

Business Case Mapping for an Additional Neuro-Oncology Nurse (Example)

About this document

This document contains details on a business case mapping exercise for an additional band 5/6 nurse, submitted by a Neuro-Oncology Nurse. Business case mapping is an important exercise to support the completion of a business case to understand what the proposal is, what the benefits are and the measurable impact to the team/trust.

Proposal:

There is need for a band 5/6 development role supported by the current CNS team to: Support eHNA uptake and completion, support patients in the clinic, recruit more patients to support groups and events, improve coordination of care and support financial applications. The addition of a support worker at a band 3 would meet the needs identified that do not require a qualified nurse but a skilled communicator.

Background

- The X 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.
- There is now an established virtual clinic to complete the care plans of completed eHNA's as there was no clinical capacity in clinic or desire for patients to have a prolonged conversation at the end of their treatment / the patients with a new diagnosis who had been given such a lot of information that day.

Identified gaps

- There is a need for a clinical member of staff to attend and co-ordinate the X clinic to allow the patients to have a face-to-face contact with a source of support available in clinic.
- eHNA completion has a poor response rate and the clinical staff are struggling to get these completed.
- Recruitment to the support group and the X events are low.
- Signposting can be confusing for patients without support and can cause added stress and anxiety. Patients occasionally also leave without completing vital assessments due to the stress and confusion.
- There is currently a long wait for support regarding finances. Some of the neuro-oncology patients are waiting due to the need to have help completing the form.

Benefits

- Having a link between the MDT and CNS would also allow the CNS in clinic to see patients independently and offer a consultation offering a higher skill level, as well as offer support in clinic with patients who have been given significant news. This would also allow us to offer additional follow up calls as well as creating improved links with the other aspects of the services.

- A person to support patients to complete the eHNA in the format that is best suited to them without introducing carer bias. The patients who are missed could be contacted and given a passcode over the phone and talked through logging in remotely to complete the eHNA themselves where possible or assisted to complete the assessment over the phone. The CNS's could then contact them in the virtual clinic to respond to identified needs.
- Having dedicated time to send out invitations to the wider patient group outside of those attending X affiliated clinic and to make follow up calls. Also, to offer to meet and greet patients who may feel unsure about attending and finding the location.
- Improve co-ordination of care by offering improved sign posting where required, to minimise confusion and anxiety to patients. This also applies to the complex same day pre-assessment pathway which requires patients to attend up to five different departments in the hospital which can be overwhelming and confusing, resulting in several patients leaving without completing some vital assessments despite our best attempts.
- Buddy vulnerable patients and prevent multiple visits.
- A Support Worker role could help in the completion of financial forms and applications.

Impact measurables

- Increased contact with patients - decreased complaints from patients unable to contact a member of the team at first attempt.
- Decrease the need for wasted tests / resources and multiple visits.
- Increase the flow of outpatient clinic as well as patient satisfaction.
- Ensure patients have continuity and do not fall through the net from the MDT.
- Improved links with supportive community services.
- Provide nursing representation at the X service improvement meetings.