



# MyelomaAcademy™

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Meeting the nursing needs of myeloma patients:  
Myeloma Clinical Nurse Specialist Business Case

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# Myeloma Clinical Nurse Specialist (CNS)

## Business Case

### Introduction

### Making the case

An internal Trust or hospital business case is required whenever a resource, such as a CNS, has to be justified and formally approved. This myeloma CNS business case has been designed as a guide, recommending information and evidence to include in your business case; it should be used in conjunction with local practice within your Trust.

The business case should receive input from all relevant departments who can provide specialist information to develop the case, for example finance and HR. Prior to completing your business case you should meet with all relevant internal stakeholders to increase their awareness of, and engagement with, the proposed case, which can help the overall success of the business case.

Critical to your business case is the need to demonstrate how a CNS post can help to meet national and local care quality initiatives and standards applicable to your Trust or hospital. These initiatives and standards will be closely monitored by commissioners and many have corresponding financial incentives.

This document has been designed to support you to complete a business case for the role of a myeloma CNS that is robust, well evidenced and quantitated.

Our assumption for this business case template is that it will be used to source funding for the CNS post from hospital or Trust income and is therefore subject to internal business case approval procedures without extensive scrutiny by commissioners. We have, however, indicated where the CNS post will contribute to meeting commissioners' requirements and objectives.

### About Myeloma UK

Myeloma UK is the only organisation in the UK dealing exclusively with myeloma.

Our mission is to provide information and support to people affected by myeloma and to improve standards in treatment and care through research, education, campaigning and raising awareness.

For more information about Myeloma UK and what we do, please visit [www.myeloma.org.uk](http://www.myeloma.org.uk) or contact us at [myelomauk@myeloma.org.uk](mailto:myelomauk@myeloma.org.uk) or +44 (0)131 557 3332.

## Aims of the business case

- Provide a detailed framework for internal dialogue with key stakeholders, allowing all departments and services affected by the business case gain a better understanding of the benefits of establishing a myeloma CNS post
- Demonstrate that the post has a positive cost/benefit (i.e. that it is cost neutral or will generate income for the hospital or Trust)
- Outline measurable outcomes that will result from the CNS post that are linked to hospital or Trust key strategic objectives
- Provide robust evidence about the positive impact of the myeloma CNS on the patient experience as well as:
  - Patients' families
  - The clinical team
  - Other Trust services
  - Compliance with relevant quality cancer standards

Before writing your business case you should have the information required to answer the following questions:

- Why is the appointment/retention of a myeloma CNS needed?
- Can you quantify the demand for a myeloma CNS post? Is the demand currently not met or met by more expensive staffing options (e.g. consultant-led services)
- How will this post free-up capacity within the hospital or Trust to support efficiency and income generation?
- Are you able to describe the complexities of the role?
- Can you quantify the expected contribution of the myeloma CNS to safety, quality and efficacy and improved patient outcomes?
- Will the myeloma CNS post deliver a return on investment?
- How will the role resolve issues and/or develop opportunities for the department/hospital/Trust?
- What is unique about the work of a myeloma CNS?
- What would be the impact on the Trust of **not** appointing a myeloma CNS?

## **Before you write your case**

Below are some important things to research and consider before writing and submitting your business case:

1. Your hospital or Trust will probably have a template business case or guidance on writing a business case and it's important that you read this before writing your case. You need to ensure that your case contains the specific information required by your hospital or Trust
2. Find out the submission cycle within your hospital or Trust for a business case. Are cases only accepted at specific times of the year?
3. Find out who you need to submit your case to
4. Make sure the case is clear and succinct
5. Include quantitative evidence and information that you have gathered, avoiding anecdotal information and evidence
6. Where possible use diagrams and graphs to display your evidence and data and support your case

You have permission to use any of the text or information contained within this template case to support your case. Please contact Myeloma UK if you have any questions or require any additional information or support.

## Submitting a business case

1. Clarify the submission process, including timescales, for your business case

2. Identify key stakeholders involved in the development of the business case and agree which sections they will contribute to

3. Find out the submission cycle within your hospital or trust for a business case. Are cases only accepted at specific times of the year?

4. Gather required evidence and information to support the development of your business case

5. Set a deadline for key stakeholders to collate relevant information to complete their sections of the business case

6. Draft and review business case to ensure relevant data has been captured and submit following the hospital/trust's process

7. Business case review and submission of any additional requested information/evidence

8. Decision reached on business case – if successful agree implementation and ongoing monitoring

### Tips for completing a business case:

- Write the business case for an audience that does not have specialist knowledge of myeloma or the CNS role
- Reflect the hospital or trust's current strategic objectives
- Reference current relevant health policy requirements that the business case will address
- Collect or source robust quantitative evidence and information to support the business case, including for example length of stay, number of emergency admissions; avoid anecdotal information and evidence
- Ensure you have access to relevant financial data e.g. payment by results income
- Reflect your hospital or trust's learning and development strategy
- Collect and reference relevant nurse workforce data, including sickness rates, staff turnover, use of agencies etc to support arguments for the cost-effectiveness of the role

## 1. Executive Summary

This section should be written last and should be a short summary of the business case. It should summarise the benefits of establishing the post of a myeloma CNS and include the following:

- Summary of the current haematology and myeloma services in your hospital or Trust and any opportunities, weaknesses and risks
- Details of how the myeloma CNS role can address the opportunities, weaknesses and risks
- Data to show demand for a myeloma CNS
- Data on other CNS posts, particularly in haematological cancers, in your hospital or Trust and the services this post provides to patients
- Key deliverables and benefits of the post (clinical and non-clinical)
- Financial information to demonstrate that a myeloma CNS post will be cost-neutral or generate income for the hospital or Trust

## 2. Background

In this section you need to provide information about myeloma and the myeloma CNS role. Bear in mind that your audience may not have specialist knowledge of either. Sample content has been provided for you below.

### **Myeloma: an overview**

Myeloma is a rare, complex and heterogeneous cancer of the bone marrow. It is characterised by a wide range of comorbidities and serious clinical complications including bone fractures, anaemia and kidney damage.

Myeloma comprises 1% of overall cases of cancer in the UK and is the second most common blood cancer with 4,800 people diagnosed per year [1], and is about 1½ times more common in men than women and twice as common in Afro-Caribbean groups compared to the Caucasian population.

There are approximately 12,500 people in the UK with myeloma at any one time [2]. Myeloma typically occurs in older people, with a median age at diagnosis of 70, meaning that many patients have comorbidities which may impact on their treatment, management and care plans [3]. There is no clear geographic distribution of myeloma but there are marked variations in incidence between ethnic populations ranging from 3.9/100,000 in Chinese to 12.7/100,000 in African individuals [4].

Recent advances in myeloma treatment mean that myeloma patients are living longer and can have a greater proportion of treatment delivered in an outpatient or community setting [5]. However, whilst treatment options and overall survival figures have improved considerably in the last decade, myeloma typically runs a course of multiple remissions and relapses and still has an ultimately fatal outcome for patients.

Although there has been an increase in CNS posts in haematology generally, the workforce has not expanded sufficiently to keep pace with increasing prevalence [6].

The complex clinical features of myeloma and the range of complications associated with it means that the treatment, management and care of myeloma patients is challenging, requiring input from a broad range of healthcare professionals in which nurses play a vital role.

## **The role of the nurse in myeloma treatment**

Nurses have the following important roles to play in myeloma treatment, management and care:

- A key member of the multidisciplinary team (MDT)
- Ensuring that nursing goals reflect the changing nature of myeloma as it progresses and as treatment, management and care are adapted to account for individual patient circumstances and characteristics
- Providing targeted information in the right format, at the right time to:
  - Enable patients and their families to make informed decisions about their treatment, management and care
  - Ensure patients are more in control of their cancer
  - Support patients to recognise the importance of treatment compliance and reporting of side-effects, ensuring prompt resolution of any complications

## **The role of the CNS in myeloma treatment**

Myeloma is a complex, relapsing, remitting cancer that requires different treatment at various stages including complicated chemotherapy and anti-myeloma regimens which result in an accumulation of toxicities in patients requiring specialist and constant management. Myeloma nursing goals change over time as the patient progresses through their cancer pathway, requiring ongoing evaluation and review [7].

Myeloma CNS' are the key providers of information, education, and social and psychological support to patients and their families which has a significant impact on the patient experience. They also advocate the continuity of patient care within the MDT team and between primary and secondary care. Nurse co-ordinated multidisciplinary interventions are vital in promoting quality of life for myeloma patient [8].

Early provision of information and support helps patients and their families to better understand their myeloma and make informed decisions about their own treatment and care. Well informed patients are better equipped to detect and report side-effects and complications early, meaning they can be managed promptly and effectively minimising the impact on the patients quality of life and reducing the need for hospital admissions, including those for complex interventions such as renal and intensive care support. Patients are also more likely to comply with treatment, meaning that the outcomes of treatment are better but also the treatment itself is more cost-effective.

A Myeloma Nurse Competency Framework is available to support your business case which outlines competencies for a CNS. Please contact Myeloma UK to request a copy.

## The role of the myeloma CNS

### Demonstrate safety

- Be involved in routine patient review including monitoring, assessment of thrombotic, bleeding, and infection risk
- Undertaking medicine management for myeloma patients
- Deliver safe nurse-led services
- Use vigilance of symptoms and drug toxicity
- Identifying and taking action to reduce risk
- Facilitating rapid re-entry into acute services (if appropriate)

### Pathway and service provision

- Improve referral pathways between primary and secondary care
- Input measures of myeloma care and outcomes into appropriate databases
- Liaise between different specialist services within secondary care
- Increase training, education and awareness of myeloma across differing healthcare settings
- Provide effective liaison and planning between specialist haematology services with all primary and secondary care

## Impact of the myeloma CNS activities

### Direct patient care

- Patient's main point of contact, coordinating treatment management and care, initiating a care plan for patients in partnership with the wider MDT throughout their myeloma pathway
- Education and information to manage the symptom burden of myeloma both verbally and in a written format including pain relief strategies
- Initial patient assessment and initiating and supporting patients undergoing diagnostic processes
- Ensure continuity of treatment management and care throughout all care settings
- Use advanced skills in communication and education to support patients, their carers and families at all stages of myeloma
- Assessing prescriptions to maximise patient management and recovery

### Demonstrate leadership

- Initiating and implementing standards of nursing treatment and care for myeloma patients
- Developing new approaches to running services
- Undertaking strategic planning to incorporate specific speciality needs and evidence-based practice
- Providing nurse-led clinics as appropriate such as pre and post-transplant and inpatient/outpatient
- Have the experience and judgement to assess patients' physical and psychological responses to treatment and be able to take appropriate action in a timely way
- Contribute to achieving the best outcomes for the patient
- Act as a source of expertise for a wide range of clinical staff involved in the treatment, management and care of myeloma patients but not necessarily myeloma specialists or routinely encountering myeloma patients

## **The evidence base for the role of the myeloma CNS**

A number of published national audits demonstrate the positive impact of CNS' on the experience of cancer patients. Specifically there is evidence that CNS' have a major benefit in the management and care of cancer patients whilst at the same time showing that the nursing post is cost-effective. This evidence is outlined below.

The reports 'Specialist nurses, changing lives, saving money' [9] and Clinical Nurse Specialists in Cancer Care; Provision, Proportion and performance [6] both show the value CNS' to patients and their families and hospital or Trust, including:

- Reducing waiting times
- Freeing up consultant appointments
- Services delivered at the point of need
- Reduced patient treatment drop-out rates
- The education of health and social care professionals
- The introduction of innovative service delivery frameworks
- Direct specialist advice given to patients and families

Data collected by the National Cancer Action Team [6] showed that:

1. Cancer CNS' are highly valued by cancer patients and have a positive impact on their management, treatment and care
2. Patients who said they had access to a named CNS reported much more positive outcomes in relation to the care and support they received than those who said they were not given a named CNS

Conversely, the evidence from a large number of myeloma patients calling the Myeloma UK helpline demonstrates that under-provision of the CNS role can have a negative impact on patients. Without access to a key worker myeloma patients report that they sometimes 'fall through the gap' in terms of the amount and quality of information, support and care they receive.

A patient experience survey conducted by Myeloma UK in April 2013, completed by 1,063 patients, collected the following data on the role of the myeloma CNS on patient care:

- Patients reported a more positive rating on the quality of healthcare they received up to diagnosis when a CNS was present at diagnosis. 85% of patients with a CNS present rated their pre-diagnosis care as good compared to 70% of those where a nurse was not present
- Only 2 in 5 patients reported a nurse specialist present at diagnosis
- A third of patient's had not been provided with a key worker/CNS
- Only 34% of patients were provided with the contact details of a key worker/CNS
- 90% of patients reported that they have either a good or very good relationship with their CNS

A further source of evidence comes from the National Cancer Patient Experience Survey [10] in which haematology patients were asked about their experiences across the health service. This demonstrates areas for improvement that could be facilitated by a CNS role:

- Only 58% of haematology patients understood explanations of what was wrong with them. This was the lowest level recorded across all tumour groups, for comparison other figures were breast (79%), colorectal (79%) and lung (75%)
- There was a lower level of Trust in ward nurses among haematology patients
- Older patients had less access to a CNS – myeloma affects mainly an older population
- People with rare forms of cancer reported poorer experiences of their treatment and care than people with more common forms of cancer

This evidence suggests that there is an unmet need amongst patients with haematological malignancy and more specifically by myeloma patients which can be met by a myeloma CNS. As myeloma is a complex cancer there are potentially greater benefits to be gained from increased CNS support to these patients than for other more common, less complex cancers.

Myeloma CNS can also have a positive impact on patient outcomes including the prevention of unnecessary early deaths from myeloma. Academic studies show that myeloma patients experience a high early death rate, with 10-20% of patients dying within the first 60 days of diagnosis [11]. It is known that infection is a major cause of early mortality in myeloma and if the symptoms of infection are recognised and treated promptly many of these deaths can be avoided. Myeloma CNS' are ideally placed to educate patients and their families about signs and symptoms of infection which require reporting for intervention by healthcare professionals.

The National Confidential Patient enquiry [12] examining patient deaths within 30 days of receiving chemotherapy showed a high proportion of such patients had myeloma and other haematological cancer. In a study of over 9 000 patients, it was found that 22% of deaths in the first year after diagnosis of myeloma were caused by infection [13].

### 3. Strategic alignment and objectives

Your business case needs to demonstrate how the myeloma CNS role aligns strategically to national policy requirements and local objectives.

#### National policy requirements

Policy	How does the myeloma CNS role align to this policy objective?
NHS Outcomes Framework [14]	<ul style="list-style-type: none"> <li>Positively contributes to the new indicator for one and five-year survival for all cancers</li> </ul>
Improving Outcome: A strategy for cancer care (2011) [15]	<ul style="list-style-type: none"> <li>Directly improves the patient experience and correspondingly positively influences patient outcomes</li> <li>Assesses patient, family and carer information needs throughout the patient pathway to ensure that information is provided in the right format at the right time: information provision will support patients to make the right choices about their health and treatment, resulting in better outcomes</li> </ul>
Equity and Excellence: Liberating the NHS [16]	<ul style="list-style-type: none"> <li>Promotes patients' involvement in their own care through ongoing management of a caseload of myeloma patients</li> <li>Supports self-management by encouraging patients and their families to recognise symptoms of complications/relapse and report these promptly</li> <li>Contributes to achieving improved clinical outcomes and a higher quality patient experience</li> </ul>
High Impact actions for nursing and midwifery[17]	<ul style="list-style-type: none"> <li>Manages and leads discharge (ready to go high impact action)</li> <li>Ensures admitted patients are well nourished (keeping nourished, getting better high impact action)</li> <li>Facilitates conversations about preferred place of death (where to die when the time comes high impact action)</li> </ul>
Chemotherapy services England[18]	<ul style="list-style-type: none"> <li>Delivers aspects of the chemotherapy care pathway including information, education, advice and support for patients and carers</li> </ul>
End of life care strategy [19]	<ul style="list-style-type: none"> <li>Delivers elements of the end of life care pathway including discussions as end of life approaches and coordination of care for individual patients, providing support and information for patients, carers and families</li> </ul>

NICE has also proposed developing a set of quality standards for myeloma and their implementation will be monitored by commissioners. CNS' can provide input to Trust's meeting these quality standards [20].

## Internal Trust strategic objectives

Make sure that you are aware of your hospital or Trust's key strategic objectives before writing your business case; your business case should outline how the role of a myeloma CNS will support and develop the key strategic objectives alongside national policy objectives.

Most hospital and Trusts key strategic objectives are based on the following themes:

### 1. Community integration

In your case demonstrate how the role of the myeloma CNS post will support services which provide care as close to home as possible through liaison with primary care and home visits where appropriate. The post holder will also be a source of expert knowledge in myeloma and available to provide specialist support to primary and community care colleagues.

### 2. Providing optimum treatment and care to patients

Demonstrate how the unique role of the myeloma CNS ensures that myeloma patients have vital access to specialist, expert nurse support and the best possible standard of treatment and care. Some examples of myeloma CNS activities which facilitate this include:

- Liaison with all wards where myeloma patients are in-patients to assist with care and discharge planning, ensuring continuity of care and avoiding duplication
- Community work including home visits which are vital for post-diagnosis psychological support, carrying out holistic assessments and palliation
- As myeloma is a relapsing/remitting disease, patients also need a high level of support at relapse which can be provided by the CNS role
- Opportunities to provide care closer to home e.g. Velcade® administration and Zometa® (according to patient choice)
- Ensure that the myeloma service has up-to-date policies and guidelines to meet clinical governance requirements and to assist in the care of myeloma patients and contribute to continuity of care wherever they are treated
- Telephone consultations or contact with patients and carers
- Holistic assessment both at the point of diagnosis and throughout the patient's myeloma
- Referrals to other specialities to ensure holistic needs of myeloma patients are met
- Acting in the role as named key worker for patients and their families/carers
- Providing support for carers
- Referrals and signposting of patients, their families and carers to other agencies
- Supporting and leading local patient services e.g. local patient support groups
- Blood result review and acting on blood results anomalies such as arranging prescriptions or highlighting indications of myeloma relapse to consultants
- To be present at breaking bad news consultations
- Providing letters for insurance and housing etc
- Symptom control
- Peripheral blood stem cell transplant preparation and care during recovery following high-dose therapy and stem cell transplant

### 3. Supporting and developing services

Show how the role of the myeloma CNS will not only improve treatment and care for patients, but how the post will also support the service delivery of your hospital or Trust. Some examples include:

- Providing a nurse-led service to support consultants
- Reducing consultant time
- Contributing to staff education
- Improving multidisciplinary team working

### 4. Market assessment

#### Current position

This section of your business case should provide an overview of existing services (or lack of them) for myeloma patients within your hospital or Trust as well as providing an indication of current service demand and potential unmet need.

Service overview should include:

- Staffing levels
- Current nursing attendance at MDT meetings
- Outpatient clinic appointments
- Numbers of elective/non-elective admissions for myeloma
- The current number of patients diagnosed with myeloma currently being treated by the hospital receiving anti-myeloma or supportive treatments
- Number of newly diagnosed myeloma patient for the past five years
- Expenditure

Current service demand and unmet need should include:

- Expected number of myeloma patients using national prevalence figures
- Appointment frequency for myeloma patients and required outpatient clinic capacity
- Indicators of mismatched demand and supply which could be addressed by releasing consultant capacity including waiting times for first appointment with a consultant haematologist, over-running outpatient clinics

Sample data provided by the University Hospital of North Tees and which covers a population of approximately 365,000 people identified the following data as part of their business case to continue funding for a myeloma CNS role:

- 24 patients were referred to the haematology department with suspected myeloma over the period of January 2011 and January 2012
- 50% of those patients who were referred under the 2 week wait
- On average patients waited 6 days after being referred to the Haematology Department under the 2 week wait
- 11 patients were diagnosed with myeloma

- 13 patients were diagnosed with another plasma cell dyscrasia

In your case you might want to consider additional data such as:

- How many myeloma patients attend the haematology department every month to receive supportive treatments, i.e. bisphosphonate treatment
- How many myeloma patients attend the haematology department every month for a check up and are reviewed by the myeloma CNS (if post is currently filled)
- How many patients with another haematological cancer are treated at your hospital
- How many other CNS posts, particularly in another haematological cancer i.e. lymphoma, are in post at your hospital

Within this section you should outline the short-comings and limitations in existing services as this can be used as a strong argument to make the case for the role of the myeloma CNS.

Conclude this section with a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the current situation. (See Appendix II).

### **Proposed service development**

Your case should describe your vision for change and your proposal for service development within the framework of your hospital or Trusts' key strategic objectives, and should refer to local and national strategies that can support your proposed service development.

Your business case needs to address practical issues such as the capacity of facilities to expand or maintain myeloma service provision, staff members required to deliver the service to patients in addition to the myeloma CNS, and state what the myeloma CNS will be capable of delivering, for example:

- Additional service capacity
- Transfer of activity to community services
- Provision of superior care and support for patients
- Improvement to existing services
- Provision of a new or extended service

To highlight CNS activities, a suggested job plan for the myeloma CNS role is provided in Appendix 1.

Within this section of your business case you need to state measurable milestones, including expected completion dates for proposed service developments or improvements.

### **Proposed capital development**

You need to research and outline any financial investment required, not including the salary of the myeloma CNS, to develop myeloma services for patients within your hospital or Trust. This could include, for example, any refurbishments and additional seating capacity with the waiting area of your department.

**When completed, this section of your case should demonstrate that there is a case for change**

## 5. Benefits and deliverables

Your business case should demonstrate measurable, quantitative outcomes of the role of the myeloma CNS in post.

Whenever possible you should audit the experience of myeloma patients in your hospital or Trust to develop an evidence base which will provide justification of the CNS in post and support your business case. Myeloma UK can provide you with a sample audit to complete. (See Appendix III).

Some of the expected benefits you should reflect in your business case include the following; you need to describe how these will be quantified and evaluated on an ongoing basis and whether they are supported by existing evidence.

Expected benefits	Supporting evidence for the CNS role in delivering this benefit
Better concordance with medication and increased self-care	Cancer patients with access to a cancer CNS report better information provided to them about support groups and a greater choice of different cancer treatments [10]
Better outcomes and overall survival	Cancer CNS' result in reduced risk of complications after surgery [9] Haematology CNS' educate patients to help minimise life-threatening complications including renal impairment, infections and spinal cord compression [7]
Reduction in inappropriate admissions as emergencies or to specialist haematology wards	CNS' reduce unnecessary admissions by acting as a first point of contact, helping to avoid the development of complications and improving patient's self-care [21]
Reduction in the length of stay/excess bed days	When involved with patients at the time of admission cancer CNS' can facilitate earlier discharge and as a result reduce the length of stay in hospital [9]
Reduction in the numbers of patient deaths within 30 days of chemotherapy	Cancer CNS' play an important role in providing education about treatment plans and toxicities (including neutropenic sepsis) and emphasising early presentation of signs and symptoms[22] Lack of a specific CNS for the relevant type of cancer contributed to patient deaths due to a consequent lack of effective communication between doctors, nurses patients and relatives [12]
Reduction in patient and carer distress as a result of recognition and management of side-effects of both disease and treatment	Cancer CNS' quickly identify issues and reduce the need for hospital admission[23]
Reduction in side-effects of cancer treatment	Patients with a cancer CNS are more likely to be given easy to understand written information about side-effects of treatment supporting them to recognise and report side-effects for appropriate action [6]

Reduction in risks of recurrent disease	Cancer CNS' reduce the risk to patients from the disease or its treatment [24]
Reduction in the proportion of people who report unmet physical or psychological support needs following treatment	Cancer CNS' provide a holistic approach to patient management [25]. Cancer CNS' use empathy, knowledge and experience to assess and alleviate psychosocial suffering of patients [6]. Haematology CNS' play a vital role in ensuring patients receive optimal psychological support to promote wellbeing and overall quality of life [26]
Increased liaison between community and specialised services	Cancer CNS' refer to other agencies or disciplines as appropriate [24]
Incorporation of best evidence-based practice into all myeloma services	Cancer CNS' improve the quality of care [23]
Improved patient satisfaction	Clinical CNS' are consistently rated higher than other healthcare professionals in understanding patient needs, designing better personal care pathways and obtaining patient feedback [9]. Cancer CNS' improve patient experience [23]
<ul style="list-style-type: none"> <li>▪ Improved times from first referral to first treatment</li> </ul>	Haematology CNS nurse-led clinics are successful [27] and can free up consultant capacity
<ul style="list-style-type: none"> <li>▪ Reduced clinic waiting times</li> </ul>	Clinical CNS' can be a cost-effective alternative to speed up patient throughput [28]
<ul style="list-style-type: none"> <li>▪ Evidence of MDT working which benefits patients (shared protocols, improved communication strategies)</li> </ul>	Cancer CNS' act as the key accessible professional for the MDT [24]
<ul style="list-style-type: none"> <li>▪ Increase in myeloma patients' participation in clinical trials</li> </ul>	Cancer CNS' can help patients overcome barriers to participation in clinical trials and their communication style about the pros and cons of clinical trials can positively influence enrolment [29]

## 6. Constraints and dependencies

Within this section of your business case, you should outline current resources and service provision to myeloma patients and their families, including:

- State if there is a myeloma CNS currently in post and the business case is to extend this post or if you are applying to recruit a new myeloma CNS
- Outline the current capacity and demand on myeloma services:

- How many myeloma patients are reviewed each month in your hospital or Trust (remember to state a time period)
- How many home visits were carried out over the same period? What was the need of these home visits?
  1. Post diagnosis?
  2. Psychological support?
  3. Assessment?
  4. End of life support?
  5. Symptom control review?
  6. Other?

Think about what else would be covered by a myeloma CNS that contributes to the haematology/myeloma services of your hospital or Trust. For example:

- Attendance at weekly network haematology MDT meetings?
- Support to achieve Cancer Peer Review measures
- The dependency and impact of the CNS role on other services including all support services

## 7. Options appraisal

Your business case should outline the options to be explored (at high level), including:

- The impact on haematology/myeloma services if you “do nothing”
- The benefits of appointing a myeloma CNS

Provide a short narrative/ simple summary about each option and describe the preferred option at this stage.

### Option 1: Do nothing

Outline the implications of failing to fund or continuing to fund the post of myeloma CNS within your hospital or Trust. Some suggestions include:

- Non-compliance with cancer standards
- Myeloma patients will receive a lower quality of support, management, treatment and care
- Attendance at consultant clinics will increase with added pressure of newly diagnosed myeloma patients
- Consultants' workload will continue to increase, putting further strain on a specialty with a national shortage of consultants
- Reduce the ability to participate in clinical trials

### Option 2: Appoint 1 x WTE (Whole Time Equivalent) myeloma CNS

Outline the benefits of funding or continuing to fund the post of myeloma CNS within your hospital or Trust. Some suggestions include:

- Will ensure the delivery of a high-quality, expert service to myeloma patients and compliance with all national cancer standards and peer review measures
- Improve outcomes for patients
- Develop expertise and local advocates for patients

- Improve the patient experience throughout their cancer pathway
- Reduce attendance at consultant clinics
- Reduce pressure and demands on consultants' time
- Improve sustainability of clinical haematology
- Reduce telephone calls and visits due to lack of clear and consistent information
- Reduce emergency admissions and strain on other hospital services

State the preferred option at this point.

## 8. Financial evaluation

In addition to the quality of care and patient outcome benefits, your business case must include the financial benefits of a myeloma CNS in post. It is important to involve the relevant finance lead to help complete this section of your business case.

Your business case should not only summarise the high level financial analysis of funding a myeloma CNS post but the savings that this post can bring, including:

- CNS led clinics can replace some consultant led clinics at a reduced cost
- The timely recognition of side-effects and patient education provided by myeloma CNS' can:
  - Reduce morbidities and emergency hospital admissions
  - Prevent unnecessary inpatient stays
  - Reduce the length of stay and therefore excess bed days of admitted patients where costs incurred by the hospital or Trust are not covered by payment by results [30]
  - Reduce the readmission rate which is currently 8.3% of all admissions [31]

Note that at the moment non-payment for hospitals for readmissions within 30 days excludes cancer but the Department of Health has indicated this will be reviewed in future years [32].

Before contacting your finance team you may find it useful to use the return on investment calculator developed by the NHS Institute for Innovation and Improvement to quickly assess the costs and potential savings of establishing a myeloma CNS post. Available online at: [http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/Return\\_on\\_Investment\\_\(ROI\)\\_calculator.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/Return_on_Investment_(ROI)_calculator.html).

Your case should not only highlight how the appointment of a myeloma CNS can save costs, but ways to ensure that the cost-effectiveness of a myeloma CNS role can be maximised. The NHS is looking to make cost savings and some Trusts and senior managers see the CNS role as an unaffordable luxury.

Mergers and cuts are being implemented to try to recoup staffing costs and reconcile the budgetary deficit [33]

The value of the CNS can be maximised by ensuring that they do not spend time on administrative duties which can be performed equally as well by non-specialist/lower band staff nurses. A poll of 6,000 nurses completed by the RCN found that 17.3% of hours a week were spent by CNS' completing non-essential paperwork such as filing, photocopying and ordering supplies.[34]

Emphasise in the business case that the cost-effectiveness of a CNS role can be enhanced by appropriate administrative support to ensure that the CNS role is concentrated on providing direct patient care.

## Evidence of cost-effectiveness

The Frontier Economics report (on behalf of the Department of Health), estimates a one-to-one model of care provided by the CNS is not only cost-effective but will result in savings to the NHS budget overall. Some of these costs are incurred by the hospital or Trust directly, but most will be of interest to your commissioners. These include increasing improvements in the quality and co-ordination of care resulting in a reduction in emergency bed days, routine follow-up and GP visits [35].

A continued high-level of emergency admissions is unsustainable, given that commissioners are under continual pressure to make large efficiency savings.

## Financial analysis:

- Ensure that all financial consequences have been identified
- Where possible compare costs of various options – myeloma CNS in post compared to not in post and the financial implications that this will have on other services
- Highlight how the role of the myeloma CNS is value for money (cost-neutral or generating savings)
- Assess the implications of both cost and potential income

Include a summary of high level financial analysis of a myeloma CNS in post including:

### 1. Costs –

From 1 April 2013 the NHS pay scales for a band 6 and 7 nurse range from XXXXX and XXXXX respectively. **[CHECK CURRENT PAY SCALES ON THE NHS WEB SITE AND INSERT CORRECT FIGURES HERE]**

Direct costs of the post will include, in addition to relevant Agenda for Change pay rates, an additional 24% on costs for pension and National Insurance contributions and some variable costs for transport, uniforms, training, computer and consumables, room and furniture.

### 2. Capital implications

You need to research and outline any financial investment required, not including the salary of the myeloma CNS, to develop myeloma services for patients within your hospital or Trust. This could include, for example, any refurbishments and additional seating capacity with the waiting area of your department.

### 3. Income

Is the creation of the myeloma CNS expected to generate income?

Potential sources of income may include:

- Increased outpatient activity
- Chargeable telephone consultations
- Reduction in excess bed days (those past the tariff trim point) which are not cost-effective for the Trust and reduce capacity overall for provision of admitted care
- Helping to meet local CQUIN requirements and their associated quality payments

## 9. Non-financial risk

Your business case should address any non-financial risks, if any, and the impact the role a myeloma CNS will have on myeloma patients or any other services or departments within your hospital or Trust.

Completing a SWOT assessment will outline the Strengths, Weaknesses, Opportunities and Threats associated with developing the role of a myeloma CNS within your hospital or Trust.

Any identified potential risks to myeloma patients, or other services within your hospital or Trust should be:

- Identified
- Quantified (i.e. major, minor, low, high)
- Manageable

Any non-financial risks should be linked to section 7 (options appraisal) even if after your research and evidence collecting your hospital or Trust chooses option 1: do nothing.

Within this section you should also state:

- **What are the chances of success in securing the role of a myeloma CNS?**

At this stage, your case should demonstrate that the evidence and data you have collected for your business case shows that the appointment of the role of myeloma CNS is necessary and achievable.

- **What are the consequences if your business case is unsuccessful?**

Additional risks of a non-myeloma specialist operating within the field include:

- Non-compliance with cancer standards
- Risks to patients of not receiving high-quality nursing care, which may impact on access to treatment, clinical outcomes and patient experience
- Risks to nurses operating in a field as non-specialists who don't have sufficient specialist knowledge and experience to deliver the best possible treatment and care to patients
- Attendance at consultant clinics will increase with added pressure of newly diagnosed myeloma patients
- Consultants' workload will continue to increase, putting further strain on a specialty with a national shortage of consultants
- Risks to the wider MDT and allied healthcare professionals not having access to a nurse specialist's expertise and advice
- Reduction in the ability to participate in clinical trials

- **Do you have an exit strategy if this role is not established or continued?**

## 10. Impact on other services

The impact of the role of a myeloma CNS (both positive and negative) on other hospital departments and services should be addressed within your business case. The appointment of the post could lead to an increase in demand on other services, including, for example:

- An increase in referrals to
  - Physiotherapy
  - Clinical psychology
  - Occupational health
  - The work load of community-based and district nursing services

Your case should address how any identified impact issues will be addressed and negated so as not to overburden other services within your hospital or Trust.

Any potential impact issues should also be addressed in sections 7 and 8 – Financial evaluation and non-financial risks

## 11. Conclusion and recommendations

### Measures of success

Appropriate assessment criteria should be in place to effectively measure the success of appointing a myeloma CNS to the post as outlined in Department of Health 2011 review, Improving Outcomes: A strategy for cancer [15]. The evidence and data that you collect to support your case should be collected over a defined period of time (minimum of six months) to demonstrate the positive impact on services and patient care where a myeloma CNS is currently in post.

### Conclusion

Your case conclusion should state that significant developments of novel compounds and new drug combinations in recent years, means that myeloma today is a treatable chronic disease, although cure remains elusive. Treatment, along with ongoing care and support aims to extend patient survival, minimise disease complications and improve quality of life. A high proportion of younger patients can now expect to live with myeloma as a chronic cancer and maintain a good quality life.

Restate that as outlined in your business case, myeloma CNS' are highly skilled nurses, with expert knowledge and understanding in myeloma and are an invaluable resource to patients in supporting them to live with this chronic cancer. Highlight how CNS' provide patients with the information and support required to make informed decisions about their treatment and care throughout their myeloma pathway, but also how the appointment of the role can have a significant impact on the current financial and service burdens facing Trusts directly and the overall NHS.

In your conclusion you should refer to section 7 (options appraisal) and state that you are applying for the appointment or continuation of the role of a myeloma CNS and reinforce the negative impact of not appointing or maintaining the role on:

- Patients and their families
- Nursing peers
- The department/clinical team
- Other hospital or Trust services
- Hospital or Trust targets

It might be worth considering, at the end of data and evidence gathering to support the appointment of a myeloma CNS, whether your myeloma patient population and service demands justify the appointment of a WTE myeloma CNS (especially under such stringent healthcare economics and current commissioning priorities). In such circumstances, you may wish to develop a business case to propose joint working or splitting the post with another CNS post as a means of improving services and maintaining continuity of care for patients.

The evidence base and data that you have collected to write your business case should be used to support your conclusion and recommendations and reiterate what you have highlighted within your proposed case.

We recommend that your findings and recommendations are included in your executive summary at the beginning of your business case.

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## Further reading

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Department of Health, Macmillan Cancer Support and NHS Improvement (2013) Living with & Beyond Cancer: Taking Action to Improve Outcomes (an update to the 2010 The National Cancer Survivorship Initiative Vision) Available at: <http://www.ncsi.org.uk/wp-content/uploads/Living-with-and-beyond-2013.pdf>

Mersey Care NHS Trust. Guidance on Completing a Business Case in Business and Service Development Handbook.

## Appendix I

Sample job plan for a CNS (Copyright © Public Health Agency (PHA) and Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) INTERIM Job Planning Guidance for Clinical Nurse)

Activity per week		Number of sessions
<b>Clinical Sessions</b>		
1	Nurse-led clinics Average number of XX new patients and XX follow up patients	2
2	Multidisciplinary clinics	1
3	Multidisciplinary ward rounds	1
4	Multidisciplinary team discussions/case reviews	0.5
5	Provision of direct care on haematology/other wards	1.5
6	Patient education	(through clinics and home visits)
7	Home visits	1
8	Phone consultations per week	1
9	Clinical administration	0.5
	<b>Total</b>	<b>8.5</b>
<b>Supporting Professional Activity</b>		
10	Teaching - nurse and medical education	0.25
11	Clinical governance activities including audit and research	0.25
12	Administration	0.5
13	Contribution to service planning and policy development	0.25
14	Professional development/CPD	0.25
	<b>Total</b>	<b>1.5</b>
	<b>Combined total</b>	<b>10 sessions</b>

## Appendix II

SWOT Analysis is a useful technique for understanding your Strengths and Weaknesses, and for identifying both the Opportunities open to you and the Threats you face.

Strengths and weaknesses are often internal to your organisation, while opportunities and threats generally relate to external factors.



Myeloma UK thanks Katherine Dawson and the North Tees and Hartlepool NHS Foundation Trust for their support in developing the Myeloma Clinical Nurse Specialist Business Case

## Appendix III

### About you and your hospital

Q1. How old are you?

Q2. What is your gender?	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

Q3. What region of the UK do you live in?	
<input type="checkbox"/> Scotland	<input type="checkbox"/> West Midlands
<input type="checkbox"/> North East	<input type="checkbox"/> East Anglia
<input type="checkbox"/> North West	<input type="checkbox"/> South West
<input type="checkbox"/> Wales	<input type="checkbox"/> Central London
<input type="checkbox"/> Yorkshire and Humberside	<input type="checkbox"/> South East
<input type="checkbox"/> East Midlands	<input type="checkbox"/> Northern Ireland

Q4. Please tick the box below that most accurately describes your employment status?	
<input type="checkbox"/> Employed – Full time	<input type="checkbox"/> Retired
<input type="checkbox"/> Employed - Part time	<input type="checkbox"/> Student
<input type="checkbox"/> Unemployed	

Q5. When were you diagnosed with myeloma
--

<input type="checkbox"/> Newly diagnosed (within a month)	<input type="checkbox"/> 1 - 2 years ago
<input type="checkbox"/> 2 months - 6 months ago	<input type="checkbox"/> 3- 5 years ago
<input type="checkbox"/> 7 months - 12 months ago	<input type="checkbox"/> 6 - 10 years ago
<input type="checkbox"/> More than 10 years ago	

<b>Q6. Which hospital are you treated at?</b>

<b>Q7. Is the majority of your routine care as an outpatient (receive medical treatment without being admitted) or an inpatient (a patient who stays in a hospital while under treatment)?</b>
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient

<b>Q8. How often do you visit your hospital for a check-up/consultant appointment?</b>	
<input type="checkbox"/> Every week	<input type="checkbox"/> Every 4 - 6 months
<input type="checkbox"/> Every 2 - 4 weeks	<input type="checkbox"/> Every 7 - 12 months
<input type="checkbox"/> Every 2 - 3 months	<input type="checkbox"/> More than every 12 months?

<b>Q9. How often do you go to the hospital to receive your treatment?</b>	
<input type="checkbox"/> Every week	<input type="checkbox"/> Every 4 - 6 months
<input type="checkbox"/> Every 2 - 4 weeks	<input type="checkbox"/> Every 6 - 12 months
<input type="checkbox"/> Every 2 - 3 months	<input type="checkbox"/> More than every 12 months?

Q10. What type of clinic do you attend to receive treatment?	
<input type="checkbox"/> Myeloma-specific	<input type="checkbox"/> Haematology
<input type="checkbox"/> General oncology	<input type="checkbox"/> I'm not sure

Q11. Who runs the clinic that you attend?	
<input type="checkbox"/> Consultant	<input type="checkbox"/> Specialist nurse
<input type="checkbox"/> Both your consultant and specialist nurse	

Q12. On average how long do you have to wait at the hospital before you receive your treatment?	
<input type="checkbox"/> Less than 10 minutes	<input type="checkbox"/> Less than 30 minutes
<input type="checkbox"/> 30 minutes to 1 hour	<input type="checkbox"/> 1 - 2 hours
<input type="checkbox"/> 2 - 3 hours	<input type="checkbox"/> More than 3 hours

Q13. Do you think the facilities in the waiting room at your hospital are adequate?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (please explain why and how they can be improved)

**Q14. Do you have a specialist nurse at your hospital who is involved in your treatment and care? If your answer is No/I'm not sure, please go to Q17**

Yes

No

I'm not sure

**Q15. If you do have a specialist nurse, do you know how to contact them during office hours?**

Yes

No

**Q16. If you do have a specialist nurse, do you know how to contact them outside of office hours?**

Yes

No

**Q16a. What type of specialist nurse do you have access to? (please tick all that apply)**

Myeloma specialist nurse

Haematology specialist nurse

Transplant specialist nurse

Research & clinical trials specialist nurse

Oncology specialist nurse

I'm not sure

Other (please specify)

<b>Q16b. If you do have access to a specialist nurse, of the above who manages your care/do you have the most contact with?</b>	
<input type="checkbox"/> Myeloma specialist nurse	<input type="checkbox"/> Haematology specialist nurse
<input type="checkbox"/> Transplant specialist nurse	<input type="checkbox"/> Research and clinical trials specialist nurse
<input type="checkbox"/> Oncology specialist nurse	<input type="checkbox"/> I'm not sure
<input type="checkbox"/> Other (please specify)	

<b>Q17. If you don't have access to a specialist nurse, who coordinates your care?</b>	
<input type="checkbox"/> Your Consultant	<input type="checkbox"/> A more junior nurse
<input type="checkbox"/> Your GP	<input type="checkbox"/> I'm not sure
<input type="checkbox"/> Other (please specify)	

<b>Q18. If you do have a specialist nurse, when did you first meet them?</b>	
<input type="checkbox"/> Before you were diagnosed	<input type="checkbox"/> At diagnosis
<input type="checkbox"/> The first time you received treatment	<input type="checkbox"/> Other (please specify)

## At diagnosis

(Please only answer the questions that apply to you)

Q19. Who was present when you received your diagnosis?	
<input type="checkbox"/> Just your consultant	<input type="checkbox"/> Your consultant and a specialist nurse
<input type="checkbox"/> Your consultant and a junior nurse	<input type="checkbox"/> Your consultant and another healthcare professional (please specify)
<input type="checkbox"/> Other (please specify)	

Q20. What, if any, information did you receive at diagnosis? (Please tick all that apply)	
<input type="checkbox"/> Verbal information about myeloma	<input type="checkbox"/> Verbal and written information about myeloma
<input type="checkbox"/> The nurse/ward contact details	<input type="checkbox"/> The contact details for other organisations, for example Myeloma UK and Macmillan Cancer Support
<input type="checkbox"/> How to contact someone out of hours/in an emergency?	<input type="checkbox"/> Other (please specify)

--	--

**Q21. What, if any, additional information or support would have been beneficial at diagnosis?**

--

**Q22. Did you have the opportunity to speak to your specialist nurse after you received your diagnosis?**

Yes

No

**Q23. Were given sufficient time to talk to your specialist nurse at diagnosis?**

Yes

No

**Q24. If you answered No to Q24, why was this?**

--

**Q25. Did you have somewhere private to talk to your specialist nurse at diagnosis?**

Yes

No

**Q26. If you did NOT have a specialist nurse present at diagnosis, do you think this would have been beneficial?**

Yes (please explain why)

No

**Q27. If a specialist nurse WAS present at diagnosis, how important was their presence/role?**

1

2

3

4

5

6

7

Not valuable  
valuable

Very

**Q28. If a specialist nurse was NOT present at diagnosis, how valuable do you think this would think their presence would have been?**

1

2

3

4

5

6

7

It would have made no difference  
valuable

It would have been very

### About your specialist nurse

(Please only answer the questions that apply to you)

Q29. Do you know how to contact your specialist nurse out of hours/in-between scheduled appointments?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Q30. Do you feel comfortable contacting your nurse out of hours/in-between scheduled hospital appointments?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (please specify)

Q31. How often do you speak to or have contact with your specialist nurse?	
<input type="checkbox"/> Once a week	<input type="checkbox"/> Every 2 - 4 weeks
<input type="checkbox"/> Every couple of months	<input type="checkbox"/> Only at my scheduled hospital appointments
<input type="checkbox"/> Less than every six months	<input type="checkbox"/> Other (please specify)

--	--

<b>Q32. If you had any questions or concerns about your health in-between hospital appointments who would you contact?</b>	
<input type="checkbox"/> My specialist nurse directly	<input type="checkbox"/> NHS direct or NHS 24
<input type="checkbox"/> My GP	<input type="checkbox"/> A&E
<input type="checkbox"/> Use the internet	<input type="checkbox"/> An organisation such a Myeloma UK or Macmillan Cancer Support
<input type="checkbox"/> I'm not sure, I haven't had to contact anyone in-between appointments	<input type="checkbox"/> Triage telephone number as provided by my nurse or consultant
<input type="checkbox"/> Other (please state)	

<b>Q33. Have you been told who you should contact in an emergency?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Q34. Who have you been told to contact/who would you contact in an emergency?</b>	
<input type="checkbox"/> My specialist nurse directly	<input type="checkbox"/> NHS direct or NHS 24
<input type="checkbox"/> My GP	<input type="checkbox"/> A&E
<input type="checkbox"/> Use the internet	<input type="checkbox"/> An organisation such a Myeloma UK or Macmillan Cancer Support

<input type="checkbox"/> I'm not sure, I haven't had to contact anyone in-between appointments	<input type="checkbox"/> Triage telephone number as provided by my nurse or consultant
<input type="checkbox"/> Other (please state)	

<b>Q35. Do you think your specialist nurse enhances your treatment and care?</b>	
<input type="checkbox"/> Yes (please explain why)	<input type="checkbox"/> No (please explain why)

<b>Q36. In your opinion, what are the three main benefits of having access to a CNS on your treatment, management and care?</b>
<p>1.</p> <p>2.</p> <p>3.</p>

<b>Q37. What would be the biggest impact to you if didn't have access to a CNS?</b>
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**Q38. Is there anything else you would like to add, or anything else you think we need to know about your CNS?**

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