

Parkinson's service improvement business case checklist (Scotland)

This template is designed to support you in writing a business case for service improvement. The headings will vary depending on the format or language used in your organisation.

1. Aim of proposed service improvement

Be clear on what is being proposed

Is the focus of the proposal a whole service redesign or an element of a service?

For example, 'This proposal aims to improve the services provided to people with Parkinson's in XXXXXXXXXX through XXXXXXXXXX.'

2. Name of the service lead and their contact details

3. Description of proposal

Why is the proposal important?

Explain why this change is needed. Include relevant information about Parkinson's, its prevalence and the severity and scale of the issue being addressed in the area where the development is being proposed.

Why is there a need for this development?

Explain current issues. Include information about access to services, feedback from consultations or concerns raised by service users, and comparisons to other health boards and service providers.

4. Main drivers for service redesign or improvement

Why are you redesigning or improving a service?

- How does the service or project fit into local delivery plans?
- What are the local priorities?
- Why should the proposed service or project be a priority? For example, does the service or project:
 - reduce hospital admissions?
 - provide cost efficiency and savings?
 - establish and deliver specialist services?
 - improve quality of life for people with Parkinson's and enable them to live independently?

- increase capacity in specialist clinics?
 - improve medicines management?
 - improve accessibility of specialist services?
 - develop education and training opportunities with improved outcomes?
 - reduce the number of appointments being postponed or cancelled?
 - provide care closer to home?
 - improve quality of life?
- How does the service or project reflect national priorities? Look at the policy drivers and priorities for Scotland:
 - [NICE guidelines for Parkinson's](#)
 - [HEAT targets](#)
 - [National unscheduled care programme](#)
 - [Self-directed support in Scotland](#)
 - [Integration of health and social care](#)
 - [SIGN 113 Diagnosis and pharmaceutical management of Parkinson's disease: a national clinical guideline \(2010\)](#)
 - [Clinical standards for neurological health services \(2009\)](#)
 - [The healthcare quality strategy for NHS Scotland \(2010\)](#)
 - [Achieving a sustainable vision in healthcare: a 2020 vision \(2011\)](#)
 - [A route map to the 2020 vision for health and social care \(2013\)](#)
 - [Everyone matters: 2020 workforce vision \(2013\)](#)
 - [AHPs as agents of change in health and social care: the national delivery plan for allied health professionals in Scotland, 2012-2015 \(2012\)](#)

5. Current service provision

What does the landscape look like now?

Provide information about where people currently receive their services. This includes:

- hospitals
- community healthcare
- social services
- GP surgeries
- voluntary services

6. Key performance indicators, or desired outcomes

Measuring success

- Set out how you will monitor the success of the project or service.
- Be clear about your outcomes. Include some baseline figures here and what improvement you expect to see. For example:
 - increased identification and better management of people with Parkinson's (especially in remote or rural communities)
 - increased quality of care
 - better risk stratification

- better community care pathways
- better integrated care
- reduction of hospital admissions and associated costs
- reduction in missed doses, evidenced by audits
- reduction in excess bed days due to poor medicines management
- improved patient experience and outcomes
- improved self-management through better access to information and self-care programmes

Example objectives for service improvement can be found in Appendix 1 on page 4.

7. Indication of costs

Consider finances

Be clear on what services your organisation currently pays for, how much any improvements will cost and where the funding will come from.

Consider:

- the cost of the current service
- the cost of service improvement
- what the proposed cost savings will be

8. Timescales

When do you want to achieve things by?

Outline implementation plan and timescales.

9. Proposed patient pathway

What does your pathway look like?


Describe the patient journey through all stages of the care pathway, including the multidisciplinary team. Use text or a flowchart to illustrate this.

More information

Please contact serviceimprovement@parkinsons.org.uk if you want to discuss any of the issues raised in this resource.

Appendix 1 - Example objectives for service improvement

Objective	Target
Reduce the number of hospital admissions for people with Parkinson's.	Establish a baseline before the service is introduced and reduce this by 30% during the first two years.
Increase the number of people with Parkinson's benefiting from the service.	Establish a baseline before the service is introduced and increase this by 40% during the first two years.
Reduce the cost of the consultant-led clinic model for people with Parkinson's by switching to nurse-led model.	Establish a baseline before the service is introduced and reduce this by £40K during the first two years.
Meet standard 17 of the <i>Clinical standards neurological health services</i> (2009), that an effective and comprehensive Parkinson's services is available and offered across NHS boards.	<p>Patients with suspected Parkinson's and related conditions are referred to a defined Parkinson's service delivered through a multidisciplinary team.</p> <p>The multidisciplinary team should consist of a doctor who specialises in Parkinson's, a Parkinson's nurse specialist, the patient and carer, with additional input from physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services and mental health services.</p>
Meet standard 19.1 of the <i>Clinical standards neurological health services</i> (2009), that the timing and dosage of Parkinson's medication is adhered to when a person is in hospital.	<p>People with Parkinson's should be given the opportunity to manage their Parkinson's medication in hospital, unless that are unable to do so.</p> <p>A medication record and doses should be recorded at each appointment to ensure that the person with Parkinson's, GP, consultant, pharmacist and Parkinson's nurse knows what medication the patient is taking.</p> <p>People with Parkinson's are offered a regular review of their condition and medication, according to clinical need, but at least annually.</p>
Deliver a number of training sessions to health and social care professionals and non-qualified staff.	Run five training sessions per year, covering a range of topics related to Parkinson's.
Evidence user feedback is being used to improve the service for people with Parkinson's.	Look at the top three areas of concern, supported by service improvement plans.



The UK Parkinson's Excellence Network is the driving force for improving Parkinson's care, connecting and equipping professionals to provide the services people affected by the condition want to see.

The tools, education and data it provides are crucial for better services and professional development.

The network links key professionals and people affected by Parkinson's, bringing new opportunities to learn from each other and work together for change.

Visit parkinsons.org.uk/excellencenetwork