Example Business Cases

This document was created in 2012 as part of PD094 'Making the Business Case' by The Chartered Society of Physiotherapy. Although it is a historical document, it is felt to continue to be useful as examples of business cases. It is important to take this in context and review other more up to date and local examples alongside this.

Example business case: to establish an occupational health back pain service

Provider name: The Access Partnership
Title: To establish an occupational health back pain service
Date:
Name:
Contact details:
Version number:

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 an Occupational Health Back Pain Service which seeks an ambitious 40% reduction in the number of sickness absence days lost due to low back pain.

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 'invest to save' scheme which seeks to improve the prognosis for staff suffering from non specific low back pain and reduce cost to the organisation from days lost to sickness absence.

Low back pain is one of the commonest of all medical complaints affecting around one in three of the general adult population. 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 due to persistent back pain.

The poor prognostic importance of long term absence to eventual return to work is not well understood and during 2009-10 in this NHS organisation, resulted in [xxx] days lost to the sickness absence of [yy] staff. This equates to a loss of [£000,000] based upon an average cost of [£000] per day lost. This figure excludes any locum costs, which would be additional.

Three options are considered in this business case, a baseline 'do nothing' (Option 1) and two different options for setting up an Occupational Health Back Pain Service. Option 2 provides an 'in-house' physiotherapy treatment based solution; whilst Option 3 provides an assessment and case management based solution, which makes best use of, but does not duplicate, the existing care

pathway. Both Option 2 and 3 incur an additional cost but these would be netted off by the cash savings associated with the expected reduction in the number of sickness absence days.

A number of constraints have been considered, linked to resource, data and communication challenges. The scheme will succeed or fail on how well and quickly staff supported by their managers take up the care pathway and return to work.

The recommendation is to accept Option 3 as the preferred option, as it achieves the principal objectives at a smaller cost and therefore delivers a quicker rate of return for this 'invest to save' proposal.

If accepted, the proposal would be evaluated at the end of year one to assure the organisation that it was improving the prognosis for staff suffering from low back pain and reducing the cost to the organisation from days lost to sickness absence. A decision would then be taken on whether to close or expand the proposal to cover other organisations.

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).*

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)

- Clinical Effectiveness;
- Personalised; and
- Safety.

Equity and excellence: Liberating the NHS, the *NHS Outcomes Framework* and the resulting organisational change will have a fundamental influence on how successor 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 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 an Occupational Health Back Pain Service which seeks an ambitious 40% reduction in the number of sickness absence days lost due to low back pain.

The principal objectives are based upon and reflect four of the five domains of the *NHS Outcomes Framework.* These are to:

- enhance the quality of life of staff living with low back pain;
- help staff recover from the episode of ill health or following injury;
- ensure that staff have a positive experience of care; and
- enable staff to return to work in a safe environment and protect them from avoidable harm.

The aim is to achieve the above objectives through an 'invest to save' scheme which seeks to improve the prognosis for staff suffering from non specific low back pain and reduce cost to the organisation from days lost to sickness absence.

MAIN ASSUMPTIONS

Low back pain is one of the commonest of all medical complaints 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) 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).

The national clinical audit: *Back Pain Management, Occupational Health Practice in the NHS in England* found a wide variation in practice amongst occupational health providers commissioned by NHS organisations in adherence to the good practice guidelines (of the Faculty of Medicine) regarding the management of low back pain.

(www.nhsplus.nhs.uk/providers/images/library/files/audit/OHCEUBackPainExecutiveSummary.pdf)

Amongst the other findings, the audit found that 69% of sufferers had been absent from work during the period audited and that this had been for a period of 4 weeks before the first appointment with the Occupational Health professional.

The audit also found that where consultations included assessments of whether the condition was caused by work; this was the case in one-third of the cases. In terms of variations between occupational groups, nurses and ancillary workers were most likely to have been absent whilst doctors and clerical staff least likely.

The self limiting nature of back pain was also poorly understood amongst employee and manager groups as was the poor prognostic importance of long term absence to eventual return to work.

During 2009-10, there were [xxx] days lost to this NHS organisation as a result of sickness absence of [yy] staff. This equates to a loss of [£000,000] based upon an average cost of [£000] per day lost. This figure excludes any locum costs, which would be additional. The cost of setting up an Occupational Health Back Pain Service should be netted off the expected number of sickness absence days saved.

CONSTRAINTS

The key constraints are:

Resources: in terms of the initial investment required to set up a low back pain service with expected savings at the end of year two. For an organisation in a challenging and deteriorating financial position, prioritisation of this investment will require leadership and commitment from the Board.

Data: the availability of information specified in a timely manner, ensuring its accuracy and completeness represents a challenging but is an essential requirement for the organisation and the successful provider

Communication: to and 'buy in' from staff groups and their representatives as well as line managers will be essential during a period of rapid organisational change. The scheme will succeed or fail on how well and quickly staff supported by their managers take up the care pathway and return to work.

ANALYSIS OF OPTIONS

Preferred option:

The preferred option of a physiotherapist led Assessment and Case Management (referral) service to existing care pathways offers the best balance between the improved outcomes for our staff's well being – reduced incidence and length of dysfunctional incidence of non-specific low back pain - and the financial and quality benefits to the organisation of a significant reduction in related sickness absence. (Further details of the options considered are provided below).

THE TARGETS AND PRIORITIES THAT THE BUSINESS CASE WILL HELP TO ACHIEVE

This initiative is in line with the new 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.

COST IMPLICATIONS

The recurring increase in expenditure on the proposed Assessment and Case Management service will be matched by savings from sickness absence costs across the organisation within 2 years. Thereafter the organisation will enjoy a significant recurring reduction in sickness absence costs. This can be taken either as a cash releasing saving as levels of current levels of expenditure on Bank and Agency cover and inflated establishments are reduced, or as increased income if the increase in productive capacity is used to deliver more chargeable levels of activity.

	£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)	

PROGRAMME BUDGET CATEGORY

Occupational staff health – QIPP - New NHS Outcomes Framework (4 of the 5 domains 1. enhance the quality of life of staff living with low back pain; 2. help staff recover from the episode of ill health or following injury; 3. ensure that staff have a positive experience of care; and 4. enable staff to return to work in a safe environment and protect them from avoidable harm).

SUMMARY OF HEALTH OUTCOMES

The principal health outcome is an improved prognosis for the permanent return to work through reduced levels of long-term absence due to lower non specific low back pain in staff. We forecast a reduction of 40% in related sickness absence on a recurring basis after 2 years. Presently our workforce's back pain / absence profile and our target is:

- Short term (= days lost < per incident / per annum) Current: XX% (average UK adult population 62%) Target: XX%
- Up to 1 year in duration: Current XX% (UK average 16%) Target: XX%
- Absence lasts > 1 year: Current XX% (UK 16%) Target XX%

ESTIMATED EXPENDITURE AND ACTIVITY

	Activity/capacity change	**Recurring £000s**	**Non-recurring £000s**
1st Year	25% recurring reduction in absence days = XX + worked days per annum = XX% + capacity or - levels of Bank / Agency	XX	___
2nd year	Further 25% reduction	XX	___
3rd year	Cumulative by Year 2 level is recurring		

Investment	Additional physiotherapist staff salaries and pay on-costs: £XX recurring

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

ACTIVITY			
CRITERIA	***OPTION 1 - Do nothing***	***OPTION 2 - Occupational Health Physiotherapy Service***	***OPTION 3 - Occupational Health Back Pain Service***
ADVANTAGES	This represents the 'no change' option. The only advantage is that no further investment would be required.	This increases the availability of physiotherapy services for staff and ensures that they receive active clinical support enabling them to return to work. As such, it directly addresses the poor prognostic importance of long term absence to eventual return to work.	As for Option 2, however this option provides an assessment and case management service provided by a specialist physiotherapist who can assess, advise and sign-post/place staff with low back pain into an existing multi-professional care pathway. The physiotherapist would be supported by a physiotherapy assistant who actively monitors the return to work. As with Option 2, this directly addresses the poor prognostic importance of long term absence to eventual return
DISADVANTAGES	The organisation will continue to lose [xxxx] sickness absence days; whilst [xxx] staff would continue to suffer pain and a poor prognosis of eventual return to work.	The cost of commissioning additional physiotherapy sessions, including the associated overheads. The latter could be minimised by commissioning additional sessions at marginal cost and expecting the provider to use existing treatment room surplus capacity. However, it does represent an opportunity cost.	The cost of commissioning additional specialist physiotherapy and physiotherapy assistant sessions at marginal cost is less than for Option 2 but still represents an additional cost over Option1.
COSTS	There would be zero additional cost. However, the organisation would continue to lose [£000,000] per annum due to low back pain.	[Xxx] Additional physiotherapy sessions at a cost of [£0,000] per annum at marginal cost; for an initial contract period of two years (subject to successful evaluation at end of year 1).	[Xxx] additional specialist physiotherapy and [xxx] physiotherapy assistant sessions at a cost of [£0,000] per annum at marginal cost; for an initial contract period of two years (subject to successful evaluation at the end of year 1).
WORKFORCE	There would be no workforce changes.	[0.0] WTE additional physiotherapy sessions at AfC Band 7 Grade.	[0.0] WTE specialist physiotherapist at AfC Band 7 Grade and [0.0] WTE physiotherapy assistant sessions at AfC Band 3.

CRITERIA	*OPTION 1 - Do nothing*	*OPTION 2 - Occupational Health Physiotherapy Service*	*OPTION 3 - Occupational Health Back Pain Service*
RISKS - THREATS	There is a likelihood that the current levels of preventable sick absence levels would continue which would significantly impact upon staff well being and represent a recurring financial cost to the organisation. The level of risk would be severe and considered unacceptable.	Inability of provider to recruit specialist physiotherapists with back pain expertise. Risk of service becoming overloaded with inappropriate referrals or through inadequate discharge. The above could be minimised by (1) selecting a provider who offers sufficient resilience (2) specifying clear admission and discharge criteria.	Inability of provider to tap into existing multi-professional care pathway and actively monitor the return to work. Risk of service becoming overloaded with inappropriate referrals or through inadequate discharge. The above could be minimised by (1) selecting a provider who offers sufficient resilience or who manages an existing care pathway (2) specifying clear admission and discharge criteria.
RISKS - OPPORTUNITIES	The above risks could be mitigated by considering Option 2 or Option 3.	Reduces the current levels of preventable sick absence levels by 20% in year 1 and 40% by year 2 with a significant impact upon staff well being and reduction of cost to the organisation of [£000,000] in Year 1 and [£000,000] in Year 2. The cost of this represents a ‘break even’ position by the end of Year 2 (when expected savings match the additional costs of the service).	Reduces the current levels of preventable sick absence levels by 20% in year 1 and 40% by year 2 with a significant impact upon staff well being and reduction of cost to the organisation of [£000,000] in Year 1 and [£000,000] in Year 2. The cost of this represents a ‘break even’ position by the end of Year 1 (when expected savings match the additional costs of the service).
COMMENTS	The ‘do nothing’ option is a baseline comparator, not an option worth maintaining.	This option provides an ‘in-house’ physiotherapy treatment based solution, but does incur an additional cost in Year 1.	This option provides an assessment and case management based solution, which makes best use of, but does not duplicate, the existing care pathway. As a result, there is an additional cost but this is less than that for Option 2.

	RISK	***CONTROL***
RISK 1	Too slow / inadequate level of staff take-up of the offered care pathway leading to slower than forecast reduction in absence levels	Line management's and Trade Unions' support and encouragement Case studies "I feel I have got my life back – thank you!" Use local media for PR.
RISK 2	Poor data quality / collection	Improve capability and capacity through training
RISK 3	Provider unable to access existing care pathways	Extensive induction programme for lead Physiotherapist – meeting and greeting key services who are part of the care pathway

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Example business case: to establish a low back pain pathway

Provider name: The Access Partnership

Title: To establish a Physiotherapy low back pain pathway.

Date:

Name:

Contact details:

Version number:

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 services that 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

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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.

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).*

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)

[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

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GPs, orthopaedic hospital departments and other healthcare professionals whilst improving waiting times and shortening patient journey.

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) 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).

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 .

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.

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 ACHIEVE

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.

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)	

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.

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		

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

ACTIVITY

CRITERIA	***OPTION 1 - Do 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
CRITERIA	***OPTION 1 - Do nothing***	***OPTION 2 - Physiotherapy Low Back Pain Pathway***
DISADVANTAGES	The organisation will continue to refer patients with low back pain to hospital orthopaedic departments for assessment and management when	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

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	conversion to surgery rates for this problem are low (2%) adding to the patient journey and continuing unnecessary steps in this patient journey	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] WTE 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

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		physiotherapy setting.

	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