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

<table>
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<th>Specialty</th>
<th>BDS</th>
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<tr>
<td>Orthopaedics</td>
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<td>Haem / Onc</td>
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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

  – QIIPP 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


• 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