

Aiming to be the best in
health care services



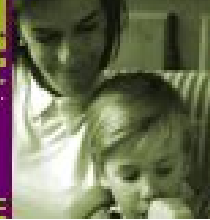
Huntingdonshire **NHS**
Primary Care Trust

Improvement Foundation Learning Exchange

‘Developing Business Cases’

Trish Hawitt

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An overview of Huntingdonshire

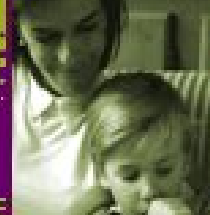
150,000+ patient population: 23 practices

4 localities

Local DGH

‘Successful’ implementation of PBC

- ✓ *GP consortium – HuntsComm*
- ✓ *Clinical engagement*
- ✓ *Budgets & Incentive scheme*
- ✓ *Spend to Save’ initiatives*



What's happening locally with PBC

- Huntingdonshire-wide GP PBC Consortium – *HuntsComm*
- Maintaining engagement with clinicians, PMs and staff
- CIA (incentive scheme) – rewarding practices for effort and results (33%:66%)
 - *referral management*
 - *VHISU registers & case management*
 - *monthly directed activity/budget audits*
 - *global care*
 - *prescribing*
 - *choose & book*
- Spend to Save



➤ Spend to Save

In Place

- Dermatology GPSIs
- Dermatology Cutting Clinic
- ENT GPSI
- Vasectomies (Bretton HC)
- Coil fitting
- Podiatric Surgery
- Orthopaedic panel
- Physio Direct
- Community Echo
- Urogynae

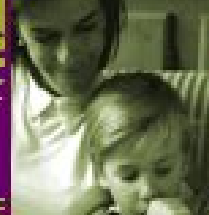
In Progress

- Retinopathy screening
- Dementia
- Second ENT GPSI
- Podiatric Surgery expansion



Current Business Case S2S Phase

- S2S budget to HuntsComm
- Support from PCT in setting business case criteria
- Invitations out 27 June
- Support for practices in business case development
- 14 submissions by deadline of 24 July
- Cases evaluated by HuntsComm Strategic Committee
- Streamlined to 8 using weighted criteria
- 5 for further evaluation & consideration by PCT
- 'Unsuccessful' cases to be considered for 'next round'



Business Case Guidance

- Format: title, author, total cost, total savings
- Intro (who supports proposal/success elsewhere)
- Background (current service, drivers ie wait times)
- Options considered and why rejected
- Proposed service change, who, where, access (pathway)
- Benefits: quantify to pts, staff, £ (suggested benefits = *efficient, health, access, equity, pt centred, prevention, process*)



- Costs of proposal: identify & quantify – set up & revenue split; on costs; travel, training etc)
- Cost benefit – total cost against total savings
- Implementation plan (if approved): timeframe, unmet demand leading to surge in demand
- Evaluation plan: methodology
- Other supporting info



Business cases submitted

Respiratory

Counselling

Anticoagulation

ENT equipment

ENT electrics

Acupuncture

Community Matron

Blood test ordering

Unscheduled admissions

Diabetes

Chronic pain

Catheters/Vasectomy

Obesity

Sexual health



Criteria for business cases

- **patient centred:** responsiveness to indiv preferences, needs/values
- **efficient:** best use of resources incl use of scarce skills, equipment*
- **access (time):** ↓waiting time, incl releasing pressure on hosp targets*
- **equity:** imp equality of access for pts, eg minority groups
- **health benefit:** improves quality of life incl. longevity
- **need:** improves care for large no. of pts
- **process:** feasible to implement, not ↑work for those involved*

* = weighting 2 (others 1)



Review Panel

Who

- HuntsComm Strategic Committee & PCT Commissioning Team
(authors invited)

How

- Copies of cases to panel members week prior to assessment date
- Where member has submitted bid, or declares interest, cannot score case; average of others' scores taken
- Qualifying criterion for bus. case – must generate material savings
- Submitted business cases screened to evaluate against criteria
- Panel discussed each qualifying case; each member scored proposal against criteria on scale of 1-5 (1 not supported : 5 strongly)



- Judgement included perceived likelihood of case to deliver claims
- Scores weighted and totalled, overall score per case
- Cases prioritised and ranked according to score: ↑ first
- HuntsComm recommend to PCT (subject to £)
- PCT implement HuntsComm's recommendations as sees fit (incl
contracting and clinical governance procedures)

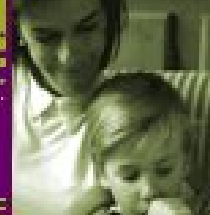


A Practice Manager's perspective

- PMs work in very different ways; input depends on autonomy
- Given 'free rein' by GPs to prepare & present case
- Research: websites, BMJ etc, word of mouth (similar work)
- Burnt the midnight oil.....
- Extrapolated various source data (pulled in experts), coding
- Summarised and streamlined
- Burnt more midnight oil.....
- Checked clinical research with GPs



- Reviewed risks, available resources etc
- Followed PCT's template and guidelines
- Presented draft proposal to partners at practice meeting
- 'joined up' with another practice..... (peer support, training for GPs service in 2 localities, work with PCT on clinical gov / ↑ QA
- Used offer of support from PCT to review draft & suggested ↑ ("v helpful"; main change around evaluation; *will proposal do what it says it will*)
- Submitted business case proposal (with gritted teeth.....)



Conclusion

Need *some* business management skills to hang together (or seek out)

Encourage input from Practice team – untapped ideas

Check out if GPs have unknown skills or interests

Review gaps in patient services

Look at short, med and longer term impact

Use all available support (esp. PCT)

Be prepared to put the hours in..... plan, review by others, take advice

and don't forget to take the credit !

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Any Questions??

Trish.hawitt@hunts-pct.nhs.uk
01480 355112