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| **[Provider name]**  **Example Business Case: to establish a Physiotherapy Low Back Pain Pathway**  **(Draft)** |
| **December 2010**  **[Name]**  **[Contact details]**  **Version 1.1** |

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| **EXECUTIVE SUMMARY / OVERVIEW** |
| The new **vision** for the NHS is set out in the Coalition Government’s White Paper *Equity and excellence: Liberating the NHS,* which along with the *NHS Outcomes Framework* will have a fundamental influence on how new NHS organisations formulate and implement local strategy and subsequent change.  Key to achieving such a transformation will be new business models of service delivery which improve quality and productivity whilst at the same time engage, inspire and empower staff.  The **purpose** of this business case is to consider the options for developing a **Physiotherapy Low Back Pain Pathway** integrated with current physiotherapy MSK servicesthat will reduce the requirement for orthopaedic hospital referral for patients with low back pain by 80%.  The **principal objectives** are based upon, and reflect, four of the five domains of the *NHS Outcomes Framework.* The aim is to achieve the objectives through an ‘shift in resource” scheme which seeks to improve the care pathway for patients with low back pain through access to specialist musculoskeletal physiotherapy assessment, diagnosis and intervention to replace orthopaedic consultancy.  Low back pain is a common disorder affecting around one in three of the general adult population of which 20% (or 2.6m people) go on to consult their GP about the condition. Low back pain accounts for 7 million GP visits and an estimated 12 million working days lost per annum across the UK.  Pathways for treatment of low back pain have been traditionally complex, with patients seen by multiple practitioners. Orthopaedic spend increased from £xxxM in 1999/2000 to £yyyM in 2007/2008, with referral to orthopaedic consultancy for low back pain increasing by xxx%.  Orthopaedic surgery rates overall for low back (from total referred) are under 3%. The majority of patients referred to orthopaedic services have simple mechanical back pain which has no surgical solution and these patients should be managed in a more patient centred, cost efficient, evidenced based pathway.  Low back pain referrals to orthopaedic services within the organisation are currently xx per year at a cost of £xxx. Transfer of 80% of this workload to physiotherapy assessment would require xxx WTE physiotherapists at a cost of £xx, with efficiency savings equalling £xxx.  Two **options** are considered in this business case, option 1, a baseline ‘do minimum/nothing’ option and option 2 the **Physiotherapy Low Back Pain Pathway.** Option 2 provides a specialist physiotherapy assessment and management solution for referrals to hospital orthopaedic departments. Option 2, incurs additional physiotherapy costs but these could be met by shift in resource from orthopaedic consultant costs providing an overall cost efficiency.  A number of constraints have been identified linked to resource transfer and clinical acceptability. Key requirements for success would be (1) single point of rapid access, (2) excellent communication with GP’s, (3) direct access to diagnostics and (4) appropriate triage and referral to hospital orthopaedic care for 20% serious pathology.  Robust evaluation metrics are described within the business case. |

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| **PURPOSE OF BUSINESS CASE** |
| The new vision for the NHS is set out in the Coalition Government’s White Paper *Equity and excellence: Liberating the NHS (*[*www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_117353*](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)*).*  This restates the core values and principles of the NHS; seeks to devolve commissioning responsibility to local consortia of general practices, with the goal of achieving outcomes and quality standards which are amongst the best in the world, despite a constrained financial environment.  The GP Consortia will agree local priorities each year within the context of a NHS Outcomes Framework (currently being consulted upon). This is likely to be based on five high level outcome domains covering the elements of quality defined by Lord Darzi: ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825))  *[Note: if you have any local research which will inform the Business Case please add here]*  Key to achieving such a transformation will be new business models of service delivery which improve quality and productivity whilst at the same time engage and empower staff to contribute to the domains outlined in the *NHS Outcomes Framework* and the thrust of the earlier *Quality, Innovation, Productivity and Prevention Programme (QIPP).*  The **purpose** of this business case is to consider the options for a **Physiotherapy Low Back Pain Pathway** model that will reduce referral to hospital orthopaedic departments for low back pain by 80%.  The **principal objectives** are based upon and reflect four of the five domains of the *NHS Outcomes Framework.* These are to:   * Enhancing the quality of life for people with long term conditions * Helping people to recover from episodes of ill health or following injury; * Ensuring people have a positive experience of care; and * Treating people in a safe environment and protecting them from avoidable harm.   ***The aim is to achieve the above objectives through shift of resource from the orthopaedic service to physiotherapy.***  **The Service model**  A new Spinal pathway will facilitate **community** based access to Specialist Musculoskeletal services by providing a single point of rapid access for patients with low back pain to a seamless, evidence-based pathway of clinical care. Adherence to the pathway will ensure effective management of back pain and reduces the number of consultations necessary with GPs, orthopaedic hospital departments and other healthcare professionals whilst improving waiting times and shortening patient journey. |

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| **MAIN ASSUMPTIONS** |
| Low back pain is a common medical complaint affecting around one in three of the general adult population of which 20% (or 2.6m people) go on to consult their GP about the condition.  The definition and management of non specific low back pain is covered by NICE Clinical Guideline 88 ([www.nice.org.uk/CG88fullguideline](http://www.nice.org.uk/CG88fullguideline)) and therefore not repeated here.  For most people substantial back pain and disability are short term and most resume their daily living activities and work. Although it is estimated that 62% could have pain a year later and 16% who were unable to work initially may still not be able to a year later (Morgan R.) [www.painrelieffoundation.org.uk/docs/essaywinner2009](http://www.painrelieffoundation.org.uk/docs/essaywinner2009)).  Despite the above guidelines considerable variation in practice patterns are noted across services and organisations in the management of low back pain and clinical review. Koes et al 2006 also highlighted ongoing difficulties associated with diagnosis and subsequent interventions.  www.bmj.com/content/3327/7555/1430.full  For example in Scotland Orthopaedic spend has increased from £180 million in 1999/2000 to over £360 million in 2007/2008 (Audit Scotland 2009).  Physiotherapists are as effective as their surgical colleagues in initial referrals and management of new referrals to orthopaedic out-patient departments for defined referrals. Patient satisfaction is also higher in physiotherapy consultation. (Carr A 2007) [www.dh.gov.uk/en/Aboutus/Research](http://www.dh.gov.uk/en/Aboutus/Research) . |

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| **CONSTRAINTS** |
| The key constraints are:  **Resources:** Shift in resource from orthopaedic secondary care to specialist physiotherapy care is required to ensure pathway success.  **Data**: Robust data and rigorous evaluation is essential. Its completeness presents a challenge but is an essential requirement for the organisation and the successful provider. A detailed metrics framework will be provided for the development.  **Communication**: ‘buy in’ from staff groups, managers, clinical leads and commissioners is required to ensure success. The new model requires support, ongoing communication and commitment from GP, orthopaedic consultancy and physiotherapists involved |

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| **ANALYSIS OF OPTIONS** |
| **Preferred option**  The preferred option of a **Physiotherapy Low Back Pain Pathway** offers an evidenced based clinical and cost effective patient centred pathway that directs patients accurately to the correct healthcare professional. The financial and quality benefits to the organisation are that the patient is seen by the right clinician at the right time at a lower cost, with a reduction in duplication, hand-offs and a shorter patient journey. Overall efficiency savings are guaranteed as this patient group is currently being treated in an inappropriate pathway. |

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| **THE TARGETS AND PRIORITIES THAT THE BUSINESS CASE WILL HELP TO ACHIVE** |
| This initiative is in line with the new coalition government’s White Paper vision of new business models of service delivery which improve quality and productivity whilst at the same time engage, inspire and empower staff. It also specifically targets 18 week RTT. |

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| **COST IMPLICATIONS** | |
| The recurring increase in expenditure on the proposed **Physiotherapy Low Back Pain Pathway** will be met by savings in orthopaedic services through reduction in need for orthopaedic consultancy clinics and through waiting list initiatives.  Saving impact will be dependent on acute orthopaedic ability to transfer resource to support required number of physiotherapists. | |
|  | £000s |
| **Investment total (X)** |  |
| **Additional annual recurring income (Y)** |  |
| **Additional annual recurring running costs (Z)** |  |
| **Net recurring surplus (Y-Z)** |  |
| **Number of years before cumulative savings exceed investment**  **(Investment total (X) divided by net recurring surplus (Y-Z)** |  |

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| **PROGRAMME BUDGET CATEGORY** |
| **Physiotherapy Low Back Pain Pathway** - New NHS Outcomes Framework (4 of the 5 domains):  (1) enhance the quality of life of staff living with low back pain; (2) help patients recover from the episode of ill health or following injury; (3) ensure that patients with low back pain have a positive experience of care; and (4) treating people in a safe environment and protecting them from avoidable harm. |

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| **SUMMARY OF HEALTH OUTCOMES** |
| The principal health outcome is improved clinical outcomes and prognosis for patients with low back pain through the provision of a clear, consistent and shorter patient pathway.  By providing additional physiotherapy resource to existing MSK physiotherapy services and through introduction of a spinal pathway within these services the following key metrics will be achieved:   * 80% reduction in referral for low back pain to orthopaedic or spinal consultancy; * Patients seen in community settings by specialist physiotherapists with access to diagnostics if required; * Reduced variance in practice for assessment, diagnosis and low back pain treatment; * Cost effectiveness-improved value for money; * Improved patient care experience. |

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| **ESTIMATED EXPENDITURE AND ACTIVITY** | | | |
|  | **Activity/capacity change** | **Recurring**  **£000s** | **Non-recurring £000s** |
| **1st Year** |  | XX | \_\_\_ |
| **2nd year** |  | XX | \_\_\_ |
| **3rd year** |  |  |  |
| **Investment** | Additional physiotherapist staff salaries and pay on-costs:  £XX recurring | | |

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| **Analysis of additional expenditure** | | |
|  | **Variable/semi variable** | **Fixed** |
| **Own department** | Physiotherapist salaries incl. pay on-costs: £XX  Staff uniforms: £XX  Training and Education: £XX  Printing and stationery: £XX | Nil |
| **Others** | Nil | Nil |
| **TOTAL** | £XX,000 | £0 |

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| **CRITERIA** | **OPTION 1 -** Do minimum/nothing | **OPTION 2 -** Physiotherapy Low Back Pain Pathway |
| **ADVANTAGES** | This represents the ‘minimal/no change’ option. The only advantage is that no change in shift of investment and associated redesign would be required. | * Ensures early identification and effective management of low back pain * Direct route to appropriate health care provider * Reduces handover and duplication of assessment and management * Cost effective * Patient Care experience is enhanced |
| **DISADVANTAGES** | The organisation will continue to refer patients with low back pain to hospital orthopaedic departments for assessment and management when conversion to surgery rates for this problem are low (2%) adding to the patient journey and continuing unnecessary steps in this patient journey | The cost of commissioning additional physiotherapy sessions, including the associated overheads, with the acceptance, cultural shift and service redesign required to progress.  The cost however should be met by transfer of resource from hospital orthopaedic resource and will present a significant cost saving |
| **COSTS** | There would be zero additional cost.  However, the organisation would continue to lose [£000,000] per annum due to inappropriate referral patterns. | [Xxx] Additional physiotherapy sessions at a cost of [£0,000] per annum at marginal cost; for an initial contract period of xx years (subject to successful evaluation at end of year 1).  **Cost saving compared to orthopaedic consultancy cost equals £xx** |
| **WORKFORCE** | There would be no workforce changes. | [0.0] w.t.e additional physiotherapy sessions at AfC Band x,x Grade. This will be dependent on current service structure and skill mix needs. |
| **RISKS - THREATS** | There is likelihood that the current levels of referrals to hospital orthopaedic departments would continue and rise with associated ineffective use of resources, longer patient pathways, duplication of assessment and intervention and increased patient dissatisfaction. | * Inability of shift resource from orthopaedic to physiotherapy setting * Set up time (communication, training) required for physiotherapists and other stakeholders to agree and finalise pathway   The above could be minimised by (1) selecting a provider who offers sufficient capacity and resilience (2) specifying pathway processes. |
| **RISKS - OPPORTUNITIES** | The above risks could be mitigated by considering Option 2. | * Increased hospital orthopaedic capacity for other conditions * Reduced cost spinal (low back pain pathway * Efficient evidenced based patient centred pathway * Increased patient satisfaction * Shorter wait for specialist assessment and management |
| **COMMENTS** | The ‘do minimum/nothing’ option is a baseline comparator not an option worth maintaining. | This option provides a specialist physiotherapy model based solution, but does require agreement to shift resource from orthopaedic to physiotherapy setting. |

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|  | **RISK** | **CONTROL** |
| **Risk 1** | Slow or inadequate agreement to shift resource to support shift in transfer of care | * Strategic and line management support to progress * Use of evidence base and information from services who have implemented this approach * Patient voice |
| **Risk 2** | Poor data quality / collection | Ensuring there is rigorous evaluation   * Agreed dataset * Supporting IT * Monitoring, controlling and reporting framework |
| **Risk 3** | Poor staff acceptance | Robust stakeholder engagement, communication and involvement |