# Example Advanced Practice Business Case

Items to Include

**Introduction and setting the scene:** this section should outline what advanced practice is and tie it into the relevant key documents that relate to your service / setting.

1. Brief overview of what advanced practice is (definitions etc)
2. Links to key global national documents:
	1. NHS Long term workforce plan
	2. NHS Long term plan
	3. Multi-professional framework for advanced clinical practice in England
	4. Multi-professional consultant-level practice capability and impact framework
	5. People plan
3. Links to improvement, capability building and delivery / NHS IMPACT (NHS-E)
4. Links to key regional / local documents e.g., workforce strategy from the ICB, any strategy or implementation plans with the organisation.
5. Links to setting specific documents e.g., midwifery capability framework, mental health curriculum and capability framework, national education and competency framework for ACCPs *AND* things like NICE guidelines, specialised services documents, road maps, etc.

**Current situation:** this should highlight your ‘as is’ and why it is problematic.

* What is the challenge / gap in the service?
* Support with a description of how things look currently (this may well want to include staffing establishment and current spend along with aspects of service that are / are not being provided effectively as a result)
* Why is this situation specifically a problem? (Be explicit)
	+ Use the health / wealth rationale – how is it impacting negatively on the health of service users and why is it costing additional monies / a non-optimal use of monies?
	+ Is there any misalignment with the key documents mentioned earlier?
	+ Consider workforce issues e.g., recruitment, retention, burn out
	+ Consider any issues with quality / safety / risk / meeting commissioning requirements.

**Options:** this should offer senior leaders the varying solutions to the problem you have described above, including the option of introducing an advanced practitioner

* All options should have their various merits and drawbacks presented with them, along with how they would solve / not solve the issue you have presented above
* All options should be costed with the highest potential figures being quoted (e.g., if you want to cost for a B7 trainee, do the calculations for the top of B7, not the bottom and reflect what it costs to employ a trainee, not what they get paid)
* When calculating costs for a tAP, make sure to have included monies coming in (CSS) as well as monies going out (trainee wages, supervision costs, etc). This is often best presented in a table with an overall figure for outgoing costs highlighted at the bottom.
* Remember to include costs for educational supervisor, associate supervisors, extra training, equipment, travel and so on.
* Make sure to include some return on investment calculations or similar to highlight that although there will be a higher initial financial outlay this will prove cost effective and desirable in the long run (again based on highest possible spend) e.g., how much more does it cost to employ a locum medic or senior practitioner over 3 years as opposed to training an advanced practitioner? And what are the benefits of having a permanent qualified AP rather than ongoing locums at the end of that time period?

**Top tips:**

* Keep it short. Anything over 2 pages of a word document is too long for a busy senior leadership team to read properly.
* Embed links to the documents you reference to avoid people having to hunt about.
* Remember this is essentially a persuasive argument – think about the ‘hot topics’ and priorities within your organisation and make sure you align this document to them.
* Make sure that you include an adjoining business case for the post qualifying AP role so this is costed into and approved for longer term budgets.
* Think about costing in leadership, governance and quality assurance for the tAP e.g., does some of the CSS need to be filtered into paying for an AP Lead? This will vary depending on your organisation.
* Finally, be open to ALL the options you present, it is always possible that an advanced practitioner may not be the best change idea to solve the problem in your service and that another may be preferable.