

**REPORT TO THE PBC GOVERNANCE COMMITTEE
TO BE HELD ON: 8th APRIL 2009**

Subject:	Dexa Scanning Business Case				
Lead Director:	Sarah Laing				
Lead Officer:	Clinical Lead Mary Jerrison				
Recommendation:	For Approval	✓	For Discussion		For Information

PURPOSE OF THE REPORT:

To highlight the need to increase capacity within a fragile Community Falls Service

KEY POINTS:

East Staffordshire currently has a Community Dexa Scanning and falls prevention service run entirely by one Specialist Nurse. Recent audit of incidence of fracture neck of femur shows a reduction in East Staffs since the implementation of this service. Public Health projections indicate a significant increase in Osteoporosis and elderly population over the next ten years.

This Business Case is proposing to increase the capacity of this service to address the current and future need in our community setting.

A physical activity pathway has already been implemented within the falls service in East Staffs and a "falls prevention" physical activity programme is underway.

IMPLICATIONS:

Legal and/or Risk	This service is currently run by one member of staff, as such it is in a fragile state. The numbers are increasing and the clinician is unable to meet demand. If this is not implemented we will certainly have an unmet need in our community.
Standards for Better Health	C3 C9 C13 D2 D4 D5
Financial	£70,125 Required Currently we pay £128,013 to the acute sector for the same service As such we will SAVE £57,888 in actual costs and significant savings in reduced admissions.
Training	To be given by current specialist nurse
PBC	Approved by East Staffs PBC Feb 2009
Other	

RECOMMENDATIONS / ACTION REQUIRED:

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'Delivering Clinical Excellence'
 through World Class Commissioning



HIGHLIGHT REPORT

**Falls Prevention Business Case prepared by Sarah Laing
 Submitted to PBC Governance April 1st 2009**

<p>Activities This Period</p> <ol style="list-style-type: none"> 1. Audit of current community provision for falls/Osteoporosis screening 2. Business Case developed to improve current service provision and reduce the fragility of the current service (operating with 1 specialist nurse and 0.2 (recently uplifted to 0.5) Physiotherapist time 3. Given Clinical Sign Off By Nurse Specialist. 4. Business Case presented to PBC (Steering Group and Executive in Jan – Agreed to take it forward. 5. Sent to Ruth Goldstein Locality PEC representative for advice on next steps. 6. Following consultation with Ruth Goldstein, changes agreed and have been sent to PEC and Service Improvement Board
<p>Actual or Potential Problems</p> <p>Potential</p> <p>Financial implications – there is no money allocated to fund this Business Case and will need to be implemented on a CIP utilising monies saved from unbundling of referral pathways and recovering costs previously incurred through secondary care, but will need finance for Pump Priming prior to realisation of CIP.</p>
<p>Actual</p> <p>Current pathways used by Queens Hospital for referrals into this service are exceedingly complicated and create funding/cost issues i.e the Locality is often paying at least twice for the service. This is being addressed by Queens who acknowledge this fact and GP's are using the Community Service wherever appropriate. We need to ensure a comprehensive community service is in place prior to bringing it all out of Acute setting.</p>
<p>Activities for Next Period</p> <p>Awaiting response from PEC and Service Improvement Board</p>
<p>Future Activities</p> <p>PBC Governance</p>

Service Provision Business Case Template

TITLE OF PROPOSAL	Dexa Scanning – Falls Prevention/Osteoporosis Pathway
ORGANISATION/ COMMISSIONING BODY	ES PBC
LEAD NAME FOR PROPOSAL	Sarah Laing
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Document Control

Document Version	Date of Revision	Summary of Revision
1 – 9/1/09		
2 – 1/3/09		Following feedback from R Goldstein PEC 1 st Draft Doc

Section 1: Compliance with the PCT Commissioning Framework

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

PCT Commissioning Framework Priority Areas: PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP. Full details of each of these areas are available from your PCT	This business case relates to the following
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.	
1. National priorities	y
1.1 Improving health of the population	y
1.2 Supporting people with long term conditions	y
1.3 Access to services	y
1.4 Patient/user experience	y
1.5 Achieving financial balance	y
1.6 Implementing reform	y
1.7 6 key service priorities:	
- health inequalities	y
- 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	y
(for completion locally)	

Section 2: Outline of the Proposed Service Provision

<p>Introduction</p>	<p>East Staffs Consortia have highlighted issues with the current pathway for referrals into the falls prevention/Osteoporosis service and the fragility of this service. It appears that the consortia are paying for services within secondary care that are currently available and could be carried out in the community setting. Acute Setting COSTS: £128,013 per annum A review of current provision and Gold Standard practice has also been undertaken and recommendations made for the future of this service.</p>
<p>Outline of Proposal</p>	<p>To ascertain current pathway and financial implications for the PCT. To provide a clearer more financially sound pathway for referral and to re-examine the falls prevention/Osteoporosis service in East Staffordshire. Current Service Provision ES Consortia: Specialist Nurse x 1 Physiotherapist 0.2 WTE To review current provision and propose evidence based extension of community falls service.</p>
<p>Management of the Service</p>	<p>Currently fragile fractures are referred to Osteoporosis clinic following Xray diagnosis and treatment. Clients are sent an appointment and are seen by Primary Care Specialist Nurse for DEXA Scanning in the acute setting. It is proposed that these scans be performed in the community or are financially rebased to take consideration of the fact that PCT staff are performing these scans.</p>
<p>Scope of the Service</p>	<p>1 in three women and 1 in twelve men over 50 are effected by osteoporosis, in the UK 28-33% aged over 65 and 32-42% aged over 65 will fall each year (Royal College Physicians 2008). Between 10-25% of fallers sustain a serious injury Incidence of #neck of femur projected to increase by at least 2% per year (British Orthopaedic Association 2007)</p> <p>Clinical Audit – six month period Jan – July 2008 186 clients scanned by PCT specialist nurse in acute setting 55 GP referrals 131 other i.e hospital – inc 9 Leicester/Derby clients</p> <p>28 sent for further investigation – Axial scans 12 of these needed treatment</p> <p>540 DEXA Scans are currently being performed in the community setting on an annual basis. According to NICE guidance based on current ES GP registered population ES will need to commission approx 1050 DEXA scans per annum (ES over 65 population is projected to increase by 29% over the next ten years) this must also be taken into consideration.</p>

	<p>Gold standard practice advocates a re-scan after 2 years, approx 30% will not need rescanning as they are deemed healthy. As such we will need to commission approx 1800 scans annually (with provision for a potential 29% increase in female population)</p>
<p>Clinical Effectiveness</p>	<p>DEXA is considered the gold standard because it is the most extensively validated test for predicting fracture outcomes. Nelson HD, Helfand M, Woolf SH, Allan JD. Screening for postmenopausal osteoporosis: a review of the evidence for the U.S. Preventive Services task force. <i>Ann Intern Med</i> 2002;137:529–541.</p> <p>Rates of vertebral and hip fractures are significantly reduced by medication making it important in the prevention and treatment of osteoporosis. Despite controversies over the timing and necessity of monitoring bisphosphonate therapy with DEXA scans, they may be useful clinically if their limitations are recognised. It is necessary to wait 2 to 3 years to repeat the DEXA after initiating therapy to account for the slow rate of change of bone density and compensate for the regression-to-the-mean phenomenon seen in clinical trials.</p> <p>If after 2 or 3 years the bone density remains stable or has increased, reassurance can be given that fracture risk has decreased.</p> <p style="text-align: center;">(P. Koval et al Journal of Family Practice 2005)</p> <p>DES for Osteoporosis now available to GP practices.</p>

<p>What will be the benefits to Patients?</p>	<p>East Staffordshire Currently has the lowest incidence of #NOF across the PCT and has a decreasing trend (Falls review C.Johnson Consultancy Nov 2008). However demand for Dexa scanning is exceeding capacity and we need to increase service provision to maintain this downward trend. Clients will receive appropriate screening/treatment for Osteoporosis/falls prevention. Screening will be performed at most appropriate venue, re-screening at advocated time (after 2 years) maximising effectiveness of treatment and preventing # and re fracture.</p>
<p>What will be the benefits for Clinicians/Staff?</p>	<p>There will be cost savings for PCT following appropriate referral pathway and re investment into Gold Standard falls prevention programme following NSF and NICE guidance if falling incidence of # continues.</p>
<p>What will be the anticipated benefit area for the PCT</p>	<p>Appropriate referrals, Gold standard screening process and treatment, thus reducing hospital orthopaedic admissions.</p>

Proposed Service Per 140,000 population	Clinical Nurse Specialist x1	Dexa Scanning and specialist Prevention/treatment and advice.
	Band 6 x 1 Falls/Osteoporosis Nurse (To be trained up by current specialist nurse)	To undertake Dexa scanning and prevention/treatment advice.
	Additional Lifestyle advice/support eg weight management/smoking cessation.	To utilise "Lifestyle team" currently in situ
	Exercise/Exercise on referral	Physical Activity Officers/Exercise on referral pathway – Utilise current provision
	Increase Current Physiotherapist to 0.5 WTE	Physiotherapists are identified as essential members of specialised falls prevention teams (NSF 2004 S6). Currently 0.2 WTE demand is exceeding capacity. Required for more complex rehab and falls prevention.
	Occupational Therapist 0.5 WTE	Occupational therapy will be recommended to address the needs of those individuals with visual or cognitive impairments or deficits in activities of daily living or home management. Occupational therapy goals will be directed at reducing the individual's fall risk by minimising the effects of these impairments and maximizing the individual's safety with functional mobility and daily activities.

Initial Risks Associated with the Service Provision Proposal and Strategy for managing those risks (Countermeasure)	Risk	Countermeasure
	Currently demand is far exceeding capacity in East Staffordshire. The service is under resourced and is not able to undertake rescanning and is not coping with increasing demand of aging population.	There is no countermeasure in place.
	The falls prevention service is run entirely by one individual, if she is on holiday or off sick then the service is unavailable. There is a definite need to invest in the current service.	

Section 3: Financial Implications

Annual Expenses (Cost of New Service)	Year 1	Notes
Capital Costs		
Staffing Costs		
Specialist Nurse Band 7 x 1 WTE	47,200 Allocated	
Additional Nurse Band 6 X 1 WTE	40,200	
Physiotherapist Band 7 X 0.5 WTE	24,000 Allocated	
OT Therapist Band 6 X 0.5 WTE	20,100	
Administration Band 2 X 0.5 WTE	9,825	
Training and Supervision Costs	Included in costing	
Equipment & Materials		
Other Expenses		
Total Cost of New Service	£70,125	
Anticipated Revenue <i>please explain source of revenue</i>	CIP – rebasing current service	
Profit Element for Service Provider		

Anticipated Financial Benefit to PBC Budgets	Year 1	Year 2	Year 3
Anticipated freed up resources achieved through avoided secondary care activity. <i>Please specify:</i>	£126,000		
Less Cost of new Service Provision to users of the service			
Surplus to PBC Budgets			

How much funding is being requested & identification of purpose	
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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.

On which contracting basis do you intend this service provision to be	Commissioned Service
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<p>based.</p>	
<p>Which National, NSF and PCT Targets will this service provision deliver against?</p>	<p>NSF For Older People Standard six - Falls</p>
<p>Patient, Public & Front-line Staff Involvement.</p> <p><i>Please describe how you have involved Patient, Public and front-line staff in this proposed development.</i></p>	<p>This has been worked up in conjunction with Mary Jerrison, Advice from Physio Lead Clare Ward, Janice Ashford (Provider Arm), Queens Hospital Burton and consultation with service users.</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 Specify Audit arrangements i.e., patient satisfaction surveys, reduction of hospital referrals & admissions	As previously specified
What Quality Checks will be in place?	Audit via Lorenzo, hospital admissions, incidence of #.
What information will you supply to the PCT and with what regularity?	As above
Outline Contractual Arrangements (To be detailed in the Service Level Agreement)	
Proposed period of Contract	
Proposed Notice Period	
What Contract Review arrangements do you envisage?	
How will Complaints be managed?	Provider Arm

To be Completed by PCT:

Comments received:	Date
Practice Based Commissioning Steering Group – Agreed	Jan 2009
Practice Based Commissioning Exec – Agreed	Jan 2009
Clinical Lead Sign Off Obtained (Mary Jerrisson)	Jan 2009
Clinical Governance Lead	
Executive Directors	

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