ILD Business Case Toolkit

A practical guide for developing your business case for ILD services

ONE VOICE ILD

Supported by

Action for Pulmonary Fibrosis

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Contents

OneVoiceILD is a movement committed to bringing together the PF community as one to identify and address system-wide challenges to make sure services meet the specific needs of people with PF. ***The Secretariat is provided by Action for Pulmonary Fibrosis.***

Action for Pulmonary Fibrosis (APF) is a patient-driven charity. APF's vision is to stop lives being lost to pulmonary fibrosis.

Introduction

This document has been funded and developed by Action for Pulmonary Fibrosis. It is a guide for centres providing ILD services that need to develop a business case to access additional resources to support the service. These resources will focus on increasing Tier 2 and Tier 1 service development and care closer to home.

The following slides provide items for consideration in your business case including key points of national policies, reports and publications to support development of a business case for service investment. The information is not exhaustive or intended to be used in isolation.

The slides follow a broad business case template structure, and some sections may not be applicable to your local policies. It is important that business case authors include local population, finance and other applicable data specific to their services to support the case.

This guide contains the following types of information:

- **Top Tips** suggestions on content and considerations for preparing a business case
- **References** on key points from national policies/reports/ publications to support the case
- **APF summary** suggestions on how the references could be used in your business case and what additional information to consider including
- **Key phrases/words** highlighted bold throughout

Identify where to start:

TOP TIPS FOR PREPARATION

- First identify the stakeholders relevant to this business case. Who does the plan need to be presented to?
- What are your local Integrated Care Board (ICB)/Health Board priority areas? Will your plan meet any of these?
- Is there a respiratory programme board who are initially considering and shortlisting investment plans?
- List the information you need to gather e.g. prevalence and incidence of ILDs, your local ICB/Health Board footprint.
- What geographical area are you likely to manage patients from?
- Identify who the author of the business case will be. There will be multiple contributors so consider appointing one person to have overall responsibility for the document.
- Engage with your clinical lead, clinical director, nurse director, directorate business manager and accountant/finance manager at the outset, they will be important to consult with throughout and could be valuable representatives at any investment board/committee presentation (where applicable).
- What are the timelines for submission of business plans? Your directorate business manager should be aware of these.
- Identify how often your local investment board/committee meet to consider business cases and any timelines to bear in mind.
- Identify what the investment board/committee will require: an application, presentation, Q&A session? This will help determine who to involve in the business case development and when.

Purpose of the Business Case

TOP TIPS

Summarise your thoughts initially in a Situation Background Assessment Recommendation (SBAR) to gain 'buy in' for these from your clinical directors etc. If these are acceptable the main proposal developed will need to enable the Investment Board/Committee to see at a glance the issue, what your service proposes to do, and the opportunity for improving equity of care as well as costs, capacity and patient benefit.

Keep the bulk of detail to the rest of the business case. The SBAR should not be longer than two pages. Do not forget to include within the summary details of your local ICB/Health Board and their priorities.

If the SBAR is acceptable you can start development on a full business case. The Executive summary can be a precis of the SBAR and no longer than one page. Consider writing/ revisiting your executive summary once you have completed the content of your business case, as it may change as you work through the sections.

APF SUMMARY

Suggested wording for your consideration:

The business case describes a proposal to reduce the current unwarranted variation that exists in ILD services to enable equity of care for people with an ILD and structure ILD services into 3 Tiers as outlined in the NHSE Respiratory Transformation programme.

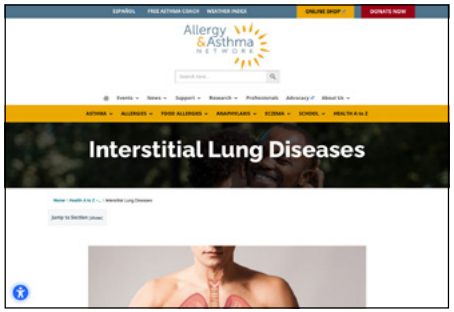
It will additionally build capacity for the Regional ILD Tier 3 service [complete with the main purpose of your proposal e.g. to develop current services into a Tier 2 prescribing service, providing care for patients in line with published national care guidelines, and providing leadership and advice to other services locally]. This case for change is necessary now [include reason e.g. constraints present a barrier to providing timely patient access to the treatments available].

This business case requests funding for [insert summary of workforce/new service requirements e.g] to increase ILD service operational capacity specific within the current provider and/or to provide treatment close to home.

Background

1 **Action for Pulmonary Fibrosis. What is Pulmonary Fibrosis? Available at:**

→ https://www.actionpf.org/information-support/what-is-pulmonary-fibrosis

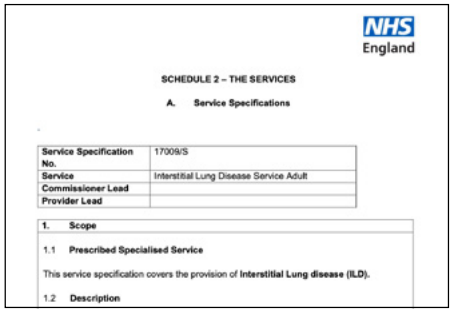


2 **Allergy & Asthma Network. Interstitial Lung Diseases. Available at:**

→ https://allergyasthmanetwork.org/health-a-z/interstitial-lung-diseases/#:~:text=Interstitial%20lung%20diseases%20comprise%20more,tightness%20and%20shortness%20of%20breath

3 **Asthma + Lung UK. Idiopathic Pulmonary Fibrosis. Available at:**

→ https://www.asthmaandlung.org.uk/conditions/idiopathic-pulmonary-fibrosis-ipf



4 **National Health Service England. Service specification 17009/S. Schedule 2 - the services. Service specifications. Interstitial Lung Disease Service Adult. 2018. Available at:**

→ https://www.england.nhs.uk/wp-content/uploads/2018/08/Interstitial-lung-disease-service-adult.pdf

TOP TIPS

- Using the references on this page and local data, set the scene by giving a brief narrative background backed up by local statistics/numbers of the issue you are trying to address.
- How does it affect the national and local population and current cost and how this will detail the scope of conditions under the respiratory service that are being addressed within this business case e.g. ILD and if any other respiratory conditions are potentially impacted by increasing ILD capacity.

5 **Asthma + Lung UK. Lung disease in the UK – big picture statistics. Numbers of people in the UK living with lung disease. 2022. Available at:**

→ https://www.asthmaandlung.org.uk/sites/default/files/2023-03/Research_Superpower_report.pdf

6 **Salciccioli JD, Marshall DC, Goodall R, Crowley C, Shalhoub J, Patel P, et al. Interstitial lung disease incidence and mortality in the United Kingdom and the European Union: an observational study, 2001–2017. ERJ Open Research. 2022.**

Background

SHORT NARRATIVE

ILD comprises a broad spectrum of conditions, all of which are characterised by inflammation and scarring, or a combination of both, in the lung parenchyma (1). ILD can be associated with key symptoms that are similar to other more common respiratory diseases including asthma and chronic obstructive pulmonary disease (COPD) (2).

These symptoms have a wide variety of causes and because ILDs are uncommon, often other more common respiratory diseases are considered first, leading to delays in diagnosis. A lack of awareness by health care professions about ILDs also contributes to these delays.

In 2012, it was estimated that over 150,000 people were living with ILDs in the UK (3); it is likely this number is substantially higher in 2024. Analysis conducted for the years 2001–2017 demonstrated that the UK has one of the highest rates of ILD incidence in Europe (10.92 per 100,000 people) (4). Between 3,000 and 20,000 new patients are diagnosed with ILD in England each year, with the majority having IPF, autoimmune-related ILD, hypersensitivity pneumonitis, and sarcoidosis (6).

REFERENCE

Patient engagement:

Action for Pulmonary Fibrosis (2023) 'I wish it was cancer' – Experience of pulmonary fibrosis in the UK. Available at:

→ **https://www.actionpf.org/news/people-with-lived-experience-of-pf-at-the-heart-of-survey-set-to-influence-change**

People with ILD conditions are experiencing delays in diagnosis and treatment, fragmented and uncoordinated services, limited availability of access to an ILD specialist nurse, pulmonary rehab services, oxygen therapy, psycho–social support and palliative care.

Background

CURRENT ISSUES TO RESOLVE

TOP TIPS

What will happen if the service does not do anything? Using the criteria below and local data, highlight the main issues within the service that need to be resolved, backed up by local statistics/numbers of the issue you are trying to combat, how it affects the national and local population and current cost.

Detail the scope of the issues e.g.:

Administering published NICE Technically Appraised Treatments:

Unable to administer treatments to patients in a timely and equitable manner potentially putting patients at risk for disease progression.

Service capacity:

Inefficiencies could potentially result in a backlog and increased waiting times for patients to start new treatments and delay for patients' follow up doses.

ILD specialist nurses resource:

Inadequate staffing numbers could result in inadequate or a delay in timely patient counselling, screening, administration of prescribed treatments and monitoring.

Multiple treatment site provision:

No Tier 2 sites could result in no capacity at the Tier 3 Regional ILD service and patients having to travel long distances for expert case, incurring costs to themselves and their carers.

Current service delivery model

TOP TIPS

Describe the current service delivery model, resources currently available and funding streams. Consider including details of:

- **Workforce**
- **Specialist equipment for patient assessment and delivery of treatment**
- **Estimated patient population figures (for your Trust/Integrated Care region/Health Board)**
- **Clinic hours and time required for administrative duties e.g data collection**
- **Overview of the patient journey and the service demands of current treatments i.e. the resources required for initial assessment, treatment administration and monitoring reviews to assess the impact of the treatment**
- **Involvement of multidisciplinary teams**
- **Current funding arrangements through NHS tariffs/Aligned Payment Incentives**
- **Current challenges and pressures to the service (waiting list, staff)**
- **Any additional funding streams (research/registries)**

REFERENCE

Key highlights:

GIRFT (2021) Respiratory Medicine Programme National Specialty Report. Available at:

→ **https://gettingitrightfirsttime.co.uk/medical_specialties/respiratory/**

ILD Interdisciplinary Network (2023) ILD Service Evaluation. Available at:

→ **https://ild-in.org.uk/learning-resources/ild-in-service-evaluation/**

There is significant variation in availability of anti-fibrotic treatments. In some regions all treatment is delivered at the Tier 3 site. In others it is delivered at Tier 2 sites within the region. There is significant variation in treatment availability.

The introduction of Integrated Care Systems (ICSs) provides an opportunity to make improvements in relation to many commissioning-related issues by **moving decisions closer to communities, enhancing collaboration between partners**, including across larger geographic footprints.

Requirements for the Business Case

TOP TIPS

This section should describe the investment required. In describing the business case requirements consider detailing the following information:

- The workforce requirements including:
  - The role(s)
  - Full time equivalent (FTE)
  - Rationale
  - A summary of the key responsibilities of the new roles and their impact on the service (1 paragraph per role).
- Any complementary requirements such as:
  - IT development
  - Equipment/devices
  - Facilities e.g clinic and/or physiotherapy space
  - Training.
- A summary of the finances per year and total expenditure.

Objectives and intended benefits

TOP TIPS

This section should describe what the investment aims to achieve and the intended benefits. In describing the intended benefits of the proposal, consider the impact on:

- Benefits for patients and their families, including the impact on:
  - Clinical outcomes
  - Social care
  - Quality of life
  - Mental and psychological wellbeing.
- Treatment options for patients
- Waiting list times
- Service capacity
- Care pathways and care coordination
- Workforce e.g. consider the hours gained by clinical teams if administrative support is increased
- Benefits across the integrated care system
- Reducing Health Inequalities

Consider the references on the following slides and how they can be used to demonstrate the need for (and benefits of) implementing strategies to achieve better care and outcomes for patients and their carers, and more broadly across the integrated care system.

Activity and impact (including equality and diversity)

TOP TIPS

Consider how the investment will impact activity, what are the benefits to the service?

Consider detailing the following information:

- A summary of the activity impact e.g.
  - Any changes to the number of clinics per year
  - Any changes to the number of patients per clinic; does the proposal make any efficiencies to the number of clinics patients need to attend?
  - The anticipated patient numbers per year
  - Any changes to the administrative support required (consider the hours gained by clinical teams if administrative support is increased).
- A summary of the potential impact on equality and diversity e.g.
  - Reducing national variation in care pathways
  - Improving equity of access to treatment
  - Increased capacity may enable the service to target harder to reach protected groups who are less likely to engage with healthcare providers.

Health inequalities

We know that there are many people with ILDs who experience inequalities across a range of services. This means that some people do not have the opportunity to live as healthy lives as others.

Factors which lead to health inequalities include:

- Socio-economic factors
- Geography
- Access to good education
- Gender
- Ethnicity
- Disability
- Socially excluded groups including people experiencing homelessness.

Often, people experience multiple dimensions of exclusion, meaning that important differences exist within as well as between group.

TOP TIPS

Consider how health inequalities could prevent ILD patients from accessing care? Some examples include difficulty travelling to hospital, digital exclusion, and social deprivation.

Consider the following information:

APF SUMMARY

- Inequalities isn't a side issue – it's a major contributor to poor outcomes, and serious illness.
- Inequalities seem entrenched and unmovable, but they are often created by systems and can be solved through systems-thinking.
- The first step to addressing inequalities is identifying them and sharing these across the pathway.
- A single indicator of inequality probably belies multiple issues. Further digging is essential.
- Collaborative working across partners is essential. Trusts, ICBs, Primary Care providers, patient groups, and individual specialists all have a role.

REFERENCE

Social deprivation and pulmonary fibrosis

Shankar et al. (2024) Assessment of the impact of social deprivation, distance to hospital and time to diagnosis on survival in idiopathic pulmonary fibrosis. Available at:

https://www.resmedjournal.com/article/S0954-6111(24)00086-6/fulltext

Patients with pulmonary fibrosis from the poorest areas had more severe symptoms by the time they saw a hospital doctor and had a poorer survival than those living in wealthier areas.

People living furthest from a hospital pulmonary fibrosis centre also had shorter life expectancy than those living closer.

Risks and mitigations

TOP TIPS

If there are multiple options in your proposal detail the benefits and disadvantages for each, clearly stating the preferred option and why; which option could provide the largest benefits to patients and the service?

If there is only one option, **consider the impact of doing nothing** i.e.:

- Potential poorer patient outcomes, disease progression and possible increase in hospital admissions
- Risk of not complying with national guidelines and the consequences of that for patients and the Trust
- Patients denied evidence-based care against national policy and national and international guidelines
- Risk of Trust being unable to tender for future services and/or deliver clinical trials/ offer therapies to patients. Consider the financial impact of this – what investment would potentially be lost?
- Potential reputational risk and stunted service provision
- Risk of patients not receiving appropriate and timely treatment
- Risk that the Trust may not reach its full potential
- Risk of staff burnout – consider cover or contingency within the team to cover services for annual leave/sickness
- Risk of staff leaving – challenges of retaining/supporting and replacing experienced staff

Consider the following **mitigation measures**:

- Increasing the team/developing the service:
  - to make the service more resilient to internal/external pressures
  - to align capacity to meet current and future advancements in treating respiratory diseases in this area
- Being a centre of excellence will provide opportunities to take part in clinical trials and further research, offering access to experimental treatments for patients and a potential greater income stream for the Trust.

Metrics and monitoring

TOP TIPS

When describing metrics and monitoring consider detailing the following information:

- Monitoring of referrals - monitoring postcodes and primary referral source to see how this shifts over time to reflect the expanding specialist service for the region
- Aligning with requirements for access to diagnosis and treatments detailed in the Service Specification
- Monitoring Hospital Emergency Admissions via Trust Hospital Episode Statistic data to evaluate the impact on the prevention of emergency admissions by the better resourced service and the overall reduction in costs of exacerbations
- Evaluating patient and family impact – undertake a rolling programme of surveys to assess and evaluate patient and family satisfaction
- Service clinical audits as required against the international requirements of care
- Service audits to prove cost effectiveness, reduced waiting times, increased patient satisfaction
- Cost of admission bed days.

Preparing for an Investment Board/ Committee meeting

TOP TIPS

When preparing for an Investment Board/Committee meeting to discuss your business case consider the following:

- Who sits on the Board/Committee? Executive/non-executive members? Patient advocacy group representatives? **Knowing your audience** may help your team decide who is best placed to present your case.
- If a presentation/Q&A session is required, consider **who should be invited to present** the case and/or respond to any technical questions. This action may involve:
  - Business manager
  - Finance manager
  - Nurse specialist
- The Board/Committee may ask questions about your proposal, here are some examples to consider preparing for:
  - Timelines - how quickly can the plan be operationalised?
  - Are the Job Descriptions for any new roles ready?
  - What is the roll out plan/immediate next steps?
  - Can any new roles be backfilled from within the department?
  - If the business case is successful are there any constraints that would hinder the roll out?

Closing remarks

Writing a business case can feel like a daunting and time-consuming task, however this guide aims to provide a springboard to the first draft – take a couple of hours or half a day to put a pen to paper and start constructing your case.

Consider having the document reviewed/proofread by someone from outside your immediate team. Those embedded in the service will know it well but aim for the business case to be clear to someone who isn't familiar with the service.

Share best practice: talk to colleagues in other departments/ Trusts who have been involved in drafting business cases recently.

Consider how you can raise awareness of the service and the steps you are taking to improve the issues identified e.g. in staff/Trust newsletter articles, open days.

Good luck and let us know how you are getting on with writing your business case!

Together, speaking with One Voice, we can transform ILD care.

For further information please contact:
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