

Business Case Mapping for an Additional Neuro-Oncology Nurse

This document details a mapping exercise for an additional band 5/6 nurse, which led to a successful business case. You may want to undertake a mapping exercise ahead of drafting a business case to better understand the benefits and measurable impact of the proposed business case on the team/trust. The below exercise has been anonymised and all identifying markers have been replaced by *[descriptive]*. Please note that this exercise may not suit the requirements set out by your host centre or Trust.

For questions about the business case, please contact Academy Manager
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Proposal

Appointment of a band 5/6 development role supported by the current CNS team to support:

- **eHNA uptake and completion**
- **patients in the clinic**
- **recruitment of patients to support groups and events**
- **improvement of co-ordination of care**
- **support financial applications**

The introduction of a clinical staff member with dedicated time for TYA patients can offer additional follow-up calls and create improved links with other aspects of the TYA service.

Background

The teenage and young adult service is continuously expanding with increasing patient numbers, longer term survivors and the transition of patients aged 16 from the paediatric service into the specialised clinic. With this expansion, there is a need for a link between the TYA MDT and the CNSs – a clinical member of staff to attend and co-ordinate the TYA clinic and provide patients with face-to-face contact as a source of support available in the clinic including:

- see patients independently to offer consultation at a higher skill level
- sit in clinical to support patients who have been given significant news

Identified Needs

1. Due to limited clinic capacity, unwillingness of patients to have prolonged conversations at the end of their treatment or when newly diagnosed and having been given a lot of information already, a virtual clinic has been established to complete the care plans of completed eHNAs. However, it has been difficult to have eHNAs completed and there is poor response rate.

Solution: A member of staff to support patients to complete the eHNA in a format that is best suited to them without introducing carer bias. Patients who did not respond could be contacted over the phone and talked through logging in remotely to complete the form themselves or be assisted to complete the assessment over the phone. CNSs could then contact the patient in the virtual clinic to respond to identified needs.

2. There are many events and support groups for patients at *[centre]*, however there is insufficient resource to recruit patients to these groups/events and to help patients who feel unsure to locate and attend groups.

Solution: A member of staff with dedicated time to send invitations to the wider patient group outside of those already attending, make follow-up calls to invited patients and provide physical accompaniments to the group/events for patients who are unsure about attending or finding the location of the events/groups.

3. The cross-site nature of the service can be a source of confusion and anxiety to patients. Patients on the complex same day pre-assessment pathway are required to attend up to five different departments in the hospital and this causes confusion and overwhelm, which leads to several patients leaving the service without having completed some vital assessments despite our best attempts.

Solution: A member of staff to 'buddy' with vulnerable patients to improve co-ordination of care and signposting where required.

4. Patients struggle to fill in the relevant financial applications and there is currently a long wait for support to fill in the financial applications.

Solution: A member of staff with dedicated time to assist in completing the financial forms and applications

Measurables

In the mapping exercise, the member of staff matched the below measurables against the Trusts specified objectives. We have removed these as part of the anonymising process.

- Increased contact with patients – *Objective X*
- Decreased complaints from patients unable to contact members of the team and receive support – *Objective Y*
- Decreased need for wasted tests and other resources in and reduced frequency of visits – *Objective B*
- Increased flow of outpatient clinic thereby improving patient satisfaction – *Objective F*
- Improved continuity of care of TYA patients and avoidance of patients falling through the net from MDT – *Objective K*
- Improved links with supportive community services for TYA population – *Objective Z*
- Nurse representation at the TYA service improvement meetings – *Objective C*

Other options: A band 3 support worker could address the needs identified that do not require a qualified nurse. The band 3 support worker would have to be a skilled communicator who is able to support patients and reduce their anxiety and stress when attending appointments as a buddy and to help patients fill in eHNAs.