

Business Case Example – Addition of Band 7 Specialist Physiotherapist

This document is an example of a successful business case for the addition of a Band 7 Specialist Physiotherapist to backfill services for the current Band 7 to cover a new work stream (awake craniotomies). Upon request of the submitter, the business case has purposely not been anonymised. Identifying markers have however been replaced by [descriptive]. Please note that this business case may not suit the requirements set out by your host centre or Trust.

For questions about business cases, please contact Academy Manager Olivia@tessajowellfoundation.org.uk.

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DIRECTORATE	Centre for Neurosciences Awake Craniotomies for High Grade Brain Tumour & Metastatic Tumour
COMPLETED BY	Seonaid Ewan MCSP
DATE	29.10.13
SCHEME REF: B/F or NEW SCHEME RECURRENT OR NONRECURRENT	New Recurrent

WHAT (SPECIFIC) PROBLEM NEEDS TO BE SOLVED

[Surgeon] has been appointed and their job plan includes a new work stream for awake craniotomies in adults with high grade and metastatic brain tumours near the motor cortex and eloquent areas. Patients with a tumour near the motor cortex require pre, intra and post-operative assessment of their motor function by a physiotherapist to ensure optimal resection of the tumour with reduced risk of neurological deficit post operatively. Post-operative assessment and rehabilitation by a physiotherapist is essential for safe and timely discharge home. The physiotherapy input needs to be responsive as patients are diagnosed and treated as a matter of urgency.

THE STRATEGIC DRIVERS

- NICE guideline (2006) Service Guideline for Improving Outcomes for People with Brain and other Nervous System Tumours.
- CQC indicators for risk assessment – safe, effective, caring, responsive and well led services.
- LTH current and planned business strategy (appointment of [Surgeon])

HOW THE CHANGE WILL BE DELIVERED

Specialist Band 7 physiotherapist already in post and has the necessary skills and knowledge to carry out this work safely and effectively. They currently carry a caseload on the neurosurgical wards and [x] wing. Funding would be used to backfill the band 7 time, safeguarding current service levels.

SUMMARY OF PROPOSED CHANGE

Figures based on 1 patient per month.

Physiotherapy banding: Highly Specialist Band 7

PHYSIOTHERAPY INPUT TO HIGH GRADE TUMOUR PATIENTS

Task	Time allocation / hours
PRE-OPERATIVE	
Baseline motor and sensory assessment	1.5
Explanation of motor testing intra-operatively and discharge planning	0.5
Clinical administration and liaison	0.5
INTRAOPERATIVE	
Motor and sensory testing	3.0
Clinical administration	0.5
POSTOPERATIVE	
Postoperative assessment: day 1	1.0
Days 2 - 5 rehabilitation focused on patient needs	4.0
Liaison and discharge planning	1.0
Clinical administration	0.5
OUTPATIENT FOLLOW UP	
Assessment/ postoperative testing and rehabilitation focused on patient needs	2.0
Clinical administration	0.5
TOTAL	15.0
Summary	15 hours x 12 cases p.a. equates to 4 physiotherapy sessions per month
Cost	£4572.00

IMPACT ON OTHER SERVICE PROVISION

If funding is not provided and expectation for physiotherapy to pick up this new work stream, in-patient activity would be reduced and the risk of poor outcomes for ward patients would be increased. Physiotherapy input as described above is essential to ensure best outcomes for patients with brain tumours near the motor cortex.

OTHER CRITICAL DEPENDENCIES

Speech and Language Therapists – joint pre and intra-operative role for patients with tumours near eloquent areas

Occupational Therapists post-operatively for safe discharge home

Clinical Nurse Specialist

IMPACT ON ESTATE CONTROL PLAN

It is not envisaged that an increase in current clinic or theatre treatment areas is required.

RELEVANT QUALITY AND PERFORMANCE INDICATORS

- Length of stay
- Functional deficit identification and subsequent recovery (Tinnetti Balance Assessment Tool and Functional Status Score)
- Percentage of tumour resected
- Intra-operative adverse events

IDENTIFY OTHER BENEFITS TO BE DELIVERED

- Improved outcomes for high grade and metastatic tumours
- Income generation for trust with MDT intra-operative tariff

RISKS

- Adverse patient outcomes
- Increased length of stay post operatively