

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	Glucose Tolerance Testing in Primary Care
ORGANISATION/ COMMISSIONING BODY	East Staffordshire PBC Consortium, South Staffordshire PCT
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Document Control

Document Version	Date of Revision	Summary of Revision
Version 1		

Document Version	Committee submitted to	Date Submitted	Approved
Version 1	PBC Steering Committee	19/05/09	19/05/09
	PBC Executive committee	21/05/09	21/05/09
	Local LMC	14/5/09	14/05/09

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: <i>PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP.</i> <i>Full details of each of these areas are available from your PCT</i>	This business case relates to the following <i>(Proposer to tick as appropriate):</i>
<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>	
1. National priorities	
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	
1.7 6 key service priorities:	
- health inequalities	
- 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	
Care Closer to home	X

Section 2: Outline of the Proposed Service Provision

<p>Introduction <i>Give a brief out line of the background (i.e. current service provision and demonstration of need for improvement. Include Health Needs Assessment)</i></p>	<p>Glucose tolerance testing takes place in a variety of setting, however the main provision is via the BHFT (local Acute Hospital).</p> <p>This service is provided via two outpatient appointments if carried out in the hospital with patients either waiting for three hours in the hospital premises or going home and then returning later.</p>
<p>Outline of Proposal <i>How does this link to PCT & Local priorities?</i></p>	<p>Glucose Tolerance testing can be carried out in General Practice. A service specification has been agreed for delivery in the community by the acute clinicians in line with their internal operating procedures.</p> <p>By delivering the service in GP practices we are offering patients care closer to home, easier access, opportunity for education and discussion between tests.</p> <p>Delivery by practices will cost £30 per test for the LES plus the costs of pathology tests giving a total of £35 compared to £97 for each Outpatient attendance</p>
<p>Aims & Objectives <i>(Please expand on the brief outline that you gave in the Commissioning Proposal)</i></p>	<p>Move care closer to home. Break the link between acute care and condition monitoring Expand capacity in expectation of future demand growth Provide a value for money service Improve access – no car parking fees, shorter waiting.</p>
<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>Practice will sign up to a Glucose Tolerance LES. They will see their own patient and deliver a service in line with the agreed service specification.</p>
<p>Scope of the Proposed Service <i>(i.e. which patients will be using the service, Target Localities/patient profile)</i></p>	<p>Open to any patients registered with practices signed up to the LES.</p>
<p>Clinical Effectiveness <i>(What evidence is there of the clinical effectiveness of the proposed service?)</i></p>	<p>Glucose Tolerance testing is a standard diagnostic tool used in both acute and primary care.</p>
<p>What will be the</p>	<p>Seen quicker, closer to home and in a primary care environment.</p>

benefits to Patients? <i>(e.g. How will this link in to Choice/Choose & Book?)</i>	Continuity of care
What will be the benefits for Clinicians/Staff?	Clinical staff will retain management of the patients condition and could utilise the time between the tests to deliver other services / information.
What will be the anticipated benefit area for the PCT <i>(i.e Number of Reduced Admissions / Avoided Out Patient attendances)</i>	Delivering care closer to home. Financial savings.

Milestones & Timescales	Milestone	Timescale
	Approval by PBC Gov	10 th June 09
	LES distributed to practices	11th June
	Delivery commences	15 th June

Initial Risks Associated with the Service Provision Proposal and Strategy for managing those risks (Countermeasure)	Risk	Countermeasure
	Volumes increase rapidly.	Total numbers per practice will be monitored quarterly.

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	0	0	0
Staffing Costs, including backfill for clinicians running new service provision LES at £30 per test	6840		
Training and Supervision Costs			
Equipment & Materials			
Other Expenses	1140		
Total Cost of New Service	£7988	£	£
Anticipated Revenue <i>please explain source of revenue</i>	£0	£	£
Profit Element for Service Provider	£2436	£	£

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>	22344		
Less Cost of new Service Provision to users of the service	7988		
Surplus to PBC Budgets	14356		

How much funding is being requested & identification of	LES payment will be funded from variation order from BHFT contract - diabetic medicine.
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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.

<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>LES</p>
<p>Which National, NSF and PCT Targets will this service provision deliver against?</p>	<p>Towards Financial stability, care closer to home, patient access, patient choice. Diabetes NSF</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>Access – no parking charges, longer more flexible opening times, patients condition known to clinicians.</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>Community delivery proposed by PCT community Diabetic specialist. BHFT Consultant involvement in service specification. Patient comments regarding delivery of phlebotomy in the community and request for similar services.</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	Will be provided from GP premises assessed under GP contracts. No specialist premises required.
Please Specify Audit arrangements ie, patient satisfaction surveys, reduction of hospital referrals & admissions	Monitor of hospital referrals monthly. Discussion of this and related services at patient forums.
What Quality Checks will be in place?	Complaints review, Community diabetes team review.
What information will you supply to the PCT and with what regularity?	Numbers carried out and complaints relating to the service
Outline Contractual Arrangements (To be detailed in the Service Level Agreement)	
Proposed period of Contract	To end March 10 in line with other LES's, expect to be continued annually.
Proposed Notice Period	1 month
What Contract Review arrangements do you envisage?	Annual
How will Complaints be managed?	Through normal PCT / Practice complaints process.

To be Completed by PCT:

Comments received:	Date
Practice Based Commissioning practice/consortia Supported	21/05/09
Clinical Governance Lead	
Executive Directors	
Professional Executive Committee Ruth Goldstein has been involved in the development of this LES and PBC clinical discussions.	21/05/09

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