**WHAT IS A BUSINESS CASE?**

In simple terms, a business case is a supported argument that a business-related concept is both practical and good value for money.

It's the justification and rationale for an organisational activity which typically contains costs, benefits, risks and timescales, and is tested against the current way something is done. When developing a business case, it's important to think how it may need to be enhanced or developed in the future.

In this context, the tips are focused on making the case for appointing a secondary (metastatic) breast cancer clinical nurse specialist or an additional member of staff to meet increasing demand, or expansion of a service for this patient group. But they may also be helpful if you’re proposing to get a new nurse-led service commissioned.

A business case should be specific.

**It should include:**
- What this issue is
- Where the extra resource is needed
- When you want this to be in place for
- How you’ll put your proposal in action

Writing a business case can be time consuming, so it can help to think of your business case as a narrative. By doing this, and using some of the structures and tips here, you’ll be in a good position to put forward your idea.

**BEFORE YOU START WRITING YOUR BUSINESS CASE**

**As the author, it’s helpful to think about:**
- The purpose, rationale and benefit of the change that you’d like to make, for both patients and the organisation or trust
- The evidence you have, to help you demonstrate the substantial unmet need and size of this group, and the increasing number of patients within your case load
- How you can demonstrate the increasing complexity and longevity of their treatment and care needs
- Undertaking a patient survey, so you can use patients’ voices
- Surveying colleagues also working with this patient group
- Considering the options for change you could propose, and clearly state the benefits and risks for each one. For example, a dedicated CNS role or extra team member/s to allow the breast care nursing team to support patients across whole pathway
- Including as one option ‘do nothing’, to show what will happen or the impact on patients if no action is taken, and you continue with the current situation
- Getting support from, or forming a group of key stakeholders to comment on and support the writing of the business case, including MDT members and patients. This may include feedback on how they see the change positively impacting on their practice or the patient experience, or the impact of doing nothing
• What return the trust or organisation can expect to get for the investment made in this proposed role or service. What will you be able to do because of the investment that you can’t do now? What difference will it make to patients, to your colleagues and to the provision of services including their cost effectiveness?

WRITING YOUR BUSINESS CASE

A typical business case:
• Explains the demographic – the population to be served by the service. How many patients do you know you have on your caseload? How many new patients do you meet each month on average, both those newly diagnosed or diagnosed previously but new to you? (NB There aren’t accurate national statistics of the number of people with secondary breast cancer)
• Explains how you identified the need for the change
• Outlines the shortfalls of the current service, with an honest appraisal of what’s currently happening and gives examples of the consequences of these shortfalls. Are there any local targets that aren’t being met? (There are no national targets currently specific to this group)
• Describes the projected benefits (for both patients and the organisation or trust), how it will integrate with existing services, or how it will deliver an area of provision that’s lacking
• Describes the needs and challenges of both staff and patients driving the change
• Highlights local priorities and business plans, as well as regional and national directives that making the change will address
• Aims to convince decision makers that change is warranted, feasible, sustainable and value for money, and explain why it can’t be delivered within the existing resources you have
• Outlines the cost of the change option(s) and how these will be met

UNDERSTAND THE NATIONAL CONTEXT

Look at relevant reports, documents and directives, for example the NHS Long Term Plan, and refer to these. You can find current policies for the individual nations in the Case For Change section of the Secondary Breast Cancer Nursing Toolkit.

Themes often include improving health, transforming care, controlling costs, enabling change and preventing unplanned admissions.

The NHS long term plan recommendation for those with metastatic cancers – (page 61) 3.64.

‘By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support. This will be delivered in line with the NHS comprehensive model for personalised care. This will empower people to manage their care and the impact of their cancer and maximise the potential of digital and community-based support. Over the next three years every patient with cancer will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing. All patients, including those with secondary cancers, will have access to the right expertise and support, including a clinical nurse specialist or other support worker.’

Use or refer to Guidelines and standards:
Secondary Breast Cancer Taskforce
Secondary Breast Cancer Taskforce, Guide for commissioners
Meeting the nursing needs of metastatic breast cancer patients.
Secondary. Not Second Rate report: Nursing Care
Standards of Care for Secondary (metastatic) breast cancer
ABC International Consensus Guidelines,
London Cancer Alliance/ RM Partners
Until things change – The Unsurvivors campaign report

GATHERING YOUR EVIDENCE (SEE MAKING THE CHANGE IN THE SECONDARY BREAST CANCER NURSING TOOLKIT)

It’s vital to know who your patients are and how many you have. You can:

- Consult with stakeholders and service users
- Look for any statistics to support your particular circumstances, for example, unplanned admissions
- Quote the prevalence or incidence and survival rates, numbers of those needing care and support for longer
- Demonstrate the complexity of their needs – you could use some real examples/case studies
- Quote the unmet need – could mention Secondary. Not Second Rate report or Until things change – The Unsurvivors Campaign Report
- Are the current outcomes staying same, worsening or improving?
- Is there a service specific example you can use?
- What’s the impact of the current and potential fit with national and local targets and priorities?
- Check with PALS if there are any relevant feedback or complaints you might be able to use as evidence that the proposed change would be beneficial
- Think about any real examples and scenarios which may have been avoided if the change were already in place
- Can you evidence potential or expected benefits, qualitative or quantitative, clinical or financial, from others experiences?

TOP TIPS

- Know your audience – who are you pitching the case to?
- What’s important to them? Identify clinical allies to support the business case – for example clinical nurse specialists, local hospital oncologists and specialists from the MDT
- Do your homework – research into the service, care pathway and clinical area
- Who are the stakeholders and key decision makers? How can you influence them?
- Use your organisation’s business case template, if one is in place
- Attention to detail - make your case concise and accurate with enough detail to inform decision makers
- Use realistic and practical proposals and credible projections
- Use the patient voice and include patient quotes from your patient survey, as well as any other quotes from both clinical (outpatient, ward, primary care) and administrative colleagues from any feedback you have acquired from them
• Review - once you have completed your case, get it reviewed independently. Choose someone detached from the process who can offer constructive criticism on all aspects. This review can identify any questions that you can then address in a revised draft
• Focus on the opportunity - if you’re seeking investment in your service, it’s important to clearly describe the investment opportunity - what the investor will get in return
• What is the unique proposition of this service?

**TOOLS TO HELP STRUCTURE BUSINESS CASES**

There are a number of management tools that may help you structure your thoughts, so you can write your business case.

• SWOT analysis: Strengths, Weaknesses, Opportunities, Threats
• SLOT analysis: Strengths, Liabilities, Opportunities, Threats
• SMART objectives: specific, measurable, attainable, relevant, and time-bound

If your organisation doesn’t have a business case template, NHS England has a business case submission template (see useful links). However, it can help for the structure of the business case to include:

- Headings
- A title
- An executive summary, giving a brief overview of the main elements of the business case
- Who the commissioning lead/s is/are
- Appendices

**USEFUL LINKS AND KEY REFERENCES**


‘The key element is to have the evidence to support the business case. For example, how patient numbers have increased, as well as the level of complexity of their disease and hence the care and support they require. Always refer to national directives when making your bid – they’re hard to argue with.

Clearly state how your business case will improve services for both patients and the trust, and try to focus on the key areas that will tick the hospital’s boxes, as well as patient experience.

State the options for change and clearly outline the risks and benefits of each one. And get support from key stakeholders before you write your business case, so they know what’s coming and why’.

Liz, Lead Cancer Nurse