

Parkinson's service improvement business case checklist (Wales)

This template is designed to support you in writing a business case for service improvement.

The headings in this template will vary depending on the format or language used in your organisation. You may also find it helpful to approach your local health board and ask to see a copy of the 'in house' template for business cases.

1. Aim of proposed service development

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 XXXXXXXXXXXX through XXXXXXXXXXXX.'

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. Present information about staffing levels, waiting times, availability of specialist services and where people with Parkinson's currently receive these services, such as:

- hospitals
- community healthcare
- social services
- voluntary services

Why is there a need for this development?

Identify, collate and explain current issues including access to services, concerns raised by service users, and comparisons to other local health boards.

4. Main drivers for service redesign or improvement

Why are you redesigning or improving a service?

- How far does the proposal reflect local and national priorities? If it does not fit directly, demonstrate why it is still 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?
 - reflect the strategic aims and priorities of the health boards?
- How does the service or project reflect national priorities? Look at:
 - [NICE guidelines for Parkinson's](#)
 - [Quality, innovation, productivity and prevention \(QIPP\) work stream](#)
 - Local health board neurological conditions delivery plans

5. Key objectives and targets

Measuring success

- Include the key objectives that will be achieved if the proposal is implemented successfully.
- Set out how you will monitor the success of the change and what quantitative data you will collect to demonstrate this change. It's also important to collect qualitative data from people with Parkinson's, for example, to demonstrate the impact of service change.
- If necessary, include some baseline figures here and what improvement you expect to see. For example:
 - increased quality of care
 - better risk stratification
 - better community care pathways
 - better integrated care
 - reduction of hospital caseloads and associated costs
 - reduction of non-elective admissions
 - 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.

6. Indication of costs

Consider finances

Provide evidence of current costs and existing funding arrangements. Be clear about the costs associated with the proposal and the funding sources identified, such as external sources or the redesign of services.

7. Timescales

When do you want to achieve things by?

Outline implementation plan and timescales.

8. 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 recommendation (R77) in the <i>NICE guidelines for the diagnosis and management in primary and secondary care for Parkinson's disease</i> (The National Collaborating Centre for Chronic Conditions, 2006).	People with Parkinson's should have regular access to the following: <ul style="list-style-type: none"> • clinical monitoring and medication adjustment • a continuing point of contact for support, including home visits when appropriate • a reliable source of information about clinical and social matters of concern to people with Parkinson's and their carers, which may be provided by a specialist Parkinson's nurse
Meet recommendation (3.5.1) in the <i>NICE guidelines for the diagnosis and management in primary and secondary care for Parkinson's disease: National cost impact to accompany Parkinson's</i> (The National Collaborating Centre for Chronic Conditions, 2006).	People with Parkinson's should have regular access to specialist nursing. (In some areas, Parkinson's nurses could substitute some or all of the consultant care, serve as additional care, or be a combination of these.)
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