

**Appendix 1** – NICE Interventions, Diagnostics, Medical and Health Technologies and Innovation Programmes Business Case Template

**Administration:**

|  |  |
| --- | --- |
| Project Name: |  |
| Version: |  |
| Executive Lead: |  |
| Clinical Lead: |  |
| BC Author: |  |
| Date: |  |
| Project/Operational Lead: |  |

**Version Control:**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date issued | Brief Summary of change | Change Owner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*This template is used for both Outline Business Case (OBC) and Full Business Case (FBC)*

|  |  |
| --- | --- |
| Consultant/Department |  |
| Trust/Clinic details | *Include full contact details* |
| Name of procedure |  |
| NICE IPG/MTG/DG/HTE number |  |
| Confirm that the IPG/MTG/DG/HTE has been through the trust’s internal governance process and has received clinical and management sign-off | *Include minutes of meetings where appropriate.* ***All business cases should include a Quality Impact Assessment (QIA)*** |
| Description | *Provide some background information which will explain why this treatment/diagnostic is required.* ***Procedure must be in line with the relevant NICE guidance*** |
| Estimated no. of patients per annum |  |
| Strategic Context | *Include how this proposal supports NHS wider strategy/organisational direction e.g.*   * *Strategic Transformation Plan – Derbyshire Wide* * *ICB Corporate Objectives* * *National Strategy and Policy* * *Local Strategy and Policy* |
| Case for Change | *State what needs to change supported by reasons and evidence where available e.g.*   * *Reference to information sources and what these indicate that this project will help address e.g. Better Care Better Value; JSNA; Network Recommendations; DH directive etc. – prevalence; opportunities etc.* * *National and local issues that the proposal aims to address* * *Stakeholders views - (include sources e.g. feedback from surveys)* * *Objectives and goals of project e.g. quality of patient care* * *financial benefits; workforce etc.* * *Future needs of the population/health and care economy/service – horizon scanning including demographic change and within local and national strategic ambitions* * *Assumptions: state these – what we don’t yet know or have had to guess and based on what.* * *Proposed change e.g. overview of new service, new process* |
| Current available procedure(s) |  |
| Claimed advantage(s) over existing procedure(s) for same indication(s) | *Greater clinical effectiveness compared with current procedures?* |
| *Increased cost-effectiveness compared with current procedures?* |
| *Anticipated health benefits compared with current procedures?* |
| *Positive impact on health inequalities compared with current procedures?* |
| Evidence for claimed benefits | *Clinical effectiveness – any new evidence not included in the relevant NICE guidance?*  *Please attach copies of papers or quote references* |
| *Cost-effectiveness – is there any evidence that the new procedure will be cost-saving? Is there any other cost-effectiveness evidence (e.g. Costs per Quality Adjusted Life Year (QALY))?* |
| *Health Benefits – is there any evidence for decreased mortality or morbidity, improved quality of life or less impact on activities of daily living?* |
| *Health inequalities – is there any evidence for reduced health inequalities?* |
| Cost implications for commissioning ICB | *EXISTING COSTS*  *How many patient activities per annum: First and Follow up outpatients, Elective (length of stay)/ Day case, Drug costs (HCD if applicable)*    *NEW COSTS*  *How does the new Procedure rank against the existing: First and Follow up outpatients, Elective (length of stay)/ Day case*  *Drug costs (HCD if applicable)*    *Assumptions about local growth, repatriation from other hospitals (numbers)?* |
| Options Appraisal | * *List each of the options available including ‘do nothing’.* * *Describe each of the options available* * *State any assumptions that have been made (where information is not available)* * *Set out process and approach taken to review options and select a preferred option (provide a ‘ranking’ of options if appropriate) e.g. SWOT, cost-benefits appraisal etc.*   *For each of the options stated ensure that you include the following:*   * ***Risk appraisal*** * *State risks involved and how those risks may be mitigated* * *Traffic light the risks if appropriate in line with ICB’s risk register rankings to indicate likelihood of the risk and consequence*      * ***Financial appraisal*** * *The financial cost or benefit. Include the investment required and savings to be gained. Also briefly state how these have been calculated (include specific calculations if possible/feasible).* * *This should include stating where costs or savings are recurrent or non-recurrent.* * *Also include the financial year in which costs will be incurred or savings will be made.* * ***Preferred option*** * *Summarise why this is the preferred option specifying factors that have been taken into account in arriving at the preference* |
| Commercial/Other Consideration | *State other considerations which need to be taken into account e.g.*   * *Funding sources* * *Any decommissioning/recommissioning implications* * *Commercial approach i.e. procurement programme/route to market, contracting approach etc.* * *Engagement and consultation with patients and stakeholders* * *Potential impact on local workforce* |
| Management Arrangements | *Describe how the proposal will be implemented*   * *Explain how the benefits/success will be measured* * *Provide a project governance overview* * *State the project management approach and actions required to deliver outcomes* * *What are / are the resources or expertise required (internal and external)?* * *Project hand-off to business-as-usual e.g. ongoing contact management of service* * *Include a high level project plan with timescales and key milestones* |
| Supporting Information | *Please provide any other information to support your business Case* |
| Business Case completed by: | Print name: |
| Signature: |
| Designation: |
| Date: |

Completed Business Cases should be returned to: [ddicb.plcv.priorapproval@nhs.net](mailto:ddicb.plcv.priorapproval@nhs.net)