



**Roy Castle Lung Cancer Foundation:  
Guide to creating a business case for a  
lung cancer nurse specialist role**

**2015**



# Roy Castle Lung Cancer Foundation – Guide to creating a business case for a lung cancer nurse specialist role

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## Executive summary

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Lung cancer nurse specialists (LCNSs) play a hugely important role in delivering safe, effective and patient-centred care for people with lung cancer. There is evidence to suggest that LCNSs can contribute to cost-savings for the NHS – LCNSs have been shown to represent good value for money by reducing the number of emergency admissions, the length of hospital stay, the number of follow-up appointments, the number of medical consultations and providing support to enable people to be cared for and die in their place of choice<sup>1</sup>.

Despite this, we know that it is often an uphill battle to make the case for commissioning an LCNS role. This guide to developing a business case for an LCNS role will give you the tools you need to build your case. It includes guidance on how to structure your business case, as well as some of the background information you will need to make a strong business case.

In this document you will find advice on:

- How to get started
- The structure of your business case
- Timelines for developing your business case
- Costs, benefits and options appraisal
- Financials
- Demographics
- Sources of other information you might find useful

## Introduction

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The Roy Castle Lung Cancer Foundation has produced this guide to aid aspiring lung cancer nurse specialists and/or service designers as they seek to bring about change through the establishment or expansion of LCNS positions in their locality. This guide provides users with a clear structure to be used as the basis of a LCNS business case, highlighting those areas which require specific tailoring to the context of the local population and local services.

This document is intended to be a comprehensive guide to the intricacies of business case development, helping users to establish the key sources, content and format needed to maximise potential uptake of proposals. To facilitate this the guide begins by providing users with general guidance on the development of a business case, providing information on important allies and techniques that will ensure high-quality proposals.

Beyond general guidance this guide also provides users with a detailed analysis of how a business case should be structured, the information it should contain – covering topics from financials to local demographics and expected timelines.

In the development of this guide there has been an attempt to codify existing information, advice and best practice in the field of clinical business case development into a single document. Further sources and nurse specialist business case examples from other disease areas are also contained at the end of this guide.

### *About lung cancer*

Despite improvements in the quality of care and treatment for people with lung cancer in recent years, lung cancer remains one of the most common cause of cancer deaths for both men and women in the UK, accounting for 22% of all cancer deaths and 13% of cancer cases<sup>2,3</sup>.

Each year around 43,500 people are diagnosed with lung cancer in the UK<sup>4</sup>. On average, only around a third of people survive lung cancer for three years after diagnosis, and fewer than one in ten survive beyond five years<sup>5</sup>. Awareness of the signs and symptoms of lung cancer is low and more than two thirds of patients are diagnosed at a stage when curative treatment is no longer an option<sup>6</sup>. There are significant variations around the UK in outcomes, treatment, care and patient experience for people diagnosed with lung cancer<sup>7</sup>.

### *About lung cancer nurse specialists (LCNSs)*

The clinical nurse specialist role was first introduced in 1995 and since has since seen a significant increase in the number of LCNSs<sup>8</sup>. Despite this progress, variation in access to LCNSs remains across the UK<sup>9</sup>.

LCNSs play a vital role in the delivery of high quality care and treatment to patients with lung cancer. They are in an ideal position to be able to care for patients with lung cancer in a holistic way, ensuring that all their care needs are addressed from referral to diagnosis, through treatment and survivorship, and including end of life care. As a result of this important role, the National Institute for Health and Care Excellence (NICE) has decreed that a lung cancer clinical nurse specialist is available at all stages of care to support patients and carers<sup>10</sup>.

## General guidance on developing a business case

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### Purpose of the business case

The purpose of the lung cancer nurse specialist (LCNS) business case is to provide the justification for undertaking additional investment in LCNS services within a local health economy or local organisation. It needs to set out the costs of investment and the anticipated benefits, offset by identified risks. The holders of investment are then enabled to review the investment priority against other investment proposals. The business case should contain all that is necessary to decide on additional investment in LCNS nursing.

### How to get started

Starting a business case can be a daunting prospect. This section gives you some guidance on how to get started, including:

- Seeking allies for change
- Identifying the audience
- Writing the business case
- Timelines

### *Allies for change*

As well as building a strong evidence base for an LCNS role, establishing a group of allies who support your case is an important step. Without clear clinical investment in the case from a number of sectors, it will be very difficult to deliver a compelling business case. There is no prescribed group of allies, but they can include:

- GPs
- Other clinicians
- Specialist nurses
- MDTs
- Commissioning managers
- Service users
- Service providers

This is by no means an exhaustive list, but we would recommend engaging at least two to three allies for change. Be mindful of the roles and the time pressures of each of these groups – for example, GPs are unlikely to be able to be able to commit significant time to developing the business case.

We would specifically recommend engaging with patient support groups, cancer support groups or other patient and public involvement groups in your area if possible. Service user insights are extremely valuable and will provide credibility for your proposed business case. It would also be useful to carry out a patient needs assessment. The Roy Castle Lung Cancer Foundation can provide a template assessment if this would be useful.

This particular line of activity need not be extremely time intensive but the pay-off for the time spent on developing allies for change will be seen later on in submitting the business case.

Demonstrating clinical ownership and the buy-in of service users will create a solid foundation for presenting a strong case for an LCNS role.

### *Identifying the audience*

As well as identifying appropriate allies for change, it is important that you understand who the audience for your business case will be. Different audiences will have different priorities and it is vital that your business case aligns with those priorities.

Audiences for your business case may include:

- A clinical commissioning group (CCG) on its own behalf
- A CCG on behalf of itself and others
- A healthcare provider – eg a local hospital
- An NHS trust overseeing several hospital

The commissioning arrangement for specialist nursing services will vary from area to area so it is worth understanding who will make the final decision on the business case before you begin writing it.

### *Writing the business case*

Expectations of what needs to be included in a business case will vary from area to area. Make sure you understand what your local area or the body to which you are submitting your business case expects with regard to the content and format of the document.

Once the required content has been identified, work with your allies to discuss existing provision and desired change. For example, is the business case for a new LCNS role or to expand a current LCNS's role? This will be driven by priorities in your local area and the priorities of your audience. The content can also be developed through local workshops and undertaking research into the evidence for LCNSs. This business case include some of the evidence you will need.

The success or failure of a business case is not based on its length, but rather on whether it presents a compelling case for change. Your business case will stand, or fall, for some, on a very quick assessment of 'how much does it cost, how much does it save, what will we get for the money?' Your business case must therefore aim to quantify the improvements in services, through better patient outcomes, enhanced quality of life and cost savings. These should be aligned with national and local guidance and incentives, for example the NHS Outcomes Framework and the CCG Outcomes Indicators Set.

### *Timescales of production*

The following is a rough timeline on delivering the business case. It is not intended to be followed exactly, but we would recommend using this as a guide to developing your own timelines.

Activity	Approximate delivery date
Download this business case guide	Week 0
Secure allies	Week 1
Research into understanding your audience's priorities and expectations	Weeks 1-2

Research into the benefits of your business case, including support information regarding alignment to local and national guidance	Weeks 3-6
Drafting the business case	Weeks 6-8
Finalise business case draft with allies	Weeks 8-9
Present to relevant commissioner or provider	Weeks 9-10

As suggested above, you may wish to undertake some mini-workshops in your area to build a consensus on local needs and priorities. These should be built into the above timeline, as appropriate.

The following sections set out the suggested structure for your business case. Different areas will have different requirements and many may have a pro forma that must be used. The following sections should therefore be used as a guide rather than a prescriptive structure.

### **Structure of the business case**

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The following is our suggested structure for the business case. We believe that by including information under these sections, you will be able to build a compelling and comprehensive business case for an LCNS role:

- *Executive summary* – this will require you to condense your key arguments and rationale into a short readable overview
- *Objectives* – in this section you should establish what you seek to achieve through the establishment or expansion of a LCNS role
- *Demographic information* – through establishing the size and specifics of your local lung cancer population, and by examining any service gaps this will help to demonstrate clear need
- *Options appraisal* – this section will allow you to set out a range of potential service options and an impact assessment and should include patient experience and outcomes
- *Financials* – although varying on a case-by-case basis it is important to use this section to show the comprehensive implications of proposed changes
- *Timings* – an expected timeline for delivery should include key milestones and a timescale for a return on investment
- *Other sections* – the inclusion of other sections will depend on the context of local services

## Building the business case

### Executive Summary

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*Note: text in black is the guidance written for the benefit of those filling in the business case while blue text is suggested text for them to include in the business case itself (although they are welcome to tweak and personalise this).*

This introductory section needs to be short and provide a brief outline of the business case document, including background, rationale and the benefits of implementing the business case. Below is some suggested text which can be used as the basis to inform your introduction. You may find it easier to write the introduction after you have plotted out your business case and calculated costs and return on investment.

The implementation of the following business case for a Lung Cancer Nurse Specialist (LCNS) will achieve quality benefits for patients, with a potential [return on investment of x% or financial benefits of £x]. Lung cancer patients will, as a result of this proposal, have increased access to care at the time of need, whilst simultaneously maintaining quality of care and providing value to commissioners. Lung cancer patients with acute or more complex care needs will have further improved access to specialist consultant staff.

This business case is proposed by a multi-disciplinary group, with [consultant name] acting as the clinical champion and [nursing name] as the nurse lead. [It is supported by [commissioner] and [patient group].]

It is recommended that [organisation(s)] invests additional funding of £[x] in a new LCNS post, in support of the implementation of Option [x] [Option 2 or 3, as per Investment appraisal] by [date of service expansion and/or service change].

### Objectives of commissioning an LCNS role

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This section should clearly and succinctly set out the objectives of commissioning an LCNS role. The objectives can include:

- Care-related objectives (for example, support, advice and liaison with other local support for lung cancer patients)
- Outcome-related objectives (for example, reducing mortality due to lung cancer)
- Service/finance related (for example, assisting in referral and facilitating liaison within multidisciplinary groups)

The objectives should be tailored to align with local priorities and national guidance, for example, improving people's experience of care under Domain 5 of the NHS Outcome Framework.

The Roy Castle Lung Cancer Foundation report *Understanding the value of lung cancer nurse specialists* provide useful information on potential objectives.

## Demographic information

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In this section you can demonstrate the clear need in your area for commissioning an LCNS. To do this it is important to provide a comprehensive snapshot of the current population, as well as an examination of inequalities that may exist. This is particularly important because it is well established that there is a strong association between lung cancer incidence and deprivation for both males and females in England<sup>11</sup>. You may also wish to include local information on referral patterns and diagnostic trends to demonstrate changes in local needs. Other data for the national level is provided below:

- As the most common cause of cancer deaths for both men and women in the UK<sup>12</sup>, lung cancer has a devastating impact on the lives of the roughly 43,500 people diagnosed with the disease each year<sup>13</sup>
- The crude incidence rate shows that there are 77 new lung cancer cases for every 100,000 males in the UK, and 61 for every 100,000 females<sup>14</sup>
- Lung cancer incidence is strongly correlated with age, with the highest incidence rates being in older men and women. Statistics show that close to 90 per cent of people diagnosed with lung cancer are over the age of 60<sup>15</sup>

Further data on lung cancer occurrence is available via the National Lung Cancer Audit (2014): <http://www.hscic.gov.uk/catalogue/PUB16019/clin-audi-supp-prog-lung-nlca-2014-rep.pdf>. Here you will find data for all NHS localities – including measures of patient population, patient treatment access and statistics on access to LCNSs. The National Lung Cancer Audit covers all four countries in the UK. However, the 2014 report does not include data from Northern Ireland. It is due to be published shortly.

## Options appraisal

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This should be the core of your business case and should demonstrate an option appraisal setting out the range of options that will deliver the outcomes expected. It should include:

- The implications of 'doing nothing'
- The options for delivery
- An assessment of the pros and cons for each option (benefits and dis-benefits)
- The potential costs of each option and sources of funding
- A recommended option for both delivery and funding.

### Options

It is worth setting out the range of options you are proposing, which should include one to “do nothing” and a preferred option.

You may want to use the table below to set this out clearly.

<b>Option one</b>	<b>Option two</b>	<b>Option three</b>
<b>Do nothing</b>	<b>Expand current service provision</b>	<b>Change to service model</b>

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Expected Benefits

Benefits are improvements from the perspective of one or more stakeholders. These should be measurable and linked back to the reasons for the business case. If the benefit listed applies to one or more of your business options and stakeholders, then place a tick in the corresponding column. The information in the benefits column should be concise, eg if you are listing most of the benefits against Reason 1 and also for Reason 2, put 'see above' plus any additional benefits specific to Reason 2. If possible include benchmarks for access to LCNS or another type of CNS nationally and in comparable trusts or CCGs. You may also wish to include feedback from patients through the NCPES to illustrate where additional resourcing may improve service delivery.

Benefits	Option			Reason	Stakeholder				
	One	Two	Three		Patients and carers	Commissioners	GPs	Service provider	Staff

Expected Dis-Benefits

These are outcomes of implementation of your business case which are perceived as negative by one or more stakeholders. Dis-benefits are actual consequences of the proposal, rather than risks.

In this section of the business case it would be useful to outline what the dis-benefits are for each of your business case options, and to compare these appropriately.

Risks

The risks presented by your business case need to be locally determined, assessed and mitigated, depending on the scale and type of the proposed developments and the local context. The table below is a template you may wish to use to identify, rate and potentially mitigate these risks. You are advised to prioritise these in order of risk and highlight the top three to five risks at the top end of the table.

NHS organisations usually calculate the risk as the product of impact and likelihood, each on a scale of one to five, with one being low impact/likelihood and five being high impact likelihood. The definitions for scoring impact and likelihood are not always readily accessible. What will matter most to those considering the business case is not that the scores are perfect, but that risks have

been considered. Do, however, ensure that risk is correctly calculated, so as to equal impact x likelihood (for example, a risk scoring three on impact and five on likelihood would provide a score of 15).

A range of risks should be considered, including quality, capacity, access, staffing, cost, income and reputation.

Different business case options are likely to produce different risks, so more than one table may be needed depending on which options you are asking the trust to consider.

Risk description	Impact 1 = low 5 = high	Likelihood 1 = low 5 = high	Risk impact x likelihood	Mitigation

We recommend you use the Roy Castle Lung Cancer Foundation report *Understanding the value of lung cancer nurse specialists* and the National Lung Cancer Audit report for information on the benefits of LCNSs.

## Financials

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### Business case development and implementation

The text below outlines a method of summarising your approach to how the business case has been developed and how implementation will take place. Each case will be different, so you may wish to adjust this depending on the method you have adopted to make your case.

This business case has been developed following a series of [x] workshops, between [start date] and end date, attended by [specialist nurse, consultant, service manager, commissioning manager, GP and service user]. This business case is proposed by a multi-disciplinary group, with [consultant name] acting as the senior clinical champion and [nursing name] as the nurse lead.

[Name] has undertaken the role of business case sponsor. The business case sponsor will ensure appropriate governance arrangements in order to support implementation of proposals, risk mitigation within acceptable timescales, and report back to [the Committee or Board receiving the business case] as agreed.

### Costs

A comprehensive approach to outlining projected costs will be crucial in ensuring your business case is taken further. Linking costs – and returns on investment – to local and/or national policies and frameworks will show that you have taken into account a wider understanding of the financial and political landscape in the development of your business case. If you are unsure about costs, talk to a senior nursing colleague or the National Lung Cancer Forum for Nurses and they should be able to provide additional guidance on costs.

The costs of each proposal are set out in the table below.

Cost	Option one	Option two	Option three
<i>e.g additional future cost to provider</i>			
<i>e.g additional future nursing income to provider</i>			

### Investment appraisal

Once benefits, dis-benefits, savings, costs and risks for each proposed option have been calculated, appraising and comparing these will enable you to cement your business case and support your final recommendation. The table below is an example of how you could set these out.

Factor	Option one	Option two	Option three
Relative benefits	<i>E.g None</i>	<i>E.g Medium</i>	<i>E.g High</i>
Relative dis-benefits			
Relative saving			
Relative cost			
Risk			

### Recommendation

It is recommended that [organisation(s)] invest[s] additional funding of £x in lung cancer specialist nursing, in support of implementation of Option x by [date of service expansion/service change].

### Timings

This section should set out the predicted timelines for delivery if the business case is accepted. It should include milestones, such as recruitment, commencement of changed services and the period of time over which there will be return on investment.

Recruitment may take a minimum of 5 months from business case approval, with the following timescales representing relatively quick turnaround:

1. Funding formally confirmed –one month
2. Job description updated and internal approval to recruit – one month
3. Post advertised, applications received – one month
4. Shortlisting and interviewing – one month
5. Employment checks and notice period before commencement – one month

### Other sections

Depending on the requirements of your local area, you may need to include additional sections on the following:

- A quality and safety impact assessment



- An equality impact assessment
- Information on patient and public involvement in the implementation of the business case
- An assessment of the impact on physical assets (ie estates)

Not every area will need this information. You should confirm what sections will be required before submitting your business case. If there is any additional information you would like to attach to the business case, for example, a copy of the Roy Castle Lung Cancer Foundation report, *Understanding the value of lung cancer nurse specialists*, these can be attached to your business case as annexes.

## **Conclusion**

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This business case guide is intended to give you the tools you need to build a strong and compelling business case for an LCNS post or to expand LCNS services in your area. However, it is your experience and motivation which will create the impetus for change. By working together, we can all ensure that LCNS services meet the needs of people with lung cancer so that no lung cancer patient will be faced with the prospect of facing this disease without the unique support of an LCNS.



## Annex 1 – Supporting information

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The following are useful sources of information to quantify your business case and to create a document which is compelling and evidence-based.

### Documents and Resources:

*Deaths Registered in England and Wales 2013*, November 2014 (Office for National Statistics):  
[http://www.ons.gov.uk/ons/dcp171778\\_381807.pdf](http://www.ons.gov.uk/ons/dcp171778_381807.pdf)

*Lung Cancer Key Statistics*, November 2014 (Cancer Research UK):  
[http://publications.cancerresearchuk.org/downloads/Product/CS\\_KF\\_LUNG.pdf](http://publications.cancerresearchuk.org/downloads/Product/CS_KF_LUNG.pdf)

*Lung cancer incidence statistics*, May 2014 (Cancer Research UK):  
<http://www.cancerresearchuk.org/cancer-info/cancerstats/types/lung/incidence/uk-lung-cancer-incidence-statistics>

Health and Social Care Information Centre, *National Lung Cancer Audit: 2013 Patient Cohort*, December 2014. Available online via: <http://www.hscic.gov.uk/catalogue/PUB16019/clin-audi-supp-prog-lung-nlca-2014-rep.pdf>

*Lung cancer: The diagnosis and treatment of lung cancer*, June 2015 (The National Institute for Health and Care Excellence): <https://www.nice.org.uk/guidance/cg121/resources/guidance-lung-cancer-pdf>

*Understanding the value of lung cancer nurse specialists*, January 2013 (Roy Castle Lung Cancer Foundation):  
[http://www.roycastle.org/Resources/Roy%20Castle/Documents/PDF/UnderstandTheValueOfLungCancerNurseSpecialists\\_V03.pdf](http://www.roycastle.org/Resources/Roy%20Castle/Documents/PDF/UnderstandTheValueOfLungCancerNurseSpecialists_V03.pdf)

*2014 National Cancer Patients Experience Survey Trust Reports*, September 2014 (NHS England):  
<https://www.quality-health.co.uk/resources/surveys/national-cancer-experience-survey/2014-national-cancer-patient-experience-survey/2014-national-cancer-patient-experience-survey-reports>

*Lung Cancer*, February 2013 (NHS Choices): <http://www.nhs.uk/conditions/cancer-of-the-lung/Pages/Introduction.aspx>

*Index of cancer survival for Clinical Commissioning Groups in England: Adults diagnosed 1997-2012 and followed up to 2013*, December 2014 (Office for National Statistics):  
<http://www.ons.gov.uk/ons/rel/cancer-unit/a-cancer-survival-index-for-clinical-commissioning-groups/adults-diagnosed-1997-2012-and-followed-up-to-2013/index-of-cancer-survival-for-clinical-commissioning-groups.html>



**Charities and Other Organisations:**

Roy Castle Lung Cancer Foundation: [www.roycastle.org](http://www.roycastle.org)

National Lung Cancer Forum For Nurses: [www.nlcfn.org.uk](http://www.nlcfn.org.uk)

Cancer Research UK: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Macmillan Cancer Support: [www.macmillan.org.uk](http://www.macmillan.org.uk)

National Cancer Intelligence Network: [www.ncin.org.uk/publications/](http://www.ncin.org.uk/publications/)

If there is any further information that you feel you require to complete your business case, please contact **XXXX** and they will be happy to supply you with the required information.

## Annex 2 – Helpful tips

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- Make sure you prepare the materials you need before you start writing your business case
- Talk to your peers and senior colleagues – they may be able to point you in the right direction if you are unsure where to look for information
- Don't be afraid to ask a senior colleague to read through your case – a second pair of eyes can often be helpful
- Make sure you leave yourself enough time to build a good case
- If you need more information about LCNSs, talk to the National Lung Cancer Forum for Nurses about where to find that information
- Make sure you adhere to any format and structure required by providers or commissioners in your local area
- Ask a colleague to proof your finished business case for spelling and grammar
- In your business case emphasise how an LCNS role would help an organisation meet local and national indicators and guidance

## References

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- <sup>11</sup> The National Cancer Intelligence Network, *Cancer by Deprivation in England Incidence, 1996-2010 and Mortality, 1997-2011, May 2014*. Available online via: [http://www.ncin.org.uk/about\\_ncin/cancer\\_by\\_deprivation\\_in\\_england](http://www.ncin.org.uk/about_ncin/cancer_by_deprivation_in_england)
- <sup>12</sup> Office for National Statistics, *Deaths Registered in England and Wales (Series DR) 2013*, November 2014. Available online via: [http://www.ons.gov.uk/ons/dcp171778\\_381807.pdf](http://www.ons.gov.uk/ons/dcp171778_381807.pdf)
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