	Total	3.5	Total	3	Total	2	Total	4
Comments <ul style="list-style-type: none"> ○ Need to demonstrate how the future will work not just describe today's service. ○ need to see that they and social care are working together to provide the necessary care to the patient across the health and social care spectrum. ○ Would prefer to see a positive process for handover of clinical care. 									

2.1 Access to specialist workforce

Describe how you will ensure provision of a specialist workforce as set out in the specification at point of mobilisations.

1. Details of staffing arrangements that ensure provision of a specialist team workforce providing 24/7 continuity and sustainability of specialist care and why you believe this to be the optimal arrangement / number including specialist urological oncologists supported by middle grade cover.
2. How you will demonstrate and maintain sufficient workload for each individual surgeon to maintain expertise, allow sub-specialisation and comply with national standards as a minimum
3. Details of how you will ensure that expertise is maintained within the Essex services so that patients have access to appropriate skills and expertise, including management of recognised complications of elective and emergency urological surgery.
4. How you will ensure sufficient management resource is provided to support the service

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	2	Total	1	Total	1	Total	4
Comments <ul style="list-style-type: none"> Further work on inclusion of other surgeons and how they integrate into the model is required. The Team seemed to feel that they would take on the additional work as they currently stand, which does not seem feasible. This itself would impact on the ability to provide a safe and sustainable service. 									
2.2 Staffing Structure									
Submit a detailed staffing structure indicating professional group, roles, equivalent NHS grades, accountability, WTE numbers and reporting lines for both clinical and non-clinical staff. You must clearly identify which posts are to be recruited to. Please provide an operational management organisational structure chart in order to demonstrate the key operational management roles, supervision arrangements and responsibilities, reporting relationship and accountabilities.									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	1	Total	1	Total	1	Total	1
Comments <ul style="list-style-type: none"> Further work on inclusion of other surgeons and how they integrate into the model is required 									
2.3 Staff Training									
Provide details of how you will ensure all staff are adequately trained and competent to provide the service to a high standards. Where staff are yet to be appointed bidders need to demonstrate their processes and any previous successes of appointments to similar roles and training. <ol style="list-style-type: none"> What arrangement the organisation has in place for statutory and mandatory training, including role specific statutory and mandatory training Details of how staff can access clinical supervision including the provision of a clinical supervision policy Details of the organisation's learning and development policy Details of how you as the centre will keep all network clinicians up to date with service developments 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	3	Total	3	Total	2	Total	4
Comments <ul style="list-style-type: none"> There was limited focus on service development and keeping clinicians across the network up to date. 									
2.4 Contingency Arrangements									

Describe, for all clinical staff, your proposal contingency arrangements to cover for planned and unplanned increases in workload and / or staff absences.

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	0	Total	1	Total	0	Total	0

Comments

- Given that exclusivity of the model, there was little scope to answer this adequately, e.g what if a specialist surgeon from Southend become suddenly unwell. It seemed they had not really factored in southend clinicians or anyone else, working as specialists within the new service.

2.5 Continuing professional development

Describe how you will manage and ensure that all clinical staff, including doctors, nurses and allied health professionals, meet the Continuing Professional Development (CPD) requirement of their professional and regulatory bodies.

1. Details of the arrangements in place and a relevant CPD policy

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	1	Total	1	Total	1	Total	1

Comments

Operational measures need to be outlined to ensure surgeons maintain sufficient workload as service evolves (eg joint operating, levels of subspecialisation).

3.1 Patient Centred Care

Please outline your proposals for ensuring patient access and support within the service.

1. How you will ensure that all patients have access to an appropriately trained clinical nurse specialist and key workers to co-ordinate care and ensure continuity throughout their pathway
2. How you will ensure that holistic needs assessment is undertaken and recorded at key points and that there are clear pathways to supportive care, primary care and specialist palliative care services
3. How you will ensure clear pathways are in place for sharing care plans with other care providers
4. How effective communication will be maintained with patients at all stages of the pathway including care plans and end of treatment summaries

5. How you will ensure the effective and efficient management of inter-trust transfers with regard to the patient's key worker									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	5	Total	5	Total	5	Total	2	Total	5
Comments									
<ul style="list-style-type: none"> Strong clinical Nurse presence for patients 									
3.2 Patient facilities and environment									
Provide details of facilities and patient environment.									
<ol style="list-style-type: none"> How you will ensure that quiet areas are available in clinics and on or near ward areas where patients and relatives can receive significant news Details of facilities such as overnight accommodation for carers and relatives of patients travelling significant distances to the centre. Where charges are levied for such facilities, these should reflect a fair and affordable contribution to the cost of provision. 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	1	Total	2	Total	0	Total	1
Comments									
<ul style="list-style-type: none"> Accommodation very expensive and is just a local hotel, not fully thought out. Patient input into this might have provided better solution. 									
3.3 Follow-up and survivorship									
Provide details of your approach to patient-centred care following treatment that promotes quality of life.									
<ol style="list-style-type: none"> How you will support patients living with and beyond cancer and your approach to patient centred follow-up in line with the National Cancer Survivorship Initiative. Details of patient access to support services such as erectile dysfunction, stoma and continence services. You will ensure treatment summaries are available to patients and care providers. How you will involve oncology and other relevant services in the co-ordination of follow up post treatment 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	4	Total	3.5	Total	3	Total	1	Total	4

Comments <ul style="list-style-type: none"> ○ Telephone follow ups were not very clear, sometimes nurse or on duty consultant ○ Further evidence on how follow up with/without oncology could be undertaken across the area of Essex is required e.g for how long, where, when, hospital, community GP, nurse led or not. 									
3.4 Patient Information									
Describe how you will ensure information is available to patients according to their need. <ol style="list-style-type: none"> 1. How you will offer patients information on all aspects of their clinical and non-clinical care and treatment, including resources other than written material. 2. How you will meet specific needs of patients including those with hearing loss, visual impairment, learning disabilities or who require communication aids and interpretation services. 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	2	Total	2	Total	2	Total	2
Comments <ul style="list-style-type: none"> ○ Patient information good and comprehensive. 									
3.5 Patient engagement									
Describe how you will ensure patient and carer engagement in the planning, involvement, development and delivery of the service. <ol style="list-style-type: none"> 1. How you will offer patients information on all aspects of their clinical and non-clinical care and treatment, including resources other than written material. 2. Details of action plans to address the outcome of the National Cancer Patient Survey for urology and prostate services 3. How you will obtain feedback on patients' experience across multiple organisations i.e 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	2	Total	3	Total	2	Total	2	Total	3
Comments <ul style="list-style-type: none"> ○ No action plans or details of actions were presented. 									
3.6 Accessible and responsive care									
The SMDT will be required to provide specialist care and treatment across a large geographical area. You must describe how									

<p>you will ensure the service is accessible and responsive to patient need.</p> <ol style="list-style-type: none"> 1. Details of how the SMDT will provide care as close to home as possible, including a surgical and non-surgical oncology outreach service in the patient's locality 2. Details of how the service will maximise ease of access for patients before and after surgery (for example, investigations required by the SMDT such as radiological imaging should be performed at the patient's local hospital to agreed protocols wherever possible) 3. How you will ensure decision are guided by patient choice 4. Commissioners accept that patients may have to travel more than 60 minutes for specialist surgery however bidders must demonstrate how they will ensure that other services such as outpatient care are accessible and avoid the need to travel. 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	4	Total	3	Total	2	Total	3	Total	4
<p>Comments</p> <ul style="list-style-type: none"> ○ The team did not show how the services for the south of Essex would function ○ Consideration of populations beyond Colchester and MEHT need to be addressed, particularly for the south of Essex. 									
3.7 Equality: Practical									
<p>Briefly describe how you will deliver your service that is respectful and understands the needs of your patients by protected characteristics on the following issues: Age, disability, gender reassignment, single / married / civil partnership, Pregnancy & Maternity, race, religion and belief, Sex, sexual orientation, other groups who face disadvantage and prejudice : carers, homelessness, substance abuse, offenders, bodily weight control issues</p>									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	1	Total	1	Total	1	Total	1	Total	1
<p>Comments</p> <ul style="list-style-type: none"> ○ Formal assessment to be completed as part of the NHS England assurance process 									
3.8 Equality: compliance									
<p>Please give evidence of the following:</p> <ol style="list-style-type: none"> 1. An understanding of demographic demand for this service 2. How you will monitor satisfaction levels of your service across protected characteristics 3. How will you use this information to develop service provision? 									

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	3	Total	2.5	Total	1	Total	2	Total	3
Comments <ul style="list-style-type: none"> Formal assessment to be completed as part of the NHS England assurance process 									

4.1 Deliverability and Implementation									
Describe how you intend to deliver and implement the service for the duration of the contract.									
<ol style="list-style-type: none"> How you will guarantee consistent delivery of national cancer waiting times, and how the risks of delivery will be mitigated. Responses should include reference to the management of risks associated with inter-trust transfer. You must provide a capacity plan that describes a detailed outline of clinic, bed, theatre and critical care provision and clearly reference both existing and planned new provision Details of your approach and assurance that sufficient organisation resource will be available to ensure service continuity for the duration of the contract, including any new service developments that are either within the specification or proposed within the bid provided. This should include managerial and administrative support. 									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	2	Total	2	Total	1	Total	2
Comments <ul style="list-style-type: none"> The Team did not clarify how cancer waiting time issues will be mitigated with the extra workload, given that recruitment seemed out with the requirement of staff to service the needs of the population More detail on inter-trust interactions regarding delays/late referral as these are a major source of pathway delay 									
4.2 Implementation plan									
Please provide details of your implementation plan to demonstrate your capability and capacity to manage the transition process to implement the new service in line with stated timelines.									
<ol style="list-style-type: none"> Mobilisation / transition plan: this plan should detail the key tasks and milestones the service provider will complete during the period up to service commencement date in order to deliver the service in accordance with the service specification 									

requirements and contract and to achieve required performance targets.

2. Operational plan: this should detail the key tasks and milestones that the Service Provider will complete to ensure continued delivery of a safe and effective service and achievement of performance targets, to include:

Clinical (including CQC registration), IM&T, Contracting, data capture and reporting, operational delivery, communications including engagement with patients, service development and training, statutory compliance.

3. The plan must identify the resources within your organisation that will be responsible for governance and implementation
4. Please explain what you consider will be critical to the successful implementation of this service and what are the critical components of your proposed service mobilisation plan and how you propose to mitigate any risks?

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	2	Total	2	Total	1	Total	4
Comments									
<ul style="list-style-type: none"> ○ No clear plan for long-term development of the service. responsibility for implementation was not clear 									

4.3 Transfer of undertakings

Describe how you propose to deal with your responsibility in respect of 2TUPE2 staff transfers (if applicable) and maintaining the principles of the Employment Act 2008.

Describe how you will manage staff transition from TUPE transfer into the new organisation to the new structures identified.

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	0	Total	0	Total	0	Total	1
Comments									
<ul style="list-style-type: none"> ○ Definite arrangements are needed to include urologists from Southend as there has been no consideration of TUPE arrangements to manage changes. 									

5.1 Service development

Describe how you will develop services in line with NHS England's service specification and the developing strategic direction and requirements for specialised services for the duration of the contract

Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	0.5	Total	1	Total	1	Total	1
Comments									

<ul style="list-style-type: none"> ○ There needs to be more about developing and innovating the service rather than relying on what is already present. Some areas of the current service are good, there is always a better way of doing things. ○ There needs to be a greater emphasis on how the team can deliver the specification and cancer strategy. 									
5.2 Response to service demand									
Describe how you will respond to long term capacity requirements in terms of both facilities and workforce in line with anticipated trends in demands and increasing provision of services in alternative settings i.e. community settings.									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	0.5	Total	1	Total	0	Total	1
Comments <ul style="list-style-type: none"> ○ Needs greater understanding of the demographic demand for the service and potential movement of patients beyond Essex with emphasis on measures to maintain a critical mass to justify a specialist centre in the future 									
5.3 Population									
Please indicate the geographic area that relates to your submission, by CCG and the anticipated activity associated with this population.									
CCG list and anticipated activity									
Assessor 1		Assessor 2		Assessor 3		Assessor 4		Assessor 5	
Total	-	Total	1	Total	1	Total	1	Total	1
Comments <ul style="list-style-type: none"> ○ The team presented what seemed to be an exclusive system/model rather than an inclusive one, and did not fully anticipate the wider service need. 									