



Business Case

Project Name	Resourcing of Adult Immunisations Service	Date	17/02/2020
Author	S McNamee	Version	1.2

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1. Business Need

Current position:

Adult immunisations are conducted in GP Practices across the city. In fulfilment of undertakings given in the Memorandum of Understanding underpinning the introduction of the new GP contract and as part of the Primary Care Improvement Plan (PCIP) this work will transfer under the responsibility of Aberdeen City Health and Social Care Partnership.

Adult immunisations cover the following:

- Shingles Cohort – (70yrs+ only)
- Annual PPV (pneumococcal) Cohort – (65yrs+ only)
- Flu Cohort – (65yrs+ only)
- Flu 'At Risk' Cohort - (all ages)

This is a like-for-like request for continuing service delivery. Analysis of current delivery activity has been completed and informs the staff modelling and resource request within this business case.

2. Objectives

Key objectives are to:

- Improve uptake of seasonal flu vaccination through addressing the delivery pressures of this programme
- Maintain or improve immunisation rates for Shingles and Pneumococcal immunisations
- Establish an adequate resource base to facilitate negotiation of transfer of responsibility for adult vaccinations to a Partnership vaccination team – meet current and projected demand

3. Options Appraisal

3.1 Option 1 – Do Nothing / Do Minimum

Description	Do nothing
Expected Costs	No additional costs to Partnership
Risks Specific to this Option	We would be in breach of MoU commitments and not aligned to our commitments given to delivery of PCIP.



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Advantages & Disadvantages	<p>Advantages</p> <p>Finances could be deployed to other aspects of PCIP</p> <p>Disadvantages</p> <p>Reputational damage for Partnership with Scottish Government and GP Local Medical Council</p> <p>Cessation of all vaccinations for Adults within Aberdeen City when GPs withdraw support for this.</p>
Other Points	This is not a viable option

3.2 Option 2 – Provide Funding for Adult Vaccinations at current level	
Description	Mainstream funding for vaccinations team to be put in place at current levels of resourcing to be funded from Primary Care Improvement Fund.
Expected Costs	As per section 6.1. Note that the costs indicate a maximum and minimum which relates to current unknowns. As further modelling work is completed the costs will be amended appropriately – only the minimum required resources will be used.
Risks Specific to this Option	Possibility of recruitment challenges for what may be seen as a task orientated (though specialist) role.
Advantages & Disadvantages	Advantages Continuity in availability of adults to access vaccinations when GPs withdraw from delivery at end of 3 year PCIP implementation period.
Other Points	<p>Preferred Option</p> <p>This option will be put in place for 2020/21 while further work on CTACs is progressed and learning used to inform future plans.</p> <p>The business case will be refined for 21/22 onwards, however ongoing funding (refined) will be required.</p>

Add more option boxes as required.



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3.3 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives		
	Option 1	Option 2	Option 3
Improve uptake of seasonal flu vaccination through addressing the delivery pressures of this programme	-1	3	
Maintain or improve immunisation rates for Shingles and Pneumococcal immunisations	-1	3	
Establish an adequate resource base to facilitate negotiation of transfer of responsibility for adult vaccinations to a Partnership vaccination team – meet current and projected demand	-1	3	
Total	-3	9	

Scoring

Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1



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3.4 Recommendation

It is recommended that Option 2 is progressed. As it provides a sustainable staffing structure to meet current and predicted future demand levels.

4. Scope

Provision of funding for a Vaccinations Team for Aberdeen City.

4.1 Out of Scope

Provision of a Vaccinations Team for other areas of NHS Grampian.



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5. Benefits

5.1 Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Improved adherence to the immunisation schedule for adults	Uptake of adult and 'at risk' immunisations	ISD		Increased uptake	30/09/2020	Annually
Improved uptake of immunisations will improve herd immunity in all areas and reduce the risk of outbreaks of vaccine preventable disease	Uptake of adult and 'at risk' immunisations	ISD		Increased uptake	30/09/2020	Annually
Citizens may have continued confidence in getting immunisations as per the schedule – reduces risk of complaints.	Uptake of adult and 'at risk' immunisations	ISD		Increased uptake	30/09/2020	Annually

5.2 Staff /service/organisation Benefits



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Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Puts a more effective and sustainable arrangement in place optimising delivery and recording of adult immunisations to achieve improved uptake in the population.	Uptake of immunisations per population	ISD		Increased uptake	30/09/2020	Annually
Providing assurance of a more stable, available and trained workforce.	Able to manage adult vaccinations as per schedule.	ISD		Achieve targets	30/09/2020	Annually
Increased support for vaccination team through VTP management.	Staff will become immunisation experts who are up to date with relevant researched based evidence.	VTP		More informed staff.	30/09/2020	Annually
More flexible workforce to meet the need of the service.	Annualised hours for seasonal vaccinations will allow staff to work additional hours over the flu period. Flu programme will be delivered.	ISD		Achieve targets	31/03/2021	Annually



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6. Costs

6.1 Project				
	(£'000)	2020/21	2021/22	Ongoing
Staffing & Service Resources				
Band 6 Nurse Coordinator		51,794	51,794	51,794
Band 5 Nurse 9.33 WTE (year one as includes shingles and pneumococcal outstanding), 5.29WTE thereafter		388,379	220,206	220,206
Band 4 Administrator		32,601	32,601	32,601
Band 2 Administrator 9.33 WTE year 1, 5.29WTE recurring*		249,930	141,707	141,707
Disposables and stationery		7200	7200	7200
Equipment, gloves, syringes etc		6500	6500	6500
Laptops x 7		8400	-	-
Fridges x 60**		30,000	-	-
Mobile Phones x 7 standard handsets (for additional staff)		581	-	-
Training Costs				
	Total	775,385	460,008	460,008
	Total without fridges or receptionist cover	495,455	318,301	318,301

*Costs may be reduced if receptionist available within premises

**Costs may be reduced if permission obtained to use GP fridges. Assumes cost of £500 per fridge

Actual total likely to be between higher and lower total costs.

Note: Business case will be refined based on learning from 2020/21 for 2021/22 onwards – this will include associated refinement of resource requirements.

Resource made available will relate to actual costs required to deliver service.

7. Procurement Approach



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N/A

8. State Aid Implications

N/A

9. Equalities Impact Assessment

Positive impact on citizens within some of the 9 protected characteristics (e.g. ethnicity, learning disability/difficulty) as immunisation nurses will have more time to explain the vaccination programme and confirm previous immunisation history during delivery of the immunisation programme.

Positive impact –Immunisation Nurses will have more time to follow up ‘At Risk’ individuals who miss appointments, explain the programme to them and provide an additional opportunity for vaccination.

10. Key Risks

Description	Mitigation
Inability to recruit nurses and retain them	Existing bank nurses
Time to recruit and train nurses	Explain project to SMOC to speed up vacancy control.
Availability of sufficient staff to mentor nurses on the training programme	Vaccination Programme Manager will support if required.

11. Time

11.1 Time Constraints & Aspirations

Takes approx. 3 months to recruit nurses and train them to deliver the immunisations

11.2 Key Milestones

Description	Target Date
Clarify whether GP practices can offer space and reception/ admin support/ can pull off data about under 65s/ if practice fridges can be used with LMC	March 2020



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If yes to above carry out survey of available locations in existing GP premises, review against availability of partnership premises and confirm location plan	April 2020
Band 6 coordinator (higher duties one year duration) in post	April 2020
Recruitment of additional nurses and admin staff	June 2020
Induction and training of additional nurses and admin staff	July 2020
Commencement of flu vaccinations	October 2020

12. Governance

Discussed at Primary Care Improvement Group 3/3/20
 Supported by Grampian Vaccination Transformation Group 4/3/20
 Approved through Executive Programme Board 11/3/20.
 To be considered by IJB 24/3/20.

Role	Name
Project Sponsor	Gail Woodcock, Lead Transformation Manager
Programme Manager	Katrina Morrison, Vaccination Programme Manager
Project Manager	Jo Hall, Transformation Programme Manager
Other Project Roles	Lead Nurse, Nursing Service Managers PSD – provide relevant up to date paperwork. Scottish Immunisation Recording Systems (SIRS) – update immunisation records.

13. Resources

Task	Responsible Service/Team	Start Date	End Date
Corporate Public Health	e-modules for immunisation training		
Vaccination Programme Manager	Support recruitment & management		
Administrative support manager	Support recruitment & management		



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Lead Nurse	Communicate relevant information to immunisation team.		

14. Environmental Management

N/A

15. Stakeholders

GP's/primary care – will have a vested interest in the health of the community.
CPHM (on behalf of NHS Grampian's DPH)-requires to see consistent immunisation uptake of immunisations in the Aberdeen population for herd immunity.
Scottish Government- requires implementation of the VTP and maintenance of immunisation uptakes at or above target levels.
H&SCP – risk management

16. Assumptions

Assumption that this project will make a difference and achieve its objectives as directed by the Scottish Government.
 Assumption that if the resource is not allocated to provide same level of immunisations currently administered in General Practice that we will not have the capacity to cope with any additional immunisation work load generated by increased uptake which may lead to staff sickness, resignation and put the public's health at risk.

17. Dependencies

The timely delivery of the national Immunisation Transformation Programme.

18. Constraints

N/A

19. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	EA Approval Required?	Date Approval Received
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None		

20. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	G Parkin			

21. Document Revision History

Version	Reason	By	Date
V1.0	Initial Draft for consultation	S McNamee	17/02/2020
V1.1	Revised draft following feedback from PCIP	G Woodcock	3/3/20
V1.2	Revised following Executive Programme Board	G Woodcock	11/3/20