



MS Trust Guide to writing a strong business case

September 2019

In this guide:

| | |
|---|----|
| 1. Introduction..... | 2 |
| 2. What is a business case? | 2 |
| 3. Key policy issues that should inform your business case | 3 |
| 4. Top tips for writing a successful business case..... | 5 |
| 5. MS Trust reports and tools that can help you to prepare your business case | 8 |
| 6. Who can help you | 10 |
| 7. Step by step process of preparing your case | 11 |
| Appendix A - Markers of an effective MSSN service..... | 19 |
| Markers of service effectiveness and patient experience | 19 |

1. Introduction

This guide is a practical document that will help MS specialist nurses (MSSNs) and therapists to marshal the evidence needed to make a robust case to increase MS specialist staffing in MS services. It has been produced by the MS Trust and draws on insights generated through the MS Trust's [Specialist Nurse Programme](#), [Advanced MS Champions pilot](#), GEMSS¹ project, [MS Forward View](#), Workload modelling and mapping work².

The MS Trust is committed to improving access to and experience of MS services for everyone living with MS (pwMS) and believes that working with services and health practitioners is key to achieving this.

In this guide you will find:

- Information on key policy issues that should inform your business case
- Top tips for writing a successful business case
- Information about MS Trust resources that can help you to prepare
- Advice on who to involve locally
- A step by step approach to developing and writing your case

The guide has been written using the language of commissioning which is most relevant in England, but the principles and steps outlined apply throughout the UK.

Throughout the document, we refer to employing organisations as 'Trusts'. However, this guidance will also be relevant to NHS teams employed by different types of organisations, including Health Boards, Primary Care Networks, Clinical Commissioning Groups (CCGs), non-profit organisations, social enterprises or private sector providers to the NHS.

2. What is a business case?

A **business case** is the formal document which must be submitted in the NHS in order to seek approval for a service development or expansion – such as creating a new specialist nurse or therapist post or setting up a new clinic or service. Most NHS organisations will have a standard template which must be used for writing business cases, and these are usually considered by a committee, Trust Board or senior managers according to the agreed internal business case review cycle. A business case is not the same as a **business plan or service plan**, which is usually a more comprehensive document produced on a regular basis (ideally once a year or once every 2-3 years) setting out how the whole service works and including the overall service objectives, resourcing required for the service and your plan for delivery.

¹ [Generating Evidence in MS Services](#)

² [Improving DMD Services](#) and [Improving services for people with Advanced MS](#)

Ideally, a strong business case should be rooted in an overall business plan for the service, this guide just focuses on the production of a business case.

A successful business is always aligned with the organisations strategic vision and should include key stakeholders and decision makers from the start.

3. Key policy issues that should inform your business case

The current climate of cost improvement programmes and structural deficits within the NHS present an enormous challenge to increasing the resources of MS specialist services. Yet against this backdrop, MS specialist nurse services in the UK have grown in recent years. Since 2014 the number of MSSNs in the UK has increased by 16% from 216 WTE to 250 WTE as at 2018³.

MS services have been supported by the evidence of the national shortfall in MSSNs set out in the MS Trust *Case for Equitable Provision* report and subsequent updates. However, it is more important than ever that businesses cases explicitly align with key national policy drivers as well as local Trust and commissioner priorities.

Here are some of the key national policies you should bear in mind as you develop your business case.

- [NHS Long Term Plan](#) (national and local plans)
 - [NHS Rightcare Progressive Neurological Conditions Toolkit](#)
 - [NICE Quality Standards](#)
 - [NICE Clinical Guidelines](#)
 - [Clinical Standards for Neurological Health Services](#) (Scotland)
- **Addressing unwarranted variation is an important aim of service improvement.** As the [NHS Right Care programme](#) highlights, inconsistencies in treatments and services are still a widespread challenge for the NHS and much of this variation is unwarranted, in that it does not involve differences in illness or patient preferences and can therefore be avoided. The expectation is that everyone should have access to the right care and support at a consistently high standard. Developing clear pathways and setting measurable service standards are examples of how unwarranted variation can be addressed.

This is particularly the case in services for pwMS (see [MS Forward View](#)) where many people with MS who are not on DMDs report feeling abandoned and often have difficulty accessing specialist services. Re-engaging pwMS who have been lost to follow up and delivering proactive, holistic care can help to reduce emergency bed days and A&E attendances – as well as

³ [MS Trust Mapping Report](#), 2018

improving services and can form a compelling argument for establishing additional resource.

- **Commissioners and managers look to national standards to inform what should be delivered.** It's worth reading and making reference to the key quality standard documents for MS, such as the NICE Guideline and Quality Standard in England and the Quality Improvement Scotland Neurological Standards for Scotland (all referenced above).
- Service developments are highly unlikely to be approved unless they are at least cost neutral or preferably produce savings to the NHS. NHS managers and commissioners are keen to see quality improvements, but the reality is that a case based on simply spending more to improve quality will not succeed. NHS organisations are having to demonstrate that they have made significant savings year on year and you will need to demonstrate that the changes you are proposing will make your service more effective, more efficient and more productive overall. Additional MSSN/AHP resource will inevitably increase service costs in the short term, but the expectation is that overall cost to the NHS will decrease as the new service is established. In practice this will mean:
 - **For your Trust:** the direct costs (salary) and indirect costs (e.g. travel, IT, clinic space) associated with the new post are outweighed by increases in income through extra activity and/or savings in other costs (for example reduced length of hospital stays, emergency admissions and readmissions)
 - **For commissioners:** the cost of additional activity generated by the new post is outweighed by savings elsewhere, for example by reducing unscheduled admissions for things like bladder and bowel problems and respiratory infections which should be preventable (to some extent) with proactive care⁸.

Whether your commissioners need to be consulted about your business case will depend on the commissioning arrangements for MS services locally, and whether the new appointment is seen as a 'service development' rather than just an improvement in delivery of an existing service. Your business manager should be able to advise on this.

- **New posts should improve overall value for money.** Merely stating the additional output (clinic appointments and home visits) that will result from adding a new team member is unlikely to be enough. You'll need to explain how this will enable better outcomes, experiences and use of resources to be achieved. Having a new member of staff presents the opportunity to reorganise the service to be more efficient. For example, it might allow one member of the team to focus on DMD monitoring and introduce much more efficient processes for this through scale economies. It might allow the setting up of a nurse led relapse service that includes a MSSN independent prescriber. The service would consequently be able to manage whole episodes of care and eliminate the need for some GP and neurology appointments. The HPP team at the MS Trust are always happy to talk

through with you what the local implications might be for any proposed service changes.

- **Identifying/documenting and highlighting risk factors early on.** All trusts have risk registers and all staff have access to them to help them understand the areas of most need and concern and the need for action. Each organisation will have their own format but the local risk register will feed upwards through an organisation to identify the high risks and can be broadly categorised into:
 - Risk to patients
 - Organisational risk
 - Reputational risk
 - Opportunistic risk

The trust assesses the risk and will lead to escalation or de-escalation accordingly. In turn this will inform the business cycle and any business cases required to move forward. This process helps to ensure a structured approach, evidence and substantiate a message to the decision makers and the need for action, inform the level of appetite to take forward a business case in the organisation.

4. Top tips for writing a successful business case

Here are ten top tips to bear in mind when writing your business case.

| | |
|--|--|
| <p>Write in the template and style that your audience requires.</p> | <p>Before you start writing, find out what format the business case should be in. If possible, find some examples of other successful business cases from within your organisation to get a feel for the style. Your Service or Business Manager can help you with this. You may find it easier to complete the template once you have gathered your evidence and clarified your case but it is helpful to know what information is required.</p> <p>Remember that the Senior Managers reading your business case might not know a great deal about MS or your service so include a (short) paragraph at the beginning to give them some background.</p> |
| <p>Keep it short and to the point.</p> | <p>Senior clinicians and managers reviewing your business case are time-poor. They are looking for a compelling argument, well made and clearly written. Bullet points and tables are much better than long paragraphs of prose.</p> |

| | |
|--|--|
| <p>Use data effectively.</p> | <p>Data you use should evidence an argument or point you want to make. Use graphs and charts to present this. The HPP team at the MS Trust can help you decide what data you should use and help you understand how to gather the data you need.</p> |
| <p>Ensure your business case is well referenced.</p> | <p>Use hyperlinks to allow the reader to refer to the source of your evidence, and footnotes to provide any specific detail that would otherwise interrupt the flow of the main text.</p> |
| <p>Avoid generalised sweeping statements, both positive and negative.</p> | <p>For example, if you write <i>'the MS specialist nurse service makes a huge difference to pwMS and is highly valued'</i>, you need to state how, and provide evidence of this. Similarly, if you say, <i>'without additional resource to monitor DMDs our service will become unsafe'</i> you need to explain why and illustrate this with data.</p> |
| <p>Demonstrate financial viability.</p> | <p>Your business case must be explicit about both the costs of the new staff members (including non-pay costs) and also the potential to avoid costs or generate efficiency within the health system overall. Any business case that is perceived to generate additional cost to the NHS in the long term is unlikely to be funded. Your Service or Business manager can help you with setting out the local costs and the MS Trust HPP team can help you set out the expected savings/income which the new service will generate.</p> |
| <p>Clearly explain what difference will result from the new post.</p> | <p>You can do this by:</p> <ul style="list-style-type: none"> • Listing additional clinics which you will set up once the new MSSN/AHP is established in post with a brief explanation of why these are necessary. (For example; <i>A weekly relapse clinic which will enable timely review of pwMS contacting the service who may be in relapse and appropriate treatment and escalation where necessary. This will reduce A&E attendances and the need for GP appointments as well as enabling pwMS to access the specialist advice and</i> |

| | |
|--|---|
| | <p><i>treatment they need at this difficult time).</i></p> <ul style="list-style-type: none"> • Quantifying the amount of additional activity that will be generated by the new nurse per week and across an NHS year (42 working weeks). This should include more detail about the clinics etc. – how many additional slots will be delivered by the service as a whole • Establishing Key Process Indicators (KPIs) that demonstrate how service performance will improve at important ‘touch points’ for pwMS e.g. number of days taken to offer assessment following referral to the service or number of working days taken to return phone calls. |
| <p>Appoint a document controller.</p> | <p>Business cases often have multiple contributors working on them using tracked changes – which can result in a document which repeats itself and loses track of its argument. Appoint one person to be responsible for the document and integrate comments from others so that the final version is polished and consistent.</p> |
| <p>Write in plain English.</p> | <p>Your business case will be assessed and potentially presented by colleagues who are not MS specialists. The document must be clearly presented and straightforward to understand. Make sure that technical terms, such as ‘DMDs’ ‘RRMS’ and even ‘MS”, are written out in full (with the abbreviation in brackets) the first time they are used.</p> |
| <p>Have the document reviewed and proof read by someone from outside your immediate team.</p> | <p>Ask someone who has not been directly involved in writing the business case to check it over and give you honest feedback – does it stack up, and is it free of syntax errors and spelling mistakes? The HPP team at the MS Trust are happy to give feedback on business cases.</p> |

5. MS Trust reports and tools that can help you to prepare your business case

The MS Trust has produced a series of reports and tools that will help teams to gather the evidence needed for a robust business case. You can refer to these in your business case – web links to the documents and formal citations are given at the end of this guide.

MS Trust reports

Modelling Sustainable Caseloads for MS Specialist Nurses. In September 2014, the MS Trust convened an expert consensus group to develop a view about what is a sustainable caseload for MS specialist nurses which was reviewed in 2018. MSSN teams producing a business case will find it useful to cite the report's recommended sustainable caseload of [315 people with MS](#) per WTE MSSN and compare this with their own caseload per WTE. The recommendation of 315 pwMS assumes a largely urban geography and a mixed caseload – you may need to adjust the figure if you work somewhere remote and rural for example (there is more guidance about this in the report).

MS Specialist Nursing: The case for equitable provision. The sustainable caseload model was used alongside data from a national survey of MS specialist nurses to identify estimated caseloads for MSSNs serving each Clinical Commissioning Group (CCG) and Health Board in the UK. The report also includes a very comprehensive description of the MSSN role and how this contributes to the NHS outcomes framework outcomes and will allow MSSN services to benchmark local MSSN provision against the national picture. **NB** *This work is currently being redone as MS nurse services have changed significantly over the last couple of years with the advent of new DMDs. The results of this work will be reported in November 2019.*

Evidence for MS specialists: findings from the [GEMSS programme](#). This report sets out the evidence generated by 16 MSSN teams that took part in the GEMSS specialist nurse evaluation project. It provides caseload and activity data for GEMSS teams, information on the productivity of MSSNs and evidence of MSSN service outcomes. MSSN teams producing a business case will be able to draw on the evidence that this report generates on added value of MSSN services and the features of productive MSSN services as well as the opportunity to reflect on their service in the context of GEMSS teams benchmarks.

Markers of an effective and efficient MSSN service (see appendix). All MSSN services should be striving to deliver an efficient and effective service that offers pwMS a good experience. With this in mind the MS Trust has developed a set of quality markers based on the evidence generated by the GEMSS programme. These can be used as a basis for discussion on MSSN service prioritise and the setting of KPIs within services.

Measuring the burden of hospitalisation in multiple sclerosis⁴ This joint report by NHiS and the MS Trust describes how care for people with MS, especially unplanned care, is currently a huge burden to the NHS. In 2013/14 non-elective admissions for people with MS in England cost the NHS £43 million, with the main reasons for non elective admissions being bladder, bowel and respiratory complications of MS. There is more recent data about the costs of hospital admissions for MS on the [MS Trust website](#) and in [this article](#) by Sue Thomas.

Example of Job Descriptions for band 6 and band 7 posts The Trust has developed a Job Description highlighting the key similarities and differences between band 6 and band 7 clinical nurse specialist posts, based on Agenda for Change guidelines and real NHS job descriptions (available on request).

MS Trust tools and resources

MS specialist nurse capacity planning guide

The MS Trust guide can help you to:

- Convert your weekly or monthly job plan to demonstrate your annual capacity for clinic consultations and home visits (taking into account leave and study time).
- Benchmark the capacity generated by your job plans with that of MSSN teams that participated in GEMSS thus allowing teams to reflect on the time allocated to face to face consultations and telephone consultations, and whether their home visit slots (as a proportion of all consultation slots) is appropriate for your caseload.
- Compare your capacity to the needs of the patients on your caseload, based on the MS Trust sustainable caseload model.
- Model the impact of additional MSSN resource in terms of additional clinic, phone and home visit activity.

In order to review capacity planning for your service you will first need to complete a job plan for each MSSN in your team. There is step by step guidance within the Capacity Modelling Guide but do contact the MS Trust HPP team if you need any help with this.

The MS Trust [patient survey](#). This survey was developed and piloted by MSSN teams involved in the first phase of the GEMSS nurse evaluation project and has since been

⁴ Thomas S, Mynors G, Meade N, Bowen A. [Measuring the burden of hospitalisation in Multiple Sclerosis: A cross-sectional analysis of the English Hospital Episode Statistics database 2009-2014](#). NHiS, 2015.

used by more than 50 MSSN teams nationally. It provides comprehensive data on service responsiveness, patient experience and patient reported outcomes of the MSSN service. Your team will receive a valuable presentation giving evidence of the benefits of your service to patients along with service users' experiences and suggestions for improvement.

MS data crib sheet

This resource contains key findings from sites that have been through our Specialist Nurse Programme. This includes data on where improvements have been made to the service as a result of bringing in extra nursing resource, and as such can provide valuable evidence in making a business case for this. Examples of such data include increases in the proportions of the caseload that are seen in a year, reductions in ambulatory cost and reductions in emergency hospital admissions.

6. Who can help you

In writing a business case you will need the active support of your colleagues. Below we've set out whom you'll need to approach and how they can help you.

Consultant neurologists in your MS service. Consultant neurologists can be strong champions of your case. It's important that your ambitions for service improvement align with any plans or proposals that they might have so ask their views on how they want to see the MSSN/AHP service develop in the context of the wider MS service. There could be scope for MS specialist nurses and Therapists to take on work that neurologists currently and potentially unnecessarily do (e.g. routine DMD monitoring or seeing people with more advanced MS who might be better off with nurse or therapist-led care).

Business analysts are most likely to be located in your Trust's information or business analytics / business performance team. They will have access to data from hospital information systems about your activity and some data on your caseload. You should be able to access this by making data requests, but ensure you agree on exactly what data you want to see, and the form you want to see it, along with a firm timescale - as the services of business analysts are in high demand.

Your business or service manager is the individual that will be most likely to present the business case on your behalf. They can advise on the process for submitting it and the key drivers in your Trust or hospital that need to be taken into account if they business case is to be successful. Your business manager may even be keen to write the business case and your role will be to present them with a compelling case and evidence for them to use. Your business manager should also be aware of how the service is currently commissioned and whether commissioners need to be made aware of the potential expansion to the service before a business case is approved.

Your finance manager or management accountant will be able show you the cost and revenue implications of the business case and should be able to advise you on how to make a robust financial case. Your role is to help them to understand how

the additional resource will be utilised, the activity an income will generate and the potential for impact on other aspects of the MS service. This will help them calculate figures on the costs and income associated with the new post to go in the case.

The MS Trust can advise you on how to generate evidence, help you think through the arguments you need to make and how to best present your data. The MS Trust can also become more directly involved in influencing and opening up dialogue with managers and stakeholders should this be necessary. The team can also guide you about where to obtain data on MS emergency admissions for your local CCGs.

7. Step by step process of preparing your case

Step 1 – Clarify your Trust’s process for business case submission and know the key dates and involving key stakeholders

All employer organisations are likely to have a business plan template that you will be required to use. Find out about the mechanism and key dates for submitting and making decisions on business cases so that you can plan to meet these. You will need to know who is ultimately responsible for signing off the business case and, if possible, gauge their supportiveness towards your proposal before you invest time in writing it. It’s worth pulling together a plan of action setting out the tasks you need to complete and by when in order to ensure the business case is submitted on time, and appointing one person to manage the process.

It is also very important to discuss your plans with key stakeholders and get them involved (or at least informed!) as early as possible.

Step 2 – Review the strengths and weaknesses of your existing service

Devising a business case gives your MS team the opportunity to step back and reflect on how well your service runs at the moment. You might want to do this by firstly mapping out your current service provision. You could then use a simple SWOT (strengths, weaknesses, opportunities and challenges) analysis to open up a discussion about it. We’d encourage your MS team to do this independently first and then to talk it through with your wider MDT colleagues and your business manager to see how their perspectives may vary.

You could brainstorm some ideas to start off this task. If you feel you need more structure to your discussion, try working through the markers of an effective and efficient service in the Appendix. Once you’ve done this, think about the evidence that you already have that will back up your assertions, or what you would need to do to generate the evidence needed.

| | | | |
|---|------------|------------------|---------------|
| Internal factors | Strengths | External factors | Opportunities |
| | Weaknesses | | Threats |
| <p>Strengths and weakness are characteristics of your service and therefore internal factors influencing your performance. For example, the MSSN resource available to your service, your ability to offer home visits, views of service users. Opportunities and threats are factors external to the service that you might be able to take advantage of or could present challenges. For example, a CCG's priority to move provision from acute to community settings or cost reduction initiatives in the Trust.</p> | | | |

The box below (extracted from a business case) illustrates how a SWOT analysis helped one team develop their thinking.

In our SWOT analysis we identified the responsiveness of our service to call from pwMS on our caseload as a key strength. We know we always return phone calls but doing this exercise made us realise that we can't prove it. We decided to audit our phone activity over a 4 week period and measure our performance against a target of responding to all calls within 2 working days. The audit showed that we met this target for 90% of calls which was good evidence for our business case but less than we thought. This prompted us to look into which calls we were struggling to return and found it was people on our caseload with long-standing complex needs that we knew would need a lot of time to deal with. We need several weekly phone clinics to enable us to manage follow up with these individuals effectively and the evidence from the audit means we've included this feature in our business case.

Once you've completed this exercise you will need to identify issues that you want to prioritise in your business case. Again, you might find the markers of an effective and efficient service document useful in identifying issues that you think you can make a strong case for.

Step 3 – identify the resources you need to address the issues you've identified

There are two big questions that you must be prepared to answer in your business case.

Question 1: will recruiting another MSSN or Therapist address the challenges you face?

The most likely scenario where this might arise is Disease modifying drug (DMD) management. Many MSSNs have been drawn in to significant amounts of non-clinical administration that arguably could be delivered by a well-trained Band 4 DMD coordinator. If a priority of your business case is around the growth and monitoring of DMD prescribing, be very clear about why MSSN resource is needed to fulfil this role, or approach your business manager about making the case for a DMD coordinator to free up MSSN time.

Questions 2: what specific skills and experience are needed?

In many organisations there is pressure to recruit specialist nurses at Band 6 and this can be beneficial in some circumstances. In areas that have struggled to recruit an experienced MSSN, recruiting at Band 6 can attract nurses with generalist experience into the specialist role and support succession planning in the service. However, it is essential that there is sufficient capacity within the MSSN service (at least two experienced MSSNs) to provide appropriate development opportunities and clinical supervision.

If you want to recruit a Band 7 MSSN or Therapist you must be very clear about why this level of input is needed to address the challenges the service faces and how the skills and experience of the new MSSN or Therapist will be utilised to achieve better outcomes, patient experience and greater efficiency.

Step 4 – Involve other stakeholders such as neurologists and business managers

If you are a lone MSSN/AHP or a small team, you might prefer to involve your business manager and neurologist/s in the initial discussions you need to have about planning your business case. For larger teams it may be more useful to work up some preliminary ideas first (step 2) for you to then share more widely. Key questions to pose to your colleagues at this stage are:

- How well does the proposal fit with the hospital/Health Board or Trust/CCG strategic objectives? Do local commissioners need to be involved in a discussion about additional activity at this point?
- How well does the proposal fit with plans for the MS service and wider neurology service both in local acute and community settings?
- Is the proposal something that the hospital or Trust is likely to fund?
- What additional evidence is needed to underpin the proposal?
- What's needed to generate a robust financial case for the business plan?

Step 5 – Generate and gather data about your current service

Clearly presented and meaningful data is needed to make a convincing argument for additional MSSN/AHP resources. Here is a list of things that will make for a strong and persuasive business case.

- **12 months' worth of activity data** - including clinic appointments (differentiating between community and acute if possible), planned telephone clinic appointments and home visits (especially if tariffed). If you don't currently maintain service level activity data you should be able to access this from your hospital system via an IT request. If this is proving difficult, audit your activity over a 4-week period and extrapolate this over 12 months. If you deliver education sessions to pwMS on your caseload, capture how many individual episodes of participation have taken place over 12 months. Also include other countable activity that is important to your service. This could be ward visits or education sessions delivered to healthcare professionals for example. Responding to calls from pwMS on the caseload and healthcare professionals is an important component of an MSSN's workload but most MSSN teams do not record this on an on-going basis as it can be difficult and time consuming. It would be useful to audit phone activity over a 2-4 week period if you have time and extrapolate this over 12 months.
- **Date on your caseload** – As a minimum you should have an accurate figure for the number of people with MS on your caseload along with information about numbers on different types of DMD treatment. You should ideally be able to present other characteristics of the caseload such as type of MS, and level of disability. If you already have a database to record your caseload, this should be fairly straightforward. If you don't, you may need to create one: this can usually be done by asking your information or business analytics team to search the patient information system and generate a complete list of patients who have attended an MS clinic in, say, the past 5 years. Talk to the MS Trust HPP team if you need further advice about this.
- **Data on patient experience** – if you have any survey or audit findings from the last 3 years you should include data from these in your business case. It may well be that you received some poor or challenging feedback but you should consider how this could contribute to your argument for additional resource. Do use the MS Trust patient survey if you have time as this will provide useful baseline data against which progress can be measured if your business case is successful.
- **Data on capacity** – MSSN capacity planning will show you how well you utilise current capacity and ideally illustrate that the service has no potential to meet unmet demand.
- **Data to illustrate a specific challenge facing the service.** In planning your business case you will be identifying issues that you want to address and you

should seek to quantify this challenge. The examples below are by no means exhaustive but should help you start thinking about this.

- **Best practice benchmarking.** Decision makers respond to comparisons. A comparison among similar operations within one's own organisation, a comparison to the best of the direct competitors and a comparison to adherence to policies and variability are powerful comparators where there is a distinct gap.

| Challenge you might want to illustrate | Data that might provide evidence of this |
|--|--|
| Poor access to the service for people with MS | <ul style="list-style-type: none"> - Waiting time to next available MSSN or Therapist appointment. - Time taken to respond to calls received from pwMS on the caseload. - Patient reported experience data - Lack of home visit capacity to see people with MS with very advanced disability who are unable to attend clinics - Proportion of pwMS in the area you cover that you estimate you are unable to provide a service to (a useful starting point to estimate this is to calculate the estimated number of people with MS in your area using local prevalence and population figures and compare this to the number of people on your caseload; alternatively you can ask your data analyst to calculate the number of unique individuals seen by your service in the last 12 months and compare this figure to the number of pwMS on your caseload. |
| Unwarranted variation in the service – inequitable service | <ul style="list-style-type: none"> - Proportion of pwMS on the caseload that have not received an annual review in the past year (in line with NICE standards⁶) by type of MS (see point above) - Patient reported experience data |
| Unplanned emergency admissions of pwMS | <ul style="list-style-type: none"> - No. of pwMS from local CCGs served by the service with an unplanned admission to hospital, and the cost of these admissions (see the |

| | |
|-------------------|---|
| | guidance above about how to get hold of this information) |
| An unsafe service | <ul style="list-style-type: none"> - No. of DMD review appointments needed to monitor all patients according to local DMD protocols/pathways (or the Summary of Product Characteristics if you don't have local protocols) against MSSN capacity in DMD monitoring clinics. - Time taken to respond to calls received from pwMS on the caseload about acutely deteriorating symptoms. |

Step 6 – Quantify the costs and benefits of the new MSSN

Your business case must explain the **intended impact** of recruiting a new MSSN or Therapist to your service. In the box below are a list of examples of the types of things you might want to achieve.

Once you have identified the impact of the new post, you should set out the **additional patient facing activity** that the new nurse will undertake. We suggest that you create a job plan for your new MSSN/Therapist and use capacity planning to work out how many extra clinic and home visits appointments could be generated. If the new post is going to impact on existing team job plans, these should also be factored in.

| | |
|---|--|
| <p>Changes to service configuration (addressing unwarranted variation)</p> <ul style="list-style-type: none"> - Establishment of new clinics e.g. DMD or relapse clinics. - Implementation of more efficient pathways e.g. for DMD infusions, blood monitoring, MDT referral criteria. - Development of self-management courses for pwMS - Providing Home Visits for pwMS who are unable to access clinics | <p>Key Process Indicators to demonstrate service improvement and better experience</p> <ul style="list-style-type: none"> - Improved responsiveness to phone calls e.g. a target to return x% of phone calls within x% working days. - Reduced waiting times e.g. x% of newly referred pwMS receive are offered a holistic assessment with X working days. - Greater proportion of the caseload seen |
| <p>Better outcomes</p> <ul style="list-style-type: none"> - Improved access to MSSN/AHP service - Improvement in measure of patient experience - Decrease in emergency bed days among pwMS. - Enabling pwMS to live at home longer. | <p>Better use of resources</p> <ul style="list-style-type: none"> - Improved job satisfaction and wellbeing of staff delivering the MS service. - Less resource wastage e.g. reduced DNAs - Impact on other health professionals, e.g. reduced use of GP or Neurologist for issues that can be managed by MSSN or AHP. |

Once you've generated an estimate of the additional activity of the new MSSN/AHP you need to present this to your financial manager or management accountant. They will be able to work up the financial case for the new role and advise you on the appropriate way to present service costs and income.

Step 7 – Populate your business plan template

Business case templates as a rule are very general and don't provide a huge amount of guidance on the specific content required. We recommend that you concentrate on building your argument and the evidence to support it first, and then present it in your Trust or hospital's template using sub-headings where necessary to ensure that essential content is included.

Essential elements of a good business case for an MSSN will include:

1. Aim of the business case
2. A brief explanation of Multiple Sclerosis and the role of MS specialist nurses/Therapists

3. A brief overview of the value of MSSNs/AHPs drawing on national evidence
4. Background to the business case – why you are applying and how you have gone about developing your business case.
5. Current service provision for pwMS in your area – a brief outline of your service and how your service interacts with any other MS specialists working in your area.
6. The case for change – strengths and challenges facing the service (what's working – what isn't)
7. Deliverables of the business case – the increase in activity, outputs, and improvements in service performance that the business case would deliver. How the business case aligns with national policy and local Trust or Health Board objectives.
8. Impact on users of the MS service and other health services and departments.
9. Options Appraisal (some business plan templates may not require this but it is worth setting out what the implications of not proceeding with the business case are or other ways that the issues facing the service could be met).
10. The financial impact of the new post: direct and indirect costs of the post and associated clinics, income generated for the Trust from new activity, and other cost consequences for the NHS (such as a planned reduction in emergency admissions for people with MS)

Appendix A - Markers of an effective MSSN service

Markers of an effective and efficient MS specialist nurse service

updated 26 May 2016

The following checklist summarises the MS Trust's view of a high quality MS specialist nurse services. It is based on the work of the GEMSS programme, and the consensus on an MSSN sustainable caseload¹². The checklist encompasses important measures of an effective service offering a good patient experience and a high level of efficiency.

Markers of service effectiveness and patient experience

| | Average performance achieved by the GEMSS teams (where measured) |
|---|---|
| 1. People with MS on the caseload should have continuous access to an MSSN from diagnosis to end of life (i.e. they should not be discharged from the service unless another neuro-specialist service with MS expertise is taking them on) and have a face to face review with an MSSN or MS Therapist at least annually. | 78% of pwMS had seen their specialist nurse at least once during the past year. |
| 2. Face to face consultations should take place in the setting most appropriate to the person with MS. The options should include home visits for those who need them according to a defined protocol (for example including patients who are confined to bed or whose home situation needs to be assessed). | 13 out of 15 GEMSS teams offered home visits. All teams offered outreach clinics at 'spoke' locations near to people's homes. |
| 3. People with MS should be able to access the MS service by telephone, and receive a call back within 2-3 working days, or the same working day if they are experiencing a relapse or acute deteriorating symptoms. Some services are also offering email and text message options. | 77.5% of pwMS received a call back from their MSSN the same or the next working day. People on the GEMSS teams' caseloads on average phoned their MSSN 1.5 times over the year. |
| 4. Patients experiencing relapses or acute deteriorating symptoms should be offered an expert assessment and start treatment (if required) promptly. Assessment and start of | (Not measured in GEMSS). |

| | |
|--|--|
| treatment should take place within 5 working days of the initial contact ⁵ . | |
| 5. Everyone newly diagnosed with MS should be contacted by an MSSN within 2 weeks of diagnosis and be offered a face to face consultation an MSSN within 6 weeks of diagnosis ⁶ where they can be offered information and support. | All GEMSS teams monitored this monthly but aggregated data not available. Scottish MS Register data shows that in 2014, 11 out of 15 Health Boards achieved performance of over 80% on all patients being seen by an MSSN within 2 weeks of receipt of referral. |
| 6. Everyone newly diagnosed with MS should be invited to attend a structured patient education programme about MS within a year of diagnosis ⁷ . Many teams also offer other group education programmes such as fatigue management courses. | 46% of pwMS diagnosed within the past four years had attended a newly diagnosed course. |
| 7. The service should regularly ask people with MS on its caseload for feedback on their experiences utilising nationally recognised measures of patient experience. As a minimum, the service should survey a representative group of pwMS on the caseload every 2 years. | All GEMSS teams used the GEMSS patient survey which is now available to any team to use via the GEMSS patient survey service. |

Markers of an efficient and a sustainable service

| | Benchmark – MS Trust sustainable caseload model | Average performance by GEMSS teams (where measured) |
|--|--|---|
| 8. The MSSN caseload should be sustainable | 315 pwMS per whole time MS nurse | 511 pwMS per whole time MS nurse (in 2015) |
| 9. The proportion of consultations carried out as home visits should be limited through use of a clear protocol. Local | 15% of consultations as home visits ⁸ | 12% of consultations as home visits |

⁵ Further detail on this is available in the new MS Trust guide 'Eight steps to improving your relapse service' due for publication in May 2016.

⁶ 2 weeks to first contact is the quality standard monitored across Scotland. The NICE quality standard on MS specifies 6 weeks to a consultation with a 'health professional with MS expertise'.

⁷ People with MS may choose not to attend at this time, and the offer should be repeated annually if they decide not to take it up.

⁸ A service focused on patients with more advanced MS might well have a higher home visit rate than this average.

| | | |
|--|--|--|
| accessible outreach clinics can be a more effective use of MSSN or Therapist time. | | |
| 10. There should be sufficient administrative support for the MSSN to allow them to focus on clinical activities | Each full time MSSN is likely to require in the region of 0.6 WTE administrator ⁹ | |
| 11. The service should have access to up to date data on service activity and the number and key characteristics of pwMS on the service caseload to enable service planning. | | |

Team composition and leadership

12. In order to carry out the full range of roles required of them and operate at advanced practitioner level, MS specialist nurses should be employed at band 7; Many Specialist Therapists are employed at Band 8. Within larger teams and to enable succession planning, it is sensible for a minority of nurses in the team to be employed at band 6 as MS support nurses in order to develop their skills.
13. The MS specialist nurse(s) should be able to refer patients locally to neuro-specialist Allied Health Professionals and other professionals where needed – specifically neuro-specialist physiotherapy, neuro-specialist occupational therapy, speech and language therapy, counselling services, neuropsychology for cognitive assessment, continence service, rehabilitation medicine, palliative care team and wheelchair services and vice versa.
14. Where there are more than 2 MSSNs/AHPs in the team, there should be a team leader responsible for providing leadership and organising the team to work effectively, developing pathways and protocols, taking a lead on audit etc.
15. MSSNs/AHPs should be able to access clinical advice from a consultant neurologist, at a minimum via regular multidisciplinary team meetings and ideally as the need arises.

⁹ Based on analysis of the national MSSN survey carried out for MS Forward View, 2016. With effective use of integrated IT systems, administrative burden will be less. If paper based or multiple computer systems are used then more administrator time may be required.