

## Business Case Template

This document is an example of a successful business case for a part replacement of a Consultant Neuropathologist. The business case has been anonymised and all identifying markers have been replaced by [descriptives]. Please note that this business case 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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<b>Report to:</b>		<b>Agenda item:</b>	
<b>Date of Meeting:</b>			
<b>Report Title:</b>	Case for a Consultant Neuropathologist (part replacement)		
<b>Status:</b>	<b>For information</b>	<b>discussion</b>	<b>assurance approval</b>
			<b>X</b>
<b>Prepared by:</b>			
<b>Executive Sponsor (presenting):</b>			
<b>Appendices (list if applicable):</b>			
<b>Executive Summary:</b>			
<p><b>Proposal:</b> Appointment of part-time Neuropathology Consultant post following [reason for appointment]</p> <p>Neuropathology provides continuous intraoperative cover for neurosurgical theatres, surgical biopsies, CSF specimens, muscle biopsies, post-mortem brains, which has historically been covered by [#] consultants. In this current business plan, we are proposing a drop from 31PAs to 24PAs to achieve budget savings. Please see indicative job plans:</p> <p>4 weekly rotating cycle so that atleast 2 consultants are available at any one time to cover the NHS workload: Neuropathology consultants need to provide continuous cover for all the elements above. The new consultant C3 will work 3 days rather than 5 days.</p> <p><b>Case for Change:</b> The Department of Neuropathology is unable to sustain current service levels without replacing this post. This business case presents a budget-saving solution to replacing this part-time post with a full-time appointment, while future proofing the department.</p> <p>[XX] PAs – continuation of the [Trust] contribution -currently [XX] consultant PAs. The proposed solution will provide security of support for Neurosurgery (brain tumour diagnosis, CSF cytology) and Neurology (muscle biopsies, nerve biopsies, CSF cytology, post-mortem brain pathology including for the dementia service) as well as for other users (rheumatology, paediatric neurosurgery, paediatric neurology). It will enable the Neurosciences to avoid the adverse reputational consequences that would result from the decline of the Neuropathology service.</p> <p><b>Executive Support:</b> [Description of individual providing executive support for business case]</p>			
<b>Action Required:</b>			
To approve the business case for investment in part-time replacement of consultant neuropathologist to ensure continuity of service provision.			
<b>Key Risks:</b>			
<b>Impact on Patients:</b>	Failure to deliver specialised neuroscience services.		
<b>Impact on Staff:</b>	Current workload unable to be absorbed within remaining [XX] wte team.		

<b>Link to Trust Objectives:</b>	Provision of specialist cancer services Deliver quality and operational standards National access targets and audit
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<b>No.</b>	<b>Component</b>
<b>1</b>	<p><b>Overview</b></p> <p><b>Neuropathology is a key specialty required in the provision of adult specialist neuroscience services.</b></p> <p>Neuropathology at [Trust] is one of the longest serving departments of neuropathology in the UK. It is also one of the busiest. Of the [XX] neuropathology departments that are not exclusively paediatric, [Centre] has the [XX]<sup>th</sup> highest adult neuropathology workload in terms of slide number and brain cuts per consultant DCC and the [XX]<sup>nd</sup> highest workload in terms of nerve and muscle morphometry and electron microscopy reports. It also receives one of the highest number of referrals and is one of the very few neuropathology departments that performs (as well as interprets) muscle and nerve biopsies. The strong national and international reputation of the department is evidenced by the number and broad geographical spread of referrals and by the large number of international reference works on neuropathology that have emerged from the Department. The Department has full UKAS accreditation (meeting previous CPA standards) and is due to be assessed against current ISO 15189:2012 standards [Date] .</p> <ul style="list-style-type: none"> <li>• [XX] wte consultants currently in post ([X] people).</li> <li>• [Reason for need for new post]</li> <li>• Require to replace [XX] wte [XX]Pa NHS post with [XX] wte ,[XX]PA</li> <li>• Further potential for new income consultant to gain [Academic] funded session.</li> <li>• Only [XX] trainees in UK ready for consultant posts</li> <li>• Risk of failure to recruit due to competition from other units.</li> <li>• Risk of gap in service provision from [XX], would require to advertise locum post as soon as possible.</li> </ul>
<b>2</b>	<p><b>Strategic context</b></p> <p>The Neuropathology service provides diagnostic information and advice necessary for the clinical care of patients with neurological, neuromuscular and neuroendocrine diseases, based on the interpretation biopsies of tissue from the nervous system or its coverings; biopsies of muscle; biopsies of pituitary; cytological examination of cerebrospinal fluid; or post-mortem examination. The information and advice is provided to the specialists who care for patients with diseases of the nervous system or muscle, in the context of the following prescribed specialist services (Manual for prescribed specialised services):</p> <ul style="list-style-type: none"> <li>• [ List of services; service, patient group]</li> </ul> <p>The delivery of these services requires accurate diagnosis, prognosis and assessment of genetic risk, all of which are dependent on Neuropathology.</p> <p>Neuropathological assessment is, in addition, the definitive diagnostic method for a wide range of neurological diseases. These include tumours of the brain, spinal cord and their coverings, and many inflammatory and degenerative diseases of the central and peripheral nervous system and muscle. Neuropathology also provides information on prognosis or that guides patient management (e.g. in relation to brain tumours) and which cannot be obtained by other methods. This information enables</p>

	<p>neurologists, neurosurgeons and sometimes other clinicians (neuropsychiatrists, geriatricians, rheumatologists and other specialists who care for patients with diseases of the nervous system or muscle) to give the correct treatment (e.g. chemotherapy that is likely to be effective, immunosuppressive drugs if indicated, appropriate antibiotics for microbial diseases) and other clinical management and advice (including genetic counselling and behavioural modification), preventing premature death, enhancing the quality of life for people with long-term conditions, aiding recovery from episodes of ill-health and helping to ensure that people have a positive experience of care.</p>
<p><b>3</b></p>	<p><b>Strategic fit</b></p> <p><b>This proposal forms a key part of the workforce plan for Neurosciences in 2020/21 and is integral to the [centre business plan] and is therefore a key priority. The recent approval of additional Neurosurgeons in [XX] specialisms will increase the demands on the neuropathology department, thus investment in this post is necessary to achieve proposed new activity levels.</b></p> <p>The delivery of [ XX] business plans is critically dependent on the underpinning of Neurosurgery and Neurology by an accredited, accurate and timely diagnostic service for intraoperative and postoperative analysis of biopsies of brain and spinal cord and their coverings; CSF cytology; muscle biopsies; nerve biopsies; and post-mortem brain pathology (including for the dementia service). Neuropathology also supports other users within [Trust] and in other Trusts ([services in affiliate trusts]) and provides support for local and regional coronial and medicolegal services.</p> <p>The ability of the Department of Neuropathology to continue to deliver these services and to secure increasing income for the work it performs for other Trusts and for local and regional coronial and medicolegal services is central to the business plan of the Department of Neuropathology and its contribution to the [XX] business plan, and is dependent on this appointment.</p> <p>The appointment will also be needed for the Department to retain United Kingdom Accreditation Service (UKAS) accreditation (a requirement for all cancer centres, and a condition in most of the agreements with external services that make referrals to the Department and are its main source of income). Neuropathology will hopefully very soon secure renewal of its UKAS accreditation, with the current staffing structure and level of service. Our Department has maintained UKAS accreditation with reference to ISO 15189:2012 standards and this will not be achieved without sufficient consultant-level staffing to ensure comprehensive, continuous cover of the service.</p> <p>The consultant staff will be further stretched [<i>reason</i>]).</p>
<p><b>4</b></p>	<p><b>Proposal and case for change</b></p> <p><i>[Description of reason for needing new post]</i></p> <p>[XX] leaves the Department with only [XX] wte consultant cover out of a previous [XX] wte at a time when the Department of Neuropathology has struggled to meet pressures resulting from the increasing range of analytical procedures required for the assessment of each brain tumour or muscle biopsy and the rising number of referrals from [XX] and from local and regional coronial and medicolegal services.</p> <p>The consultant staffing level in the Department of Neuropathology has remained unchanged, whilst the number of service users, particularly in Neurosurgery and Neurology, but also externally, has increased several fold, as have the number and</p>

	<p>complexity of diagnostic assessments that the Neuropathology consultants perform (the number of neuropathology specimens alone has increased [XX]fold over the same period and the range of assays performed, for example, on each muscle and tumour biopsy has increased beyond recognition).</p> <p>The increase in workload has been most marked for the most complex and labour-intensive aspects of the consultant work. For example, the graphs below show that whereas over the past few years there has been a steady but relatively modest increase in the number of sections examined for reporting of light microscopic findings, there has been a much more substantial increase in the number of brains examined (which includes detailed dissection, photography and sampling).</p> <p>It has proven difficult to meet these demands even with the current level of Neuropathology consultant staffing. <i>[Descriptive example of difficulties experienced in department and comparison to national standards/guidelines]</i>. The reasons are complex but pressures and increasing demands on consultant staff have been a major contributor. It will not be possible to recover from this position without urgent recruitment of another consultant member of staff. Failure to do so would have adverse implications for the other clinical neuroscience services that depend on Neuropathology.</p> <p>It is proposed that [XX] be replaced by a part-time consultant in Neuropathology, to secure the service, retain accreditation and allow the Department and Directorate to fulfil their business plans and service responsibilities.</p>
<p><b>5</b></p>	<p><b>Targets and/or objectives to be met</b></p> <p>The appointment of a full time Consultant in Neuropathology would enable:</p> <ol style="list-style-type: none"> <li>1. Neuropathology to comply with the assessment procedures and reporting standards specified by the Royal College of Pathologists, including all target reporting times, for the assessment of <ul style="list-style-type: none"> <li>• neurosurgical biopsies, both intra-operatively and post-operatively, including molecular pathology of selected tumours</li> <li>• peripheral nerve biopsies</li> <li>• skeletal muscle biopsies</li> <li>• cerebrospinal fluid</li> <li>• tumour cyst fluid</li> </ul> and for autopsy examination of brain, spinal cord and roots, peripheral nerve and skeletal muscle;</li> <li>2. The Neuropathology laboratory processes and reporting to comply with the standards specified by United Kingdom Accreditation Service (UKAS), in providing clear, unambiguous descriptions of the findings, with interpretive comments and sufficient information to guide the user in making best use of the results in managing the patient;</li> <li>3. Neuropathology to achieve UKAS accreditation with reference to ISO 15189:2012 standards that now apply; and maintain turn around times.</li> <li>4. Neuropathology to meet the agreed financial targets and other relevant objectives in the Directorate business plan.</li> </ol>
<p><b>6</b></p>	<p><b>Other Options</b></p> <p><b>6.1 Appoint a part-time ([XX] PA) Consultant in Neuropathology</b>  Even if we were able to attract anyone to a part-time post (see above comments), this</p>

	<p>would lead to continued erosion of performance and loss of income, and would carry substantial risk for the services that are dependent on Neuropathology – particularly Neurosurgery and Neurology.</p> <p>This would enable recovery in performance of Department and compliance with specified targets and objectives (see above).</p> <p><b>6.2 Appointment of CSL in Neuropathology</b></p> <p>As the roles will now be taken on by other people in different [XX] departments, it would be difficult, if not impossible, to persuade the [XX] to provide the funding for a replacement CSL post in Neuropathology. In addition, [XX] will not commit to funding any clinical academic post without prior assurance that there are interested candidates who meet demanding [XX] criteria in terms of profile and trajectory. This would greatly restrict the number of potential applicants, even if such candidates could be identified, and as there is a national shortage of trained neuropathologists, there would be a substantial risk that the vacant post could not be filled.</p>															
7	<p><b>Preferred option</b></p> <p>The preferred option is to appoint a full-time, [XX]PA Consultant in Neuropathology, funded as follows: [XX]PAs – continuation of the [trust] contribution currently supporting [XX] post (total [XX]PAs) .</p> <p>There is also a possibility that the posts within the Department of Neuropathology could be reconfigured to provide additional support for the advertised consultant post. One of the members of consultant staff, [XX], has been building up a programme of research into brain tumours They are supervising [XX] PhD students and have grant funding but will need more protected time if they are to make further progress with their research. Negotiations have been successful with [XX] for [XX] PAs for [XX]'s research. This would free funds that could be directed to the proposed new post. However, the discussions are still at an early stage and at present there is no guarantee that [XX] will agree to provide this funding.</p> <p><b>Workforce Plan</b></p> <p>The age profile of the current consultant workforce means that there could be further changes to the department within the next 5-10 years. The table below forecasts the changes in NHS/University proportions, ensuring that NHS resource levels following this proposed business case can be sustained and this investment proposal would be future-proofed.</p> <table border="1" data-bbox="295 1527 1423 1704"> <thead> <tr> <th>Consultant Numbers</th> <th>2019 Position</th> <th>5-year Plan</th> </tr> </thead> <tbody> <tr> <td>Post 1</td> <td>[XX]NHS/[XX][University]</td> <td>[XX]NHS/[XX][University]</td> </tr> <tr> <td>Post 2</td> <td>[XX]NHS</td> <td>[XX]NHS</td> </tr> <tr> <td>Post 3</td> <td>[XX]NHS</td> <td>[XX]NHS / [XX]</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>[XX] wte NHS</b></td> <td><b>[XX] wte NHS</b></td> </tr> </tbody> </table>	Consultant Numbers	2019 Position	5-year Plan	Post 1	[XX]NHS/[XX][University]	[XX]NHS/[XX][University]	Post 2	[XX]NHS	[XX]NHS	Post 3	[XX]NHS	[XX]NHS / [XX]	<b>TOTAL</b>	<b>[XX] wte NHS</b>	<b>[XX] wte NHS</b>
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8	<p><b>Benefits</b></p> <p>The proposed solution will provide security of support for Neurosurgery (brain tumour diagnosis, CSF cytology) and Neurology (muscle biopsies, nerve biopsies, CSF cytology, post-mortem brain pathology including for the dementia service) as well as for other users (rheumatology, paediatric neurosurgery, paediatric neurology).It will enable the Neurosciences to avoid the adverse reputational consequences that would result from continued decline of the Neuropathology service.</p>															
9	<p><b>Financial appraisal</b> (detailed supporting analysis required)</p>															

	In addition to the below there is also the income within tariff for neurosurgery and neurology admitted and non admitted activity. There is also currently an underspend on neuropathology consultants that can be used to fund this post.
<b>10</b>	<b>Procurement</b> n/a
<b>11</b>	<b>Timescales for delivery of benefits</b> Our aim is to advertise the post in [XX], with a view to appointment by [XX]. This will leave the Department under severe pressure for several months before the new consultant is in post but we would hope to recover any backlog and start to deliver on the proposed targets and objectives over the following months.
<b>13</b>	<b>Key risks</b> The major risk is that we will fail to attract a suitable applicant. The other risks are financial and would result from a decline in paediatric neurosurgical and neurological activity, or a decline in non-[Trust] referrals, including of muscle and nerve biopsies from other Trusts and of coronial and medicolegal work.
<b>14</b>	<b>Consequences of non-approval</b> Non-approval would have a major adverse impact on all Neuropathology services, which would not be sustainable in their present form. There would also be the consequences of loss of UKAS accreditation (needed for [XX] to be accredited as a Centre for Brain Cancer treatment and for most external referral work) and profound reputational damage to the Department, Directorate and perhaps even the Trust.
<b>15</b>	<b>Overall investment appraisal summary</b> The only viable investment option is to appoint a part-time, [XX] PA Consultant in Neuropathology, funded as follows:  [XX]PAs – continuation of the [trust] contribution currently supporting [XX] post a drop from [XX] PAs.
<b>16</b>	<b>Support for project</b>  This case is supported by the Neuroscience Directorate Board.
<b>17</b>	<b>Conclusions and recommendations</b>  [XX] is recommended to support Option 6.1: Appoint a part-time [XX]PA Consultant in Neuropathology. <ul style="list-style-type: none"> <li>• New funding stream from [xx] work will cover additional costs of post.</li> <li>• Further potential for new income should existing [xx] wte consultant gain [academic] funded sessions.</li> <li>• Only 2 trainees in UK ready for consultant posts, very unusual to be able to appoint to part-time position.</li> <li>• Risk of failure to recruit due to competition from other units.</li> <li>• Risk of gap in service provision from [XX], would want to advertise locum post asap.</li> </ul>
<b>18</b>	<b>Approvals</b>
<b>19</b>	<b>Advisors involved in considering proposal</b>