



The British Society for
Antimicrobial Chemotherapy



OPAT
Outpatient Parenteral
Antimicrobial Therapy

Funding Acquisition and Business Case Development

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Small Steps and Giant Leaps:
**Funding acquisition and business case
development**

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The Road to Success...



- OPAT in Leicester – *small steps*
- Creating a pilot OPAT service – *bridges and hurdles*
- Securing long-term funding – *giant leaps*
- OPAT “from scratch” - *Top Tips for a smooth ride*

Leicester's Pilot Service

Why

- Previous community IV set-up
 - Vascular access service
 - Individual departments
 - Day-case medical unit
 - RIT / DNs
 - Community Cellulitis Pathway



- Inconsistent / stretched service
- Limited / no Infection Specialist input
- Unclear governance
- Not following GPRs

Leicester's Pilot Service

Who

- Infectious Diseases
- Microbiology
- Vascular access
- Head of operations
 - Acute care



Joint funding bid for OPAT pilot via Transformation Fund

Leicester's Pilot Service

How

- Application / case of need
 - Local admission avoidance data (cellulitis, DFIs)
 - Published financial data (BSAC / OPAT GPRs)
- Transformation funding
 - CCGs (PCTs): 2% of total income
 - 1 year, non-recurrent
 - Pump-priming
 - Enable efficiency savings / service & quality improvement



£350,000
(April 2012-13)

Leicester's Pilot Service

What – Home IV, Private nursing

- OPAT Consultant (0.5 WTE)
- OPAT SpR (training programme)
- Antimicrobial pharmacist (Band 8A, 0.5 WTE)
- Vascular access nurse (Band 6, 2.0 WTE)
- A&C support (Band 3, 0.5 WTE)
- Private nurse provider (£90 pay-per-visit)
- Antibiotics & ancillaries
- Other (e.g. IT / BSAC database)



- 6 months:
set-up
- 6 months:
patient
recruitment

Leicester's Pilot Service

Results

- 6 months
- **65 patients**
- **1316 bed-days saved (BDS)**
- Cost-effective
- Majority early discharge
- **Non-recurrent funding extended to March 2014**

BDS per department

Specialty	BDS
Orthopaedics	623
Diabetes	214
IDU	123
Other medical	185
Other surgical	118
Haem / Onc	53



Funding & Business Case:

Learning Points

Pre-planning

Identifying case of need for pilot

- Existing local out-patient IV Abx data
- BSAC published data (well established)
- May need local feasibility study
 - Gauge interest; gain allies

Pre-planning

Identify “hidden” sources of funding

- Non-recurrent / transformational / re-ablement
- Benefits to trust vs CCG – pitch accordingly
- Medical / Acute Care / Surgical / Micro
 - Get their support / funding
- Use / pool resources already available
 - Ambulatory clinic; Vascular access; ID unit
 - Community nursing team

Pre-planning

Which OPAT model is best for your organisation?

- Early discharge, admission avoidance, or both?
- Short course vs mid-long course Abx
- Any existing IV Abx pathways?
- BSAC/OPAT SWOT analysis
 - Self-admin
 - Hospital clinic vs peripheral clinic
 - NHS nurse at home vs Private nurse at home

Pre-planning

Think about staffing needs

- A&C staff / clinic co-ordinator – ESSENTIAL
- On-site OPAT Specialist nurse – ESSENTIAL
 - Take referrals; teach self-admin; organise MDT
 - +/- PICC-trained
- Recruitment – takes time
 - in-house skill set / bank staff
 - use/add to community nursing team
- Use correct staff; use staff correctly (best value)

Pre-planning

Be realistic about timing

- Business case preparation – deadlines
- 4-6 months preparation post-funding
 - Staff recruitment
 - Office space
 - Proformas / consent forms / SOPs / referral & Tx pathways
 - Out-patient clinic space / requisition codes
 - Private home-healthcare tenders
 - IT / database acquisition
- Aim for minimum *6 months pilot data*

Pre-planning

Understand your finances

- Language of HRG codes, trim points, XS bed days, bed closures
- Data capture (clinics / out-pt visits / ward attendance)
- OPAT tariff vs Specialty tariff
- Business case paperwork

Get to know your Business unit manager, Business Analyst & Accountant!

Pre-planning

Get political

- Know your allies
 - Inter- / intra-disciplinary, clinicians & managers
 - Primary / Secondary care
 - “Movers and shakers” / Food-chain
 - Sharing of resources / opportunities / benefits
- Peer support
 - Visit other sites / centres / help from BSAC
 - Not “one size fits all”
- Any detractors / threats??
- Protect your pot

The Paperwork

- “Filtering process”:
Good ideas →
functioning projects
 - Project manager with
clinician involvement
 - Transformation Fund
application
 - To CCG via the Trust
 - Business case
 - Trust template
- How high up depends on
price:
 - CBU → £2,500 (limit)
 - Divisional board*** →
£100,000 (OPAT)
 - Director of finance →
£500,000
 - Executive team →£1 million
 - Trust board →£1 million +

Business Case Assessment

Criteria set out in Trust Investment Strategy:

- Strategic fit
- Scheme objectives
- Risk
- Impact on profitability
- Impact on cash-flow

Classification:

- *Business expansion*
- Essential replacement
- Health & safety
- Cost reduction
- New legislation
- R&D

Strategic fit / Priorities

- Local / CCG
 - Better use of acute beds, ↓LOS
 - Care closer to home
 - ↑quality and clinical effectiveness
 - ↑ Patient safety & experience
 - CQUINs
 - CIP (Cost Improvement Programmes)

Strategic fit / Priorities

- Regional / National
 - QIPP agenda
 - NHS Outcomes Framework (5 domains)
 - Avoiding admissions
 - Reducing *MRSA and C. diff infections*
 - Commissioning for ID services
 - Start Smart – then Focus (DoH 2011)

Business Case: in a nutshell...

- What is it's purpose
- Clinical / financial reasoning & evidence
 - Pilot data
 - Accounts
 - Satisfaction surveys
 - Governance reviews
- A “view” of the final product
- Exploration of alternatives
 - Do nothing / no change
 - Other options (and why they won't work)
 - Why this option has been chosen
 - BSAC SWOT analysis and published evidence
- **Everyone should understand the document!**

References

- Everyone Counts: Planning for Patients 2013/14. NHS Commissioning Board, NHS England. <http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>
- The Operating Framework for the NHS in England 2012/13. DOH 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152683/dh_131428.pdf.pdf
- Antimicrobial Stewardship: Start Smart – then focus. DOH 2011 “Start smart (Right antibiotic at right time)Then Focus (The five Antimicrobial Prescribing Decision options are Stop, Switch, Change, Continue and OPAT)
- Equity and Excellence, Liberating the NHS. DOH 2010
- Hackett report: Homecare Medicines "Towards a vision for the future. DOH 2011.

To reach your destination...

- Source out your non-recurrent funding
- Preparation is key
- Be political – make your project known
- Create allies, don't burn bridges
- Prioritise patient and staff involvement
- Monitor / document your progress
- Get your service manager on side
- Use BSAC & experience of others

