



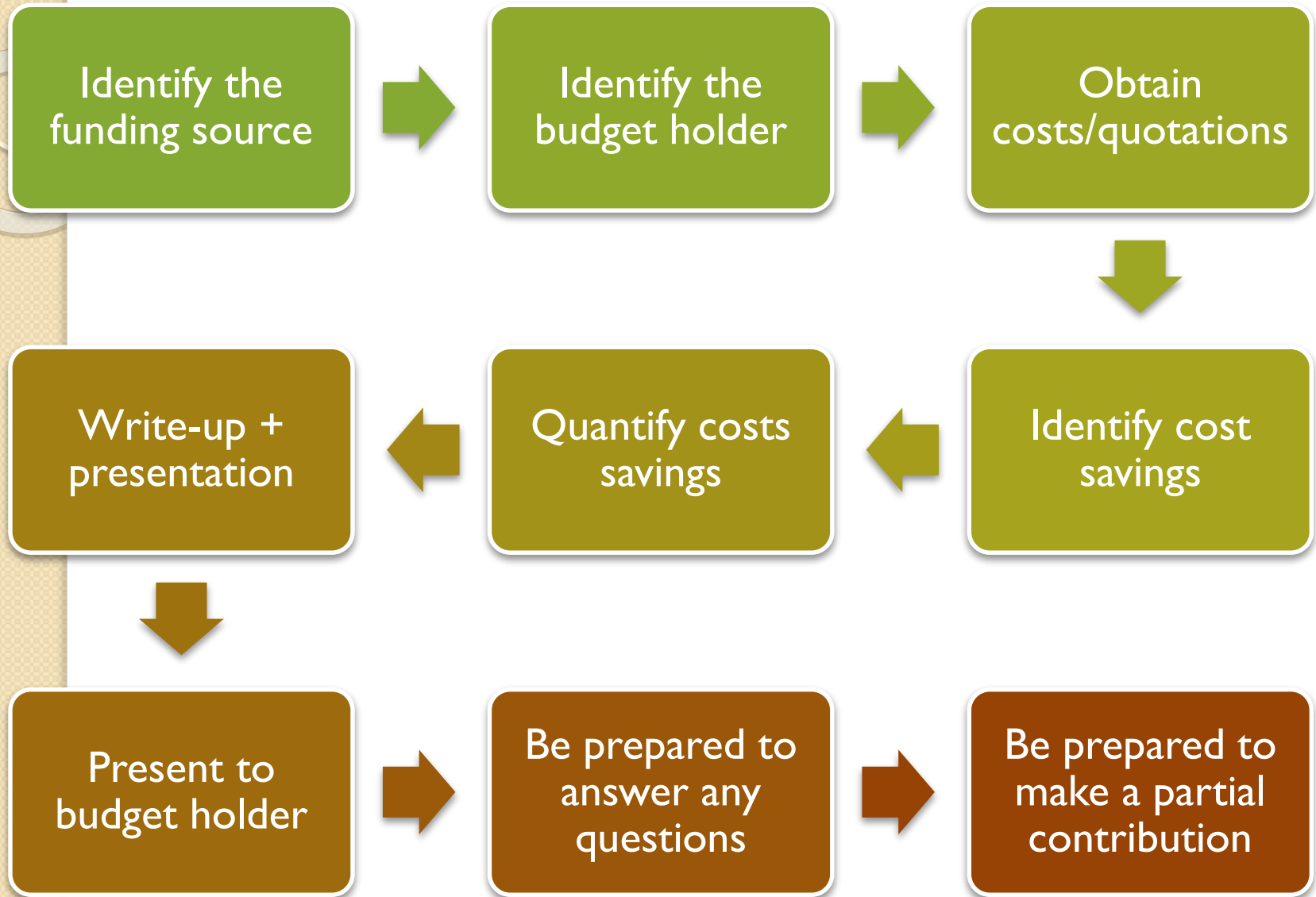
# The Business Case

## how to write a good one

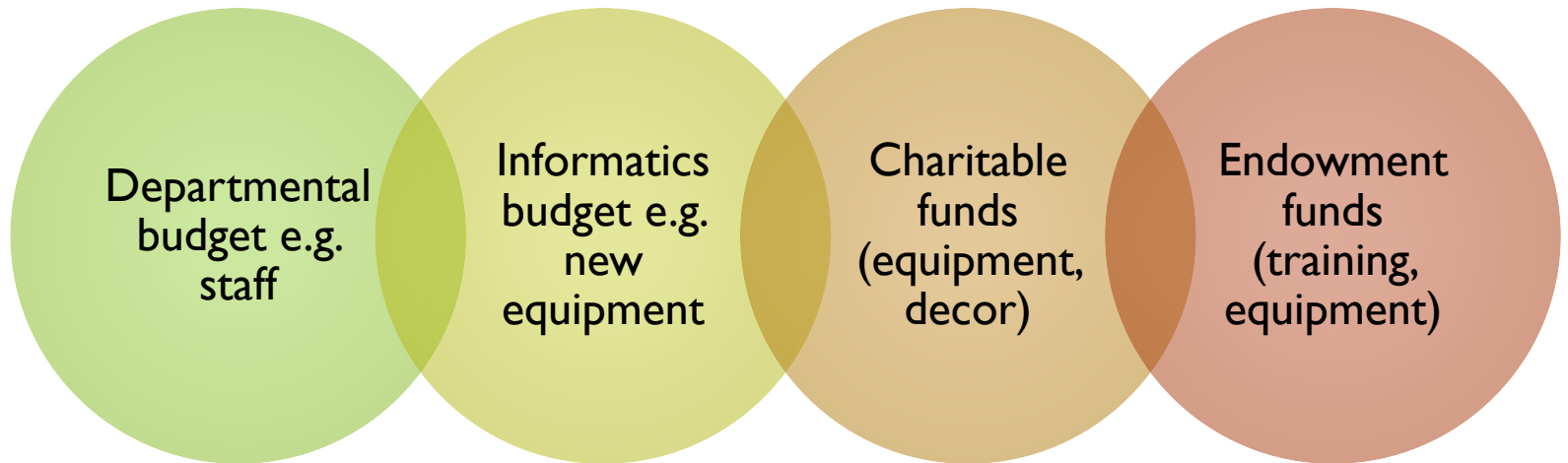
Dr Gabriel Schembri

Consultant in GU medicine

Manchester Centre for Sexual Health

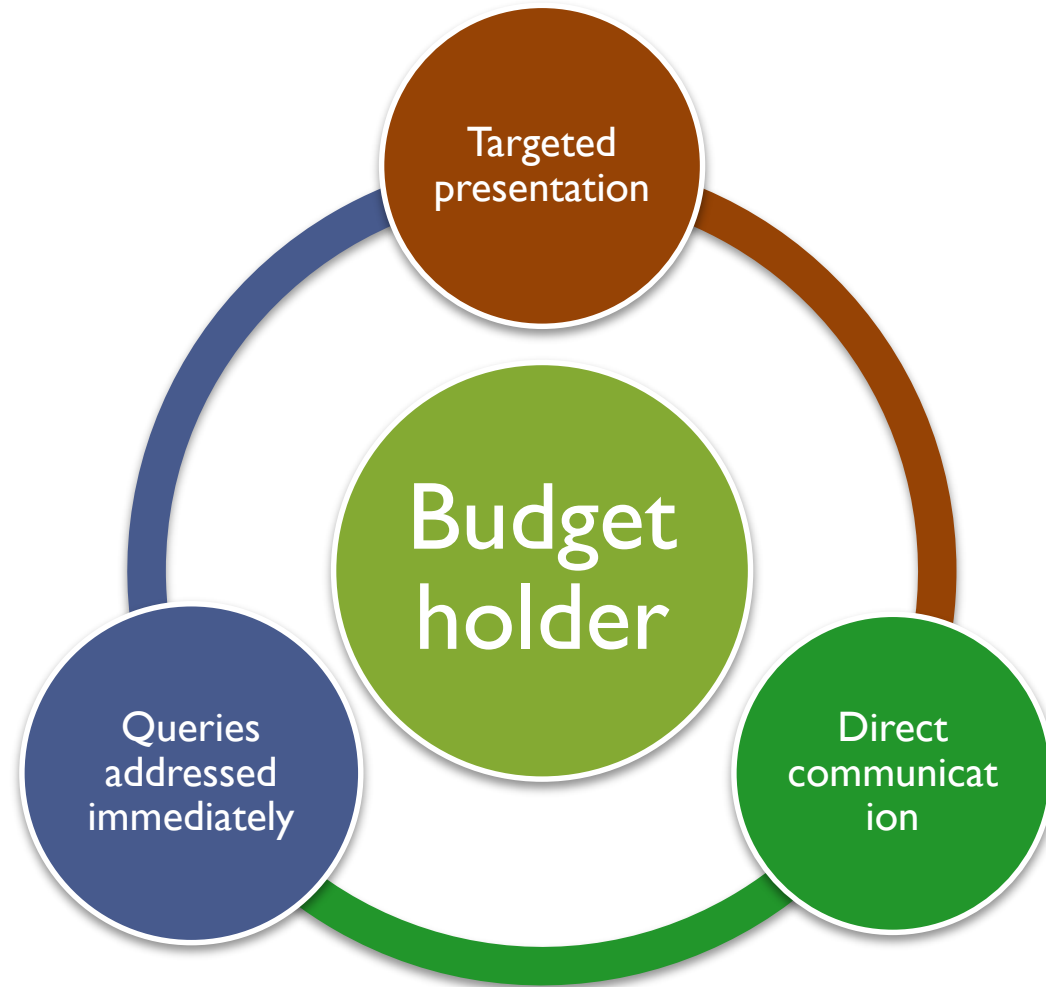


# Funding sources



Get advice from senior clinicians, or managers

# Identify the budget holder



# Calculating expenditure

Remember cost of maintenance (annual), calibration and consumables for equipment

Salaries: gross + 25% trust overheads

Guidance from accountant may be helpful

Sexual health and contraception: cost per clinical minute available from pathway analytics website (SHAAPT coding)

# Expenditure: legislation

Equipment/IT/services:  
Quotations – select a preferred provider  
Tender (>£50,000 for CMFT)



If above not followed procurement will  
block purchase process



Negotiate with primary provider to  
keep below tender threshold

# Income/cost savings

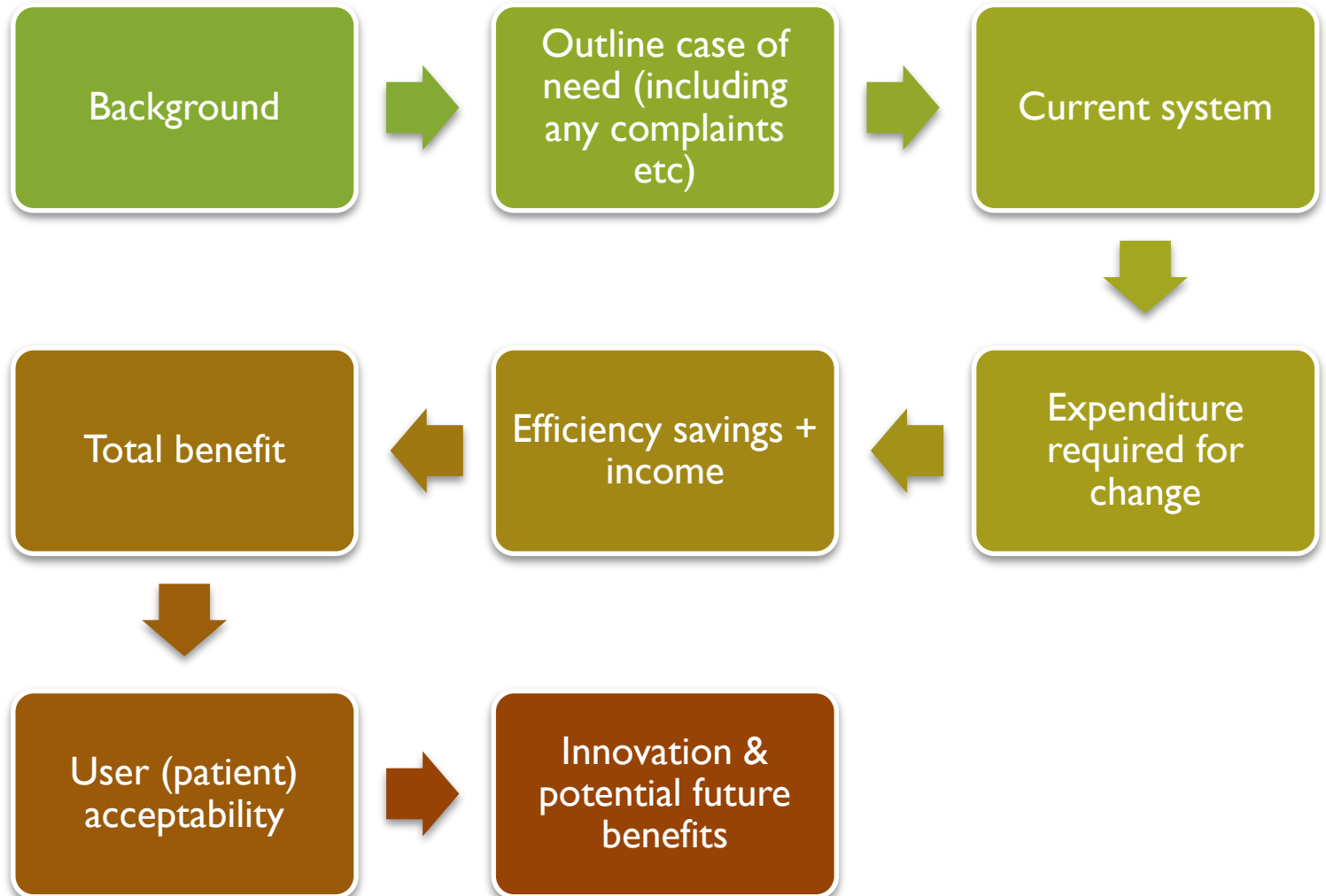
## Increased revenue

- Payment by results – more patients seen (number of extra pts seen x PBR tariff)

## Increased efficiency

- Less staff (salary [gross] & overheads)
- Time saved (time stamp audit) (cost per clinical minute [from pathway analytics] x total minutes saved/ per yr)
- Cost of consumables (e.g paper notes etc)

# Write-up





# Presentation

Powerpoint:  
brief and to  
the point

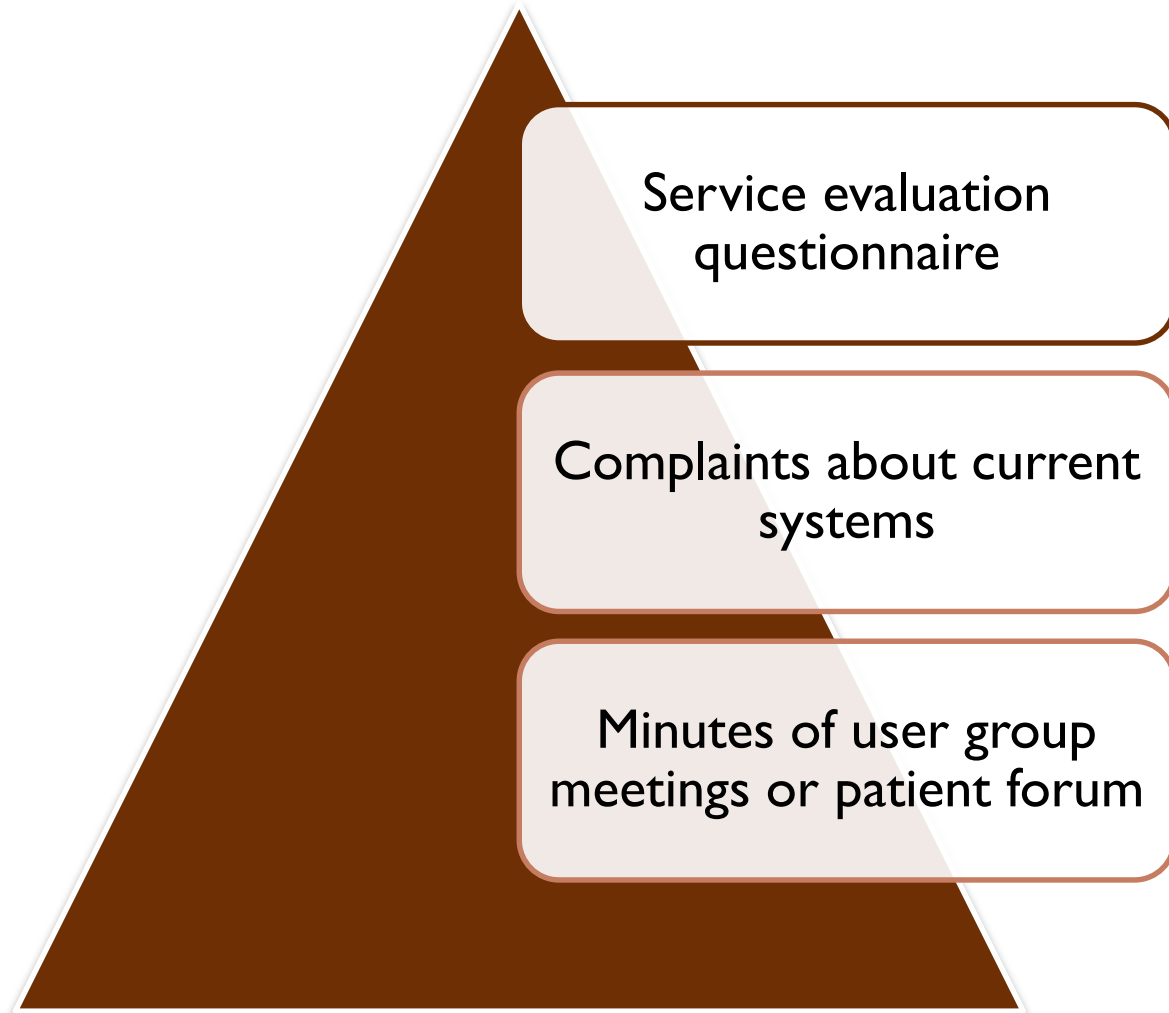
Start from  
the basics:  
don't  
assume  
they know  
your  
service

Present to  
budget  
holder, but  
there may  
be a panel

Be  
prepared  
for some  
tough  
questions

Do not  
delegate

# User acceptability



# Top tips

Speak directly to the budget holder – do not delegate!

Have a clear strategy for working out cost savings – a time stamp audit may be required.

Seek input from an accountant for costs, if possible

The patient's voice is louder than yours – enlist their support

Sexual Health

www.pathwayanalytics.com/sexual-health

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## Integrated Sexual Health Tariff

Details

Parent Category: [Sexual Health](#)

The Integrated Sexual Health Tariff was developed in partnership with the London Sexual Health Programme. Over a period of five years, a wide range of Sexual Health stakeholders have been involved in the development of a new integrated pricing mechanism including Providers, Commissioners, representatives from all the major London and National stakeholders, including the HPA, BASHH, Faculty of Sexual and Reproductive Health and DH PbR and more recently, regional evaluation and feedback from across England. The result is the Integrated Sexual Health Tariff: a key enabler in the shift towards integrated Genito-Urinary Medicine and Sexual and Reproductive Health service delivery that is recognised as best practice for patient care and public health.

More than 110 service providers across England have successfully implemented this system and gone on to submit their data and calculate their tariff charges. To date, more than £200M of tariff charges have been calculated, based on more than 2.8M individual tariffs.

### Quick Links

- [Currencies & Tariffs](#) - List of Currencies and Tariff prices with their underlying [pathways](#) and [payment triggers](#)
- [How to Implement Tariff](#) - Quick guide to implementing tariff in a provider setting
- [How to Upload Data](#) - Explains how to use the Grouper service to calculate tariff charges
- [Tariff Local Codes](#) - Lists the local codes necessary to capture all tariff-related activity
- [Tariff Dataset](#) - Specifies the integrated SRHAD and GUMCAD dataset accepted by the [Grouper service](#)

12:17  
17/04/2015

For cost per clinical minute for each staff band



**Real life example: self check-in kiosks**



# Case in support of establishing electronic kiosks + automated vending at MCSH

Dr JW Shaw

Dr CJ Ward

D G Schembri





# Why this case?

## Potential:

- Innovation
- Increasing capacity
- Increasing patient satisfaction
- Increasing income generation
- Decreasing patients turned away
- Adding flexibility to EPR-based systems

# Why this case?



“Like most gay men, I know the importance of being tested regularly and I, like many others, find it really daunting each time I am done. However, I was really surprised how stress-free and almost pleasurable my first visit to DSE was. All of the awkward questions were answered by pressing a button rather than talking and, once registered I was handed my test kit.”

“This was a great experience and whether its your first ever test or you are a veteran then DSE is to my mind definitely the place I would recommend”



# Why this case?

## Appendix 2

### Complaint 1.

Subject	complaint from G02/0959
From	<u>Sukthankar Ashish (RW3)</u> CMFT Manchester
To	<u>Grufferty Gillian (RW3)</u> CMFT Manchester
Cc	<u>Thomas Debbie (RW3)</u> CMFT Manchester; <u>Kingston</u> <u>Margaret (RW3)</u> CMFT Manchester
Sent	21 September 2012 14:26

Dear Gillian

I am writing on behalf of the above patient who wanted to transfer his care today following his experience at reception on his last visit on 31.8.12. He was extremely upset with the attitude of the admin staff. He was led to believe on previous visits that if he had an appointment then he need not stand in the queue of patients waiting for the GU clinic. However he was summarily asked to get to the back of the queue when he attended on this date. He said that his blood pressure (measured by the nurse) had shot up as a result - 186/106 mmHg. I have known this patient for over 10 years and he always seems a very easy going person. I have just about managed to calm him down, sincerely apologised to him for his experience and reassured him that we will hopefully get a self booking kiosk by the time we see him next. However, if his experience remains the same he has made up his mind to move his care elsewhere.

# Why this case?

	<b>SYM</b>	<b>ASYM</b>	<b>TOTAL</b>
<b>Q1</b>	271	292	563
<b>Q2</b>	72	105	177
<b>Q3</b>	263	263	526
<b>Q4</b>	458	390	848
<b>Total</b>	1064	1050	2114

# Current system

	Time	Cost
Patient arrives in clinic	-	-
Initial presentation to reception staff	30 seconds	$0.54 \times 0.5 = \text{£}0.27$
Patient enters their details onto clipboard paperwork	5 minutes	-
Returns back to reception staff who update clinical systems, generate new set of notes and direct patient to appropriate waiting room	5 minutes	$0.54 \times 5 = \text{£}2.70$
Patient waits to be called	variable	-
Patients notes collected by clinical staff, patient called in, taken to appropriate clinic room, Asymptomatic history proformas completed by SpN	20 minutes	$0.88 \times 20 = \text{£}17.60$
Appropriate TMA samples taken by patient		
Bloods taken by SpN		
Patient leaves	-	-
<b>Total</b>	<b>30.5 minutes</b>	<b>£20.57</b>

# Proposed System - Kiosk

	Time	Cost
Patient arrives in clinic	-	-
Initial presentation to kiosk	-	-
Patient enters their details and asymptomatic triage information onto kiosk	5 minutes	-
Kiosk directs patient to appropriate waiting room	1 minute	-
Patient waits to be called	variable	-
Called in by support worker (HCA), taken to appropriate clinic room, clarify patient details and add additional info for new patients, print patient labels, distribute testing equipment	Estimated 15 minutes	$15 \times 0.54 = \text{£}8.10$
Appropriate TMA samples taken by patient supervised by support worker (HCA)		
Bloods taken by support worker (HCA).		
Samples transferred to lab for storage and sending		
Patient leaves	-	-
<b>Total</b>	<b>21 minutes</b>	<b>£8.10</b>

# Proposed Systems - Medivend

	Time	Cost
Patient arrives in clinic	-	-
Initial presentation to kiosk	-	-
Patient enters their details and asymptomatic triage information onto kiosk, Medivend distributes CT/GC testing equipment based on history	5 minutes	-
Patient re-locates to toilet and takes own samples	5 minutes	-
Patient goes to waiting room to be called for bloods	variable	-
Bloods taken by support worker, clarify patient details and input GP and contact details for new patients, print patient labels, apply labels to TMA and blood samples	10 minutes	0.54 x 10 = £5.40
Samples transferred to lab for storage and sending		
Patient leaves	-	-
<b>Total</b>	<b>20 minutes</b>	<b>£5.40</b>



# Cost Savings

Summary of comparative costs extrapolated to all current asymptomatic patients attending in one year (3316 patients):

Clinic Structure	Current system	Kiosk only	Kiosk plus Medivend
Time (mins)	101138	69636	66320
Cost	£68201.12	£26859.60	£17906.40

**The kiosk only system could in theory save £41341.52 per calendar year with current levels of asymptomatic screening**

**The kiosk plus medivend system could in theory save £50294.72 per calendar year with current levels of asymptomatic screening**

# Additional income – extra activity

	SYM	ASYM	TOTAL
Q1	271	292	563
Q2	72	105	177
Q3	263	263	526
Q4	458	390	848
<b>Total</b>	<b>1064</b>	<b>1050</b>	<b>2114</b>

Appt. type	New	Rebook	Total
No. of appts.	776 (73.9%)	274 (26.1%)	1050
Total income	£103208	£22468	£125676



# Expenditure vs income

Cost summary based on kiosk option in the first 5 years:

Five year projection = **£775135.60** extra income generation

Projected Expenditure		Projected Income	
Set up cost	£37452.00	Cost Saving	£206707.60
Annual maintenance	£22800 (5 yr)	Extra Income	£628380 (based on current demand)
<b>Total</b>	<b>£60252</b>	<b>Total</b>	<b>£835387.60</b>

Cost summary based on kiosk plus medivend option in the first 5 years:

Five year projection = **£795471.60** extra income generation

Projected Expenditure		Projected Income	
Set up cost	£56682.00	Cost Saving	£251473.60
Annual maintenance	£27700 (5 yr)	Extra Income	£628380 (based on current demand)
<b>Total</b>	<b>£84382</b>	<b>Total</b>	<b>£879853.60</b>



# User acceptability

Dear Service Users,

We are thinking about introducing self check-in kiosks (see picture), which will allow you to book yourself into one of our clinics. They will guide you to the correct service or appointment and can be configured to give you a self test kit which you can use to test yourself without having to see a doctor or nurse.



You may have already used these in another service or at your GP surgery. These easy to use, touch-screen kiosks are slightly different as they are fitted with privacy glass which means that the screen can only be read if standing directly opposite it.

We also plan to have a 'meet and greet' person to help out with any issues.

**We would like your opinion on whether we should introduce these. Please help us by answering the questions below**

On a scale from 1 to 10 (10= most private, 1=least private) do you feel that the set up in the picture above would give you enough privacy to be able to answer questions about why you are here? \_\_\_\_\_

On a scale from 1 to 10 (10= most comfortable, 1=least comfortable) how comfortable would you feel using a self check in kiosk to book yourself in for a visit? \_\_\_\_\_

On a scale from 1 to 10 (10= most likely, 1=least likely) how likely is it that you think you will need assistance whilst checking in using the kiosks? \_\_\_\_\_

On a scale from 1 to 10 (10= most likely, 1=least likely) how likely is it that you would try to use the kiosks if available the next time you come here? \_\_\_\_\_

Thank you. Please hand this form over to reception or a member of staff



# User acceptability

Enough Privacy?	Q1 Average	7.4	I0=most private, I = least private
Comfortable using?	Q2 Average	8.4	I0=most comfortable, I = least comfortable
Need assistance?	Q3 Average	4.0	I0=most likely, I = least likely
Will use if available?	Q4 Average	7.5	I0=most likely, I = least likely