

Nurse and Midwife Medicinal Product Prescribing Toolkit

Development of Business Case

Introduction

Once the health service provider has successfully completed the service needs analysis, it may be beneficial to present this in a business case format. A project management approach to developing the business case can be used. This entails identifying stakeholders, establishing a project team and setting targets to be achieved within an agreed timeframe. Members of the project team may be chosen according to their particular area of expertise, ensuring that a multidisciplinary and /or interdisciplinary approach is adopted. If the health service provider has its own template, this should be used.

There is no single “right” outline, format or content list when writing a business plan. The content should be credible, accurate, logical and succinct (Smith, 2009). The following table provides a template as a guide to writing a business case for nurse or midwife medicinal product prescribing. Business plans should reflect the overall themes of the annual HSE National Service Plan or relevant other service plans but should be customised for local service requirements. It is important that nurses and midwives are consulted prior to drawing up the business case to ensure their support.

Template for developing the business case for Nurse and Midwife Medicinal Product Prescribing

Proposition or summary	Statements of the services where nurse and midwife prescribing is being proposed should be written at the early stages. This should briefly detail the new nurse and midwife prescribing role and anticipated benefits to the service.
Context	Include a brief rationale about why the introduction of nurse or midwife prescribing is proposed and how this will impact on patient/client/service user and the health care setting. The geographic locations/clinical specialties proposed (or not) should be addressed and the organisational context outlined.
Service needs analysis	Include high-level from the analysis such as: <ul style="list-style-type: none">• Epidemiology or disease patterns• Population health/demographics• Data from health care settings• Relevant health and social policies• Geographic context
Human resource implications	In many cases a business proposal for nurse or midwife prescribing will be about re-engineering the way in which nurses or midwives work and maximising the potential available competencies. To this end, the business case should include the following: <ul style="list-style-type: none">• Competencies and skills that will be required to deliver nurse or midwife prescribing• Expected level of decision-making and autonomy of the nurse or midwife prescriber• Identified educational needs within the health care setting (how many nurses or midwives need to be facilitated to attend the relevant education programme (stand alone or as part of postgraduate/masters programme) provided by the higher education institutions• Cost implications associates with fees, replacement costs and time

Financial analysis	<ul style="list-style-type: none"> • Estimated costs: non-recurring (one-off) costs: project management, equipment, initial training and evaluation, continuing costs • Estimated savings: can be more difficult to identify than costs. Identify ways of doing things differently in relation to prescribing. Look at what the health care setting is currently spending, which is often very different to what is budgeted, and what could be saved over time with the introduction of nurse midwife medicinal product prescribing. • Look for the savings in staff costs such as: a reduction in the requirement to call medical personnel, staff turnover and multiple visits by the patients/clients/service users. Timing: an analysis of costs and savings over the relevant financial years. If you are unsure, make an estimate.
Non-financial analysis	<ul style="list-style-type: none"> • Quantify the impact of nurse or midwife prescribing on key performance areas such as quality, reduced waiting times, increased patient/client/service user satisfaction and clinical performance indicators.
Evidence and risk	<ul style="list-style-type: none"> • Detail how the proposed introduction of nurse or midwife prescribing will work. Give examples of experiences of other health service provider introducing prescribing (history of success elsewhere). Also include potential risks and contingency plans to prevent them.
Quality improvement information	<ul style="list-style-type: none"> • Provide evidence from the national and international literature, demonstrating the efficacy of nurse or midwife prescribing • Outline patient/client/service user expectation of the service • Outline the perceived contribution of nurse or midwife prescribing to patient/client/service user care • Discuss what the introduction of a new service will bring to the health care setting that was not already there • Review and critically compare other similar services within the region or nationally and/or internationally as appropriate • Discuss how the introduction of nurse or midwife prescribing will be monitored.
Implementation plan	<ul style="list-style-type: none"> • Outline the timeframe for delivery of nurse or midwife prescribing from approval of business plan to initiation of new service. Use Gantt charts as appropriate • Discuss the business plan with the key decision makers, including potential nurse midwife prescribers in your health care setting prior to finalising the business case • Submit the business case to the key decision makers as appropriate • Make recommendations for inclusion in the HSE or local service plan if appropriate

Adapted from: Service Needs Analysis: Informing Business and Services Plans, National Council for the Professional Development of Nursing and Midwifery, November 2009