

**REPORT TO PBC GOVERNANCE
 TO BE HELD ON: 9th June 2010**

Enclosure:	Community Heart Failure Service Business Case proposal Service Specification (Appendix A) Proposed East Staffs Heart Failure pathway (Appendix B)				
Subject:	Community Heart Failure Service				
Lead Director:	Sue Price				
Lead Officer:	Rachael Bolton				
Recommendation:	For Approval	x	For Discussion		For Information

PURPOSE OF THE REPORT:

The enclosed proposal details the enhancement to the East Staffordshire community heart failure service through approval to spend LDP monies identified.

KEY POINTS:

It is proposed the monies identified in the LDP bid will be used to employ additional staff as well as enhance the existing service. The objectives of this developed service.

The expected outcomes are:

- Reduced non elective costs
- Reduce length of stay in hospital
- Increase the number of patients being managed in Primary care
- Increased number of patients being referred to the heart failure community service with particular focus on those patients classed as high risk (appendix B)
- Increased number of community clinics
- Education sessions for GPs and practice nurses on managing heart failure and identifying the correct patients to refer to the community service
- Accurate GP registers for heart failure patients

The service specification (appendix A) was approved by PEC in May 2010.

IMPLICATIONS:

Legal and/or Risk	The current service is full to capacity: In 08/09 and Q1 of 09/10 93 patients with LVSD were admitted that could have been referred to this service.
Standards for	Clinical and cost effectiveness: C5, D2

Better Health	Patient Focus: C16, D8, D9, D10 Accessible and responsive care: C17, C18, D11
Financial	<p>Using the £60,000 LDP monies to employ: 1.5 WTE mid point band 6 0.5 WTE band 2 HCA/Admin Total cost including 22% on costs £64,361</p> <p>Additional costs:</p> <ul style="list-style-type: none"> • £3000 for equipment/materials (year 1 only) • Travel:£3480 per annum (500 miles/month) £0.58 per mile • Cost per session per room £4400 (for 1 session per week 44 weeks/annum) <p style="text-align: center;">Total cost: £75,241</p> <p>Anticipated savings: By reducing the number of non elective admissions per annum by either 30 patients or 18% which ever is the lesser amount will create an approximate saving of £80,910.</p>
Training	It is anticipated that the job specification will require a nurse with cardiology experience. Training and development of the team will be the responsibility of the heart failure nurse specialist who will manage the team.
PBC	<ul style="list-style-type: none"> • Practices in the East Staffordshire consortium will have access to education and training for their staff from the community heart failure team. • Increased capacity will mean that primary care refer more patients to the service
Other	<ul style="list-style-type: none"> • Improved accessibility for patients • Reduced non elective admissions • Reduced length of stay • Increased number of patients managed in primary care and the community • Accurate heart failure registers

RECOMMENDATIONS / ACTION REQUIRED:

Approval of the proposal using the funding available in the LDP monies

Service Provision Business Case Template

This template has been designed to assist in submitting an outline business case proposal for local service provision. This template should be used for proposals to be submitted under contracting schemes such as a Local Enhanced Service (LES), PMS, SPMS and APMS etc.

The PCT can provide assistance in completing this template. Please provide as much information as possible to enable the PCT to make a provisional informed decision in principle. The PCT will be looking for the proposal to meet local needs as well as falling within the scope of the PCT strategic commissioning framework and priority areas as listed in Section 1 of this template. The PCT will also be looking for evidence that this proposal has been developed in line with local public and front-line staff opinion and that local public health issues have been addressed.

TITLE OF PROPOSAL	Community Heart Failure Service
ORGANISATION/ COMMISSIONING BODY	South Staffordshire PCT – East Locality
LEAD NAME FOR PROPOSAL	Rachael Bolton and Rebecca Woods
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Document Control

Document Version	Date of Revision	Summary of Revision
4/12/09	First Draft	
14/12/09	Second Draft	Amendments
24/5/10	Third Draft	Amendments prior to PBC Governance submission

Document Version	Committee submitted to	Date Submitted	Approved

Section 1: Compliance with the PCT Commissioning Framework

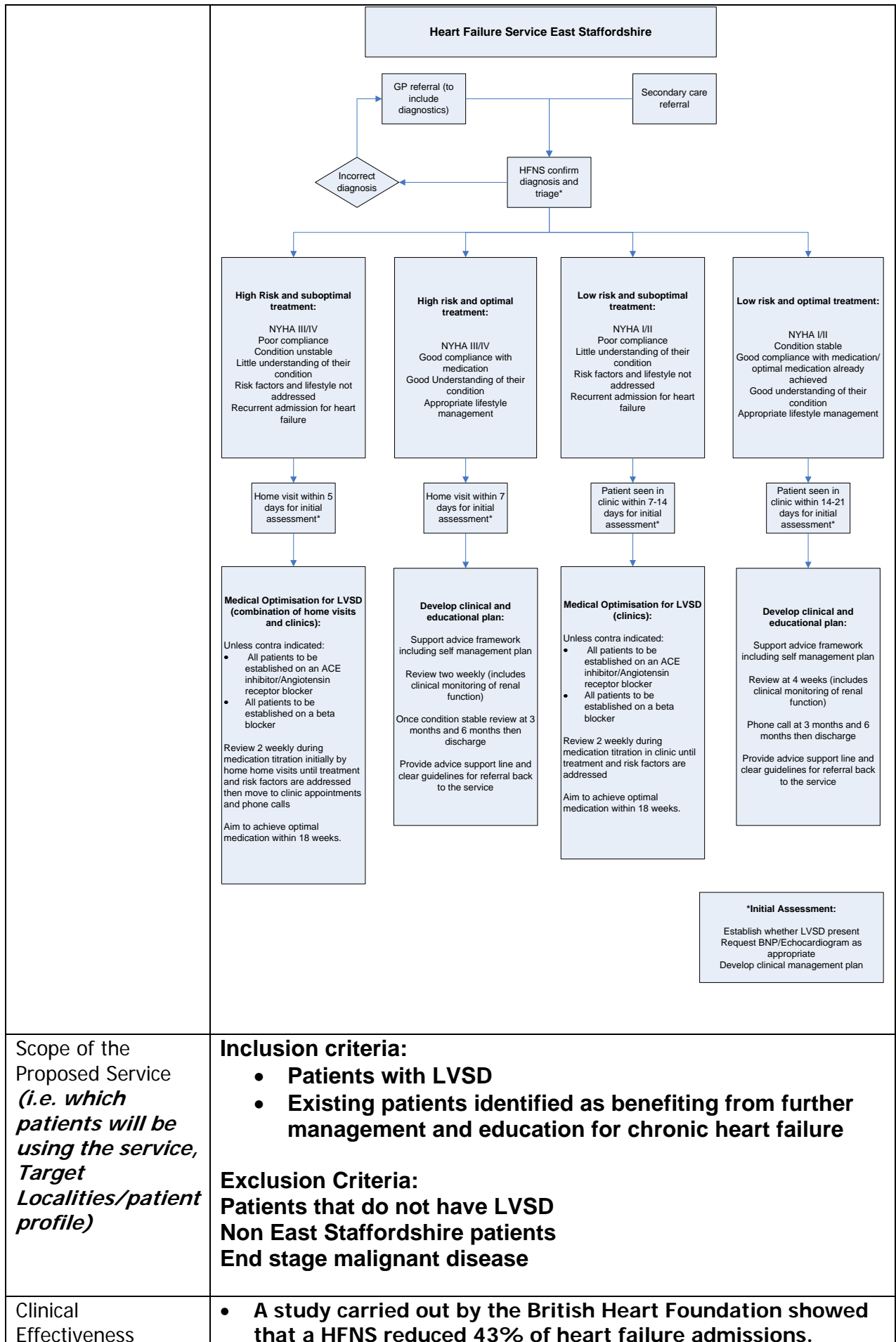
This business case complies with the following priority areas as outlined in the PCT Commissioning Framework:

<p>PCT Commissioning Framework Priority Areas:</p> <p><i>PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP.</i></p> <p><i>Full details of each of these areas are available from your PCT</i></p>	<p>This business case relates to the following <i>(Proposer to tick as appropriate)</i>:</p>
<p><i>PCTS have specific targets on all of the following areas in line with national directives regarding achievement thereof, and practice are expected to work within these priorities as practice based commissioners. With regard to your specific service proposal, please tick all appropriate boxes served by your scheme.</i></p>	
1. National priorities	X
1.1 Improving health of the population	x
1.2 Supporting people with long term conditions	X
1.3 Access to services	X
1.4 Patient/user experience	X
1.5 Achieving financial balance	X
1.6 Implementing reform	X
1.7 6 key service priorities:	
- health inequalities	x
- cancer 31 and 62 day waits	
- 18 week wait	
- MRSA	
- Patient Choose & Book	
- Sexual health & access to GU medicine	
1.8 Links with Integrated Service Improvement Plan (ISIP) & Benefits Realisation Plan (BRP)?	
2. Local priorities	X
(for completion locally)	

Section 2: Outline of the Proposed Service Provision

<p>Introduction <i>Give a brief outline of the background (i.e. current service provision and demonstration of need for improvement. Include Health Needs Assessment)</i></p> <p>Internet Explorer.Ink</p>	<p>The community heart failure service has been highlighted as being under resourced. A scoping exercise was undertaken from August to November 2009 to identify ways in which the service could be enhanced with the following findings:</p> <p>Current Service Provision</p> <table border="1" data-bbox="499 483 1449 703"> <thead> <tr> <th>PBC Area</th> <th>Prevalence</th> <th>Current resource</th> <th>Actual caseload</th> <th>Recommended caseload</th> </tr> </thead> <tbody> <tr> <td>East Staffs</td> <td> <ul style="list-style-type: none"> 2.6% East Staffs National prevalence 1.8% </td> <td>0.75WTE</td> <td>72</td> <td>50-60 (British Heart Foundation)</td> </tr> </tbody> </table> <p>This service manages patients with left ventricular systolic dysfunction (LVSD)</p> <p>Admission data and cost for East Staffordshire (08/09 and Q1 09/10):</p> <table border="1" data-bbox="499 938 1449 1046"> <thead> <tr> <th></th> <th>Patient No.</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>Elective</td> <td>5</td> <td>£14,199</td> </tr> <tr> <td>Non Elective</td> <td>217</td> <td>£585,333</td> </tr> </tbody> </table> <p>Non elective admissions costing averaging £2697 per patient.</p> <p>Audit of referral to Community Heart Failure Service April 08 – Sept 09:</p> <ul style="list-style-type: none"> 155 patients admitted with LVSD 10 patients were already known to the community service Following admission a further 22 new patients were referred to the service Gap of 93 patients that could be referred to the Heart Failure Service If 93 had been referred there was a potential admission saving of up to £250,821. <p>Issues raised</p> <ul style="list-style-type: none"> HFNS has higher than the recommended caseload There are a further 93 patients with LVSD that were admitted that could be referred to the Heart Failure Service 	PBC Area	Prevalence	Current resource	Actual caseload	Recommended caseload	East Staffs	<ul style="list-style-type: none"> 2.6% East Staffs National prevalence 1.8% 	0.75WTE	72	50-60 (British Heart Foundation)		Patient No.	Cost	Elective	5	£14,199	Non Elective	217	£585,333
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	Patient No.	Cost																		
Elective	5	£14,199																		
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<p>Outline of Proposal <i>How does this link to PCT & Local priorities?</i></p>	<p>Proposal: To enhance local service provision in East Staffordshire to deliver a heart failure service closer to home and reduce inpatient no elective admissions. Through LDP investment of £60,000 to employ: 1.5 WTE Band 6 Nurse (£52,732) 0.5 WTE Band 3 Admin support/HCA role (£10,185)</p> <p>Appendix A – Provides more detail regarding the service delivery.</p>																			

	<p>QIPP:</p> <table border="1" data-bbox="496 237 1453 696"> <tr> <td data-bbox="496 237 975 450"> <p>Quality: Care closer to home Improved patient experience Improved QOL and outcomes</p> </td> <td data-bbox="975 237 1453 450"> <p>Innovation: Education delivery in primary care New way of working for heart failure nurses in South Staffordshire PCT</p> </td> </tr> <tr> <td data-bbox="496 450 975 696"> <p>Productivity: More capacity More patients seen in the community via increasing community clinics</p> </td> <td data-bbox="975 450 1453 696"> <p>Performance: Reduced non elective admissions Reduced A&E admissions Reduced LOS Increased management in primary care</p> </td> </tr> </table>		<p>Quality: Care closer to home Improved patient experience Improved QOL and outcomes</p>	<p>Innovation: Education delivery in primary care New way of working for heart failure nurses in South Staffordshire PCT</p>	<p>Productivity: More capacity More patients seen in the community via increasing community clinics</p>	<p>Performance: Reduced non elective admissions Reduced A&E admissions Reduced LOS Increased management in primary care</p>
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<p>Productivity: More capacity More patients seen in the community via increasing community clinics</p>	<p>Performance: Reduced non elective admissions Reduced A&E admissions Reduced LOS Increased management in primary care</p>					
<p>Aims & Objectives <i>(Please expand on the brief outline that you gave in the Commissioning Proposal)</i></p>	<p>Aim: All patients with a diagnosis of LVSD Heart failure in East Staffordshire will have access to a community heart failure service.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Improve access to the heart failure service for patients in East Staffordshire with more patients being referred. • Improve the education within primary care • Reducing the number of emergency admissions • Increase the capacity of the community service • Increased community clinics 					
<p>Management of the Service <i>(Explain how the service will be managed i.e. receiving referrals, appointments, outcomes and waiting list requirements)</i></p>	<p>Anyone with a diagnosis of LVSD heart failure: Please see Appendix A for the service specification.</p> <p>Referrals will be accepted from secondary care wards and outpatients via the cardiologists. Referrals can also be made to the service by a GP.</p>					



<i>(What evidence is there of the clinical effectiveness of the proposed service?)</i>	<ul style="list-style-type: none"> • Out of the 97 patients on the current HFNS caseload only 32 have been admitted for the period 08/09 and Q1 of 09/10. Therefore the remaining 65 patients on their caseload have potentially been prevented from being admitted with the approximate saving of £175,305 (£2697 av.admission cost x 65 patients)
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What will be the benefits to Patients? <i>(e.g. How will this link in to Choice/Choose & Book?)</i>	<ul style="list-style-type: none"> • Improved patient experience • Improved carer support • Access to a local community based heart failure service • Access to community clinics • Seen quickly (see pathway in 'Management of the service') • Stabilising their long term condition • Increasing life expectancy • Improved quality of life
What will be the benefits for Clinicians/Staff?	<ul style="list-style-type: none"> • Clear process for referrals and prioritisation • Increased capacity in the community team • Enhanced skills in primary care • Seamless pathway between providers
What will be the anticipated benefit area for the PCT <i>(i.e Number of Reduced Admissions / Avoided Out Patient attendances)</i>	<ul style="list-style-type: none"> • Reduced number of emergency admissions • Improving inequalities across the PCT • Care Closer to Home • QIPP (See page 4)

Milestones & Timescales	Milestone	Timescale
	PBC to agree business case	Dec/ Jan
	Business case to go to PEC	February
	Business case to PBC governance	June
	Job Spec agreed	June/July
	Job Spec Advertised	July
	People in post	September

Initial Risks Associated with the Service Provision Proposal and	Risk	Countermeasure
	Business case not agreed	Pass through PBC and PEC for clinical input before PBC governance

Strategy for managing those risks (Countermeasure)	Recruitment freeze within the PCT	No countermeasure
	Position not filled	Re look at details of job spec Re advertise

Section 3: Financial Implications

Annual Expenses (Cost of New Service) <i>List a breakdown of all expenses, remembering to add on-costs to staff costs</i>	Year 1	Year 2	Year 3
Capital Costs			
Staffing Costs, <i>including backfill for clinicians running new service provision</i>	£62,917 (mid point and including 22% on costs)	£64,490 including, increase in point on pay scale, rate of inflation and 22% on costs	£66,102 including, increase in point on pay scale, rate of inflation and 22% on costs
Training and Supervision Costs			
Equipment & Materials	£3000	na	Na
Other Expenses	Travel:£3480 per annum (500 miles/month £0.58 per mile Cost per session per room £4400 for 1 session per week 44 weeks/annum	Travel:£3480 per annum (500 miles/month £0.58 per mile Cost per session per room £4400 for 1 session per week 44 weeks/annum	Travel:£3480 per annum (500 miles/month £0.58 per mile Cost per session per room £4400 for 1 session per week 44 weeks/annum
Total Cost of New Service	£73,797	£72,370	£73,982
Anticipated Revenue <i>please explain source of revenue</i>	£	£	£
Profit Element for Service Provider	£	£	£

Anticipated Financial Benefit to PBC Budgets	Year 1	Year 2	Year 3
Anticipated freed up resources achieved through avoided	£109,560: 60		

secondary care activity. <i>Please specify:</i>	patients on the additional nurse caseload with an average saving of £1826		
Less Cost of new Service Provision to users of the service	£72,370		
Surplus to PBC Budgets	£37,190		

How much funding is being requested & identification of purpose	Year 1 £73,797 – 1.5 WTE Mid point band 6 plus 22% on costs 0.5 WTE Band 3 combined admin/HCA role Year 2 As above Year 3 As above
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Section 4: Corporate Governance

Please note that some contracting methods will entail certain liabilities, for example a Limited Company option under APMS. It is therefore essential specialist advice is taken to understand clinical/personal liability, medical indemnity etc.

<p>On which contracting basis do you intend this service provision to be based? <i>e.g. LES, PMS, SPMS, APMS, PCT GPSI Commissioned Service, please explain.</i></p>	<p>PCT commissioned service with provider service who already provides a community based heart failure service</p>
<p>Which National, NSF and PCT Targets will this service provision deliver against?</p>	<p>NSF: Long Term Conditions, Coronary Heart Disease, Older People PCT Strategic Goals: Increasing Life Expectancy, Patient Experience, Access to Services, Long Term Conditions, End of Life</p>
<p>Demonstrate links to Standards for better Health <i>(Please identify standards and describe how this plan will support achievement of the standards)</i></p>	<p>Clinical and cost effectiveness: C5, D2 Patient Focus: C16, D8, D9, D10 Accessible and responsive care: C17, C18, D11</p>
<p>Patient, Public & Front-line Staff Involvement. <i>Please describe how you have involved Patient, Public and front-line staff in this proposed development.</i></p>	<p>Feedback on the current service and proposal to enhance this has been requested from East Staffordshire patient and public involvement group.</p>

Section 5: Quality & Corporate Assurance

Please note there is value in discussing your proposals early on with your PCT Clinical Governance Lead

Clinical Governance Assurances	
Please provide details of how the intended provider location meets Health & Safety and other Clinical Governance Assurance standards	This will be a part of the provider services Health and Safety and Clinical Governance Assurance Standards
Please Specify Audit arrangements ie, patient satisfaction surveys, reduction of hospital referrals & admissions	<ul style="list-style-type: none"> • Non elective admissions for heart failure will be audited to measure the impact of the additional resources and change in practice has. • Patient satisfaction surgery on home visits, clinics and telephone consultation will be requested. • Audit where referrals are coming detailing specific GP practices
What Quality Checks will be in place?	Audit patient outcomes and feedback from the service
What information will you supply to the PCT and with what regularity?	<ul style="list-style-type: none"> • HFNS activity – number of patients seen (quarterly), patients accessing the service by phone to identify active and inactive patient ratio • Band 3 patient activity – number of patients seen (quarterly)
Outline Contractual Arrangements (To be detailed in the Service Level Agreement)	
Proposed period of Contract	2 years
Proposed Notice Period	6 months
What Contract Review arrangements do you envisage?	Yearly, part of the PCT's commissioning round
How will Complaints be managed?	Complaints will be managed by the PCT's complaints department

To be Completed by PCT:

Comments received:	Date
Practice Based Commissioning practice/consortia	
Clinical Governance Lead	
Executive Directors	
Professional Executive Committee	

Outcome of Application	Name	Date
Approved – on the basis of:		
Rejected - Reasons for Rejection:		
Passed for Payment:		

SCHEDULE 2 - THE SERVICES

Schedule 2 Part 1: Service Specification

SERVICE SPECIFICATION

Service	Community Heart Failure Service
Commissioner Lead	Rachael Bolton/ Rebecca Woods
Provider Lead	Emma Webb/ Janice Ashford
Period	2010/11

1. Purpose

1.1 Aims

To increase the capacity of the community heart failure service in East Staffordshire by using the £60,000 from the LDP bid to employing additional staff and developing the current service.

1.2 Evidence Base

- **Heart Failure Nurse Services in England, British Heart foundation**
- **NSF – Coronary Heart Disease**
- **DOH - Developing Services for Heart Failure**

1.3 General Overview

East Staffordshire consortium has a community based heart failure service consisting 0.75 WTE of a heart failure nurse specialist (HFNS) with 72 patients East Staffordshire patients on their caseload. Referrals to this service are from Burton Hospitals NHS Foundation Trust, Mid Staffs Hospital, Glenfields (Leicester) as well as GPs in East Staffordshire. Patients with left ventricular systolic dysfunction (LVSD) are managed within this service, patients with other diagnosed forms of heart failure are under the care of the consultant.

1.4 Objectives

- **Improve the access to the heart failure service for patients in East Staffordshire**
- **Improve the education within primary care for GPs and practice nurses**
- **Reduce the number of emergency admissions for heart failure**
- **Improve the quality of life for patients with heart failure**

1.5 Expected Outcomes

- Reduced non elective costs
- Reduce length of stay in hospital
- Increase the number of patients being managed in Primary care
Increased number of patients being referred to the heart failure community service with particular focus on those patients classed as high risk (appendix B)
- Increased costs in prescribing of ace inhibitors, beta blockers and aldosterone antagonists for optimised treatment
- Increased number of community clinics and reduced home visits
- Education sessions for GPs and practice nurses on managing heart failure and identifying the correct patients to refer to the community service
- Accurate GP registers for heart failure patients

2. Scope

2.1 Service Description

To provide treatment optimisation and education to patients with LVSD heart failure and discharge the patient once the treatment is optimised and their condition is stable.

2.2 Accessibility/acceptability

East Staffordshire patients diagnosed with LVSD referred by any acute provider or the patient's GP. Patients can phone for advice and re-enter the service by liaising directly with the community heart failure team

Pilot of telehealth to patients with heart failure that will support remote monitoring of the patients condition is anticipated in the near future – this service specification will be updated accordingly.

2.3 Whole System Relationships

The heart failure service will work closely with secondary care, primary care and community teams in particular the cardiac rehabilitation service, palliative care teams, community matrons, district nurses and health visitors.

2.4 Interdependencies

- **The heart failure team will work closely with secondary care inpatients to identify patients that could be referred to this service.**

2.5 Relevant Clinical Networks and Screening Programmes

Cardiac and Stroke Network

2.6 Sub-contractors

N/A

3. Service Delivery

3.1 Service Model

The service in East Staffordshire will be delivered by:

0.75WTE band 7 HFNS

1.5 WTE band 6 nurse

0.5 HCA/Administrative assistant

3.2 of this service specification outlines the patient pathway through the service. In addition to this it is expected that the service will provide education and clinics within a primary care setting and maintain an accurate LVSD heart failure register.

3.2 Pathways

See attached Appendix B.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

Patients registered with and East Staffordshire practice can access this service.

4.2 Location(s) of Service Delivery

The service will be delivered by a combination of community clinics and home visits in East Staffordshire:

- Hill Street Health and Wellbeing Centre
- Branston Surgery
- Other potential locations: Balance Street (Uttoxeter), GP practices with a large heart failure register.

4.3 Days/Hours of operation

This service will run within normal working hours Monday to Friday

excluding bank holidays.

There is the potential to expand this service to cover weekends – the service specification will be updated accordingly

4.4 Referral criteria & sources

Referrals will come from secondary care and primary care:

Inclusion criteria:

- **Patients with suspected LVSD and awaiting echocardiograms**
- **GPs referring will need to request relevant diagnostics**
- **Existing patients identified as benefiting from further management and education for chronic heart failure**

4.5 Referral route

All referrals that meet the criteria can be referred to this service. Referrals can be made to the service by fax or telephone using the service's referral form.

The option to refer via Choose and Book or electronically will be explored.

Process

1. **Referrals received will be reviewed within 24 hours of being received and prioritised using appendix B**
2. **If a patient is deemed inappropriate the referrer will be contacted for clarification and the patient will be sign posted accordingly.**

4.6 Exclusion Criteria

**Patients that do not have LVSD
Non East Staffordshire patients
End stage malignant disease**

4.7 Response time and prioritisation

Patients will be prioritised and seen in the times outlined in appendix B.

5. Discharge Criteria & Planning

Patients will be discharged back to their GP once their treatment is optimised and condition stable

6. Self-Care and Patient and Carer Information

<i>7. Quality and Performance Indicators</i>	<i>Quality and Performance Indicator(s)</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
1	Reduce the number of non elective stays for heart failure	By reducing the number of non elective admissions per annum by either 30 patients or 18% which ever is the lesser amount (approximate saving £80,910)	Analysis if SUS data	
2	Reduce the average LOS for non elective admissions	Reduce the LOS for non elective 10 days.	Analysis of SUS data	
3	60 % of patients admitted with LVSD to be known to the community heart failure service	60% of patients discharged with LVSD are to be contacted by the heart failure service (3 times the current amount).	Analysis of SUS data and cross reference to data collected by heart failure service	
4	Increase the number of patients being discharged back to primary care	A record of the number of patients being discharged from the service is to be audited	audit	
5	Increase the number of community clinics	TBC	Audit	

6	Create and update accurate Heart failure registers	TBC	audit	
7	Majority of patients have optimised treatment	80% of patients to be on ace inhibitors and beta blockers	Audit	
8	Increase the number of patients that can self manage	At least 50% of patients can adjust their diuretics to their need	Audit	
9	Education plans for patients	All patients in the service will have an education plan	Audit	
10	Referrals to cardiac rehabilitation	80% of patients to be offered cardiac rehabilitation	Audit	
11	Optimal caseload	Currently set at 145 new and existing patients. This is to be reviewed at 6 months	Audit	

8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>

Activity Plan

- Active patients 145 (new and existing) calculated on the guidance of the community heart failure service and the British Heart Foundation (active caseload of 60 patients) is split as follows:

0.75 WTE band 7 = 40 complex patients plus management of the team and strategy development

1.5 WTE band 6 = 105 patients (this is slightly higher than the estimated 90 patients as they will be seeing the less complex patients)

This caseload will be reviewed

- Anticipated number of appointments per month = 153

New patients = 208 per annum (based on NICE guidance):

Anticipated number of appointments for 17 new patients per month if all were to need optimisation every 2 weeks for 18 weeks = 153 per month.

9. Continual Service Improvement Plan

10. Prices & Costs

1.5 WTE mid point band 6

0.5 WTE band 2 HCA/Admin

Total cost including 22% on costs £64,361

Additional costs:

- **£3000 for equipment/materials (year 1 only)**
- **Travel:£3480 per annum (500 miles/month) £0.58 per mile**
- **Cost per session per room £4400 for 1 session per week 44 weeks/annum**

Total cost: Year 1 £75,241

10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value

Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price _____*		£72,241 plus upto £3000 in equipment and material for year 1 only		
2009 Quality Payment				
Total				

**delete as appropriate*

Appendix B

