

Learning and development programme for major service change

Checklist: Pre Consultation Business Case

March 2024





Purpose of this resource

- The NHS England Learning and Development programme for major service change is a support offer to colleagues undertaking service change delivered through NHSE's System Architecture Team. It includes national training modules, bespoke local support, and various products on the [FutureNHS workspace](#)
- The programme has identified a demand for checklists to support colleagues developing some of the key documentation for their Pre-Consultation Business Cases (PCBCs)
- This resource provides a checklist for the development of a Pre-Consultation Business Case (PCBC) document, alongside some general advice on developing a PCBC and signposting to some best practice examples
- This resource does not constitute NHS guidance and is not meant to be definitive or comprehensive but aims to be a guide when developing a Pre-Consultation Business Case.

National guidance on PCBC content

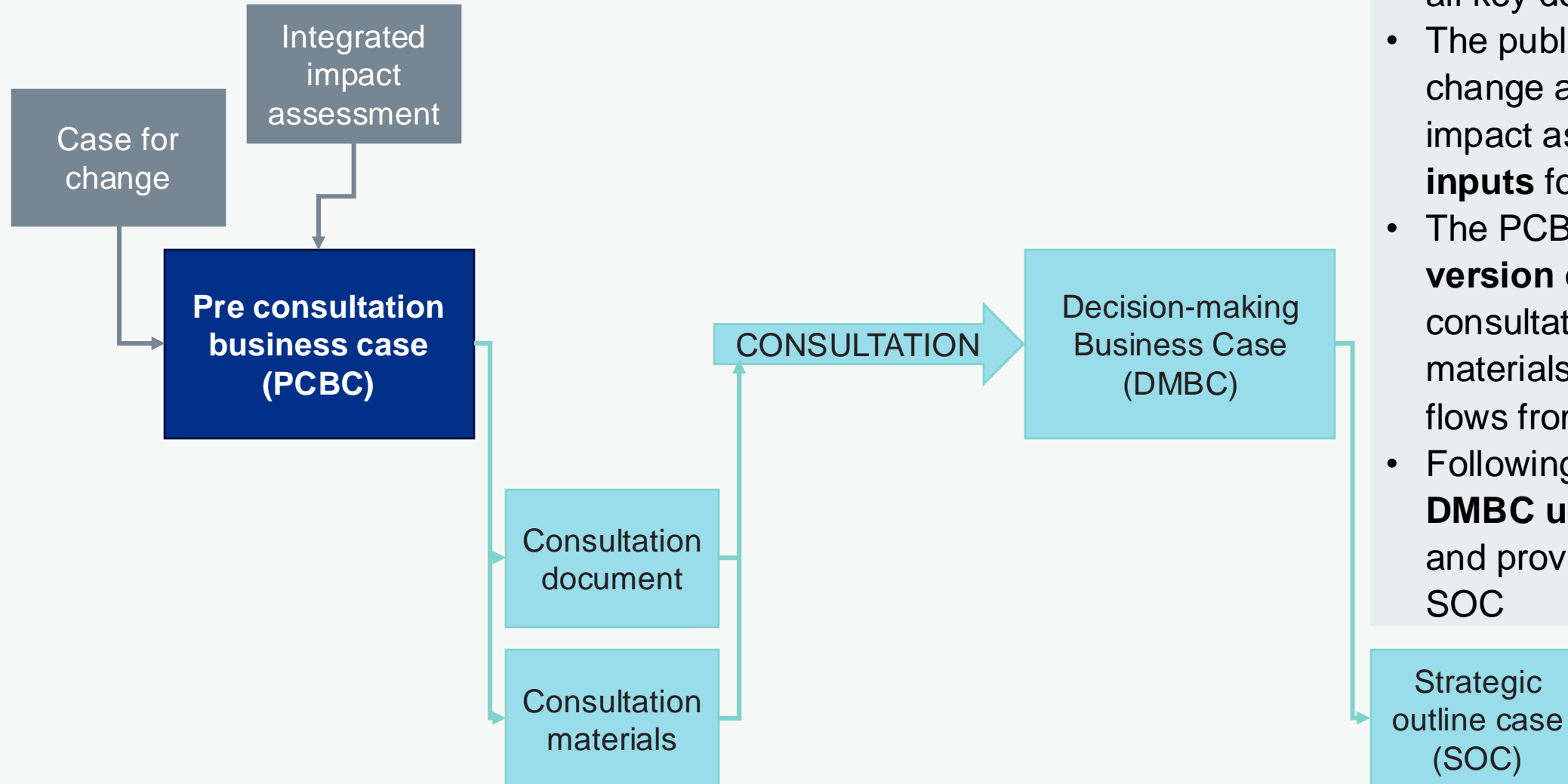
- There is national guidance on what to include in a PCBC in the ‘planning, assuring and delivering service change for patients’ document and the addendum, published in May 2022. The Addendum:
 - Updates the best practice checks that should be undertaken and highlights certain of these as ‘red flags’ which NHSE will particularly consider undertaking assurance. All schemes can use this, along with the updated annex of useful resources, to self-assess.
 - Introduces a set of fundamental criteria for PCBC and SOC (annex 1), organised into the five case models required by the HMT Green Book guidance. These will help you align the two documents. This is directed at schemes which have associated capital developments of >£15m
 - The PCBC is the document that will be reviewed and assured by NHSE regional teams against the criteria set out in the guidance before any consultation can take place

This national guidance is supplemented by the [interactive handbook](#) on the [FutureNHS](#) workspace which provides advice and examples of how to develop a PCBC

Assurance checks		
Topic	Checks	Example evidence
	<ul style="list-style-type: none"> • Is the financial modelling consistent with the workforce and activity modelling? 	
Clinical quality/ strategic fit	<ul style="list-style-type: none"> → Is there evidence of system alignment? • Alignment with ICS delivery. → Does the proposal facilitate a population health approach, seek to address population health management and/or health improvement priorities in the service delivery of the change? 	<ul style="list-style-type: none"> • Documented evidence of ICS support and that the proposal contributes to the ICS five-year plan delivery. • Evidence that the proposal is coherent with clinical network/LMS/provider collaborative, individual

Source: *Planning, assuring and delivering service change for patients, NHS England, 2018 and Addendum (May 2022)*

Key PCBC programme documents



- You should have **consistent messages and data** across all key documents
- The published case for change and the integrated impact assessment are **key inputs** for the PCBC
- The PCBC is the '**single version of the truth**' for the consultation document and materials, and everything flows from it
- Following consultation, the **DMBC updates the PCBC** and provides the basis of the SOC

Important aspects you may include in your pre-consultation business case

- 1 Background information on your area and proposals
- 2 Your reasons for changing services (case for change)
- 3 Your vision for service change and models of care you wish to implement
- 4 Options you have considered and how you arrived at your preferred option and options for consultation
- 5 A description of your proposals and how they would impact on quality, inequalities, access, sustainability and finance, if implemented
- 6 Workforce, estates and digital needed to implement the proposals
- 7 Benefits of the proposals and high-level implementation plans
- 8 How you have engaged, and plan to consult, with stakeholders, and how their input has shaped your thinking
- 9 The quality assurance your proposals have been through

- Start with the **narrative thread** –write a draft executive summary first, it should go in 4-5 pages.
- The PCBC should **describe the proposals** at the point at which you consult.
- The PCBC should be **completely option neutral** until the point at which options have been evaluated.

Checklist for PCBC development (1/6)

Content	Have you included?
Introduction and context	<ul style="list-style-type: none">✓ The purpose, scope and structure of the PCBC✓ The geography and scope of the impacted services, including a map <i>[the PCBC is likely to be read by people who don't know your area, e.g. national finance committees, and this section helps to ground people in the proposals]</i>✓ The population who would be impacted by your proposals including populations that lie outside your ICB or regional boundaries, or access specialised services✓ Description of who provides which relevant services locally✓ Any relevant local or national strategies, particularly relevant ICB or provider clinical strategies✓ Information on your programme, governance structures and key groups <i>[this doesn't need to be lots of detail but helpful to include decision-making and clinical groups]</i>
Stakeholder engagement <i>[this can go later in the PCBC but can be helpful to set the context of engagement early]</i>	<ul style="list-style-type: none">✓ A description of your key stakeholders✓ The approach you have taken to engagement to develop your proposals <i>[the plan for consultation comes later in the PCBC, after the proposals have been described]</i>✓ The engagement you have undertaken including with patients and carers, the public, staff, local authorities and providers✓ Key themes that have arisen from engagement and how these have influenced the formulation of the proposals <i>[a "you said, we did" table can support this narrative]</i>✓ <i>[The detail of engagement with NHSE, HOSCs and Clinical Senate, which form part of formal assurance processes, can be mentioned and cross-referenced in this chapter but the level of assurance is clearer if the detail is put into a later assurance chapter]</i>

Checklist for PCBC development (2/6)

Content	Have you included?
Case for change	<ul style="list-style-type: none">✓ A description of the needs of the population within the scope of the proposals including location and demographics✓ The key challenges facing services in meeting the needs of the local population <i>[these are usually 5 or 6 key drivers for change that may include quality and outcomes, access, workforce, estates and finance]</i>✓ Consideration of unwarranted variation (inequalities) in population health, outcomes and/or access, referencing the particular population groups that are impacted
Vision and models of care	<ul style="list-style-type: none">✓ The overall vision for services (what it would be like if the issues identified in the case for change are resolved)✓ Briefly summary of stakeholder engagement in developing the models of care <i>[cross-referenced to engagement section]</i>✓ A description of the proposed models of care, usually covering:<ul style="list-style-type: none">✓ National guidance and standards (e.g. Royal College) and evidence of models that have worked elsewhere✓ The proposed pathway of care and how the proposed service change fits into this <i>[for example, a proposal for an urgent treatment centre might be described within an emergency care pathway]</i>✓ Proposed workforce models, especially for novel services✓ Requirements for support services such as diagnostics, ambulance transfers or therapies✓ <i>[The level of detail required for models of care is usually dependent on whether a service is new and whether there is evidence of it working elsewhere – new and untried models will need the most supporting detail]</i>✓ Any co-dependencies between services (for example, trauma services need to be co-located with an ED) <i>[Clinical Senates have completed work on co-dependencies that can often be used - see here]</i>✓ Capacity requirements once the new model of care has been implemented (for example, how many beds would be required)✓ <i>[This section should be completely option-neutral and focussed on models of care that are the same across all options – any options for models of care should be outlined in the options evaluation section. It is much easier to have a single proposed model of care so that there is no “lower quality” option being put forward for consultation]</i>

Checklist for PCBC development (3/6)

Content	Have you included?
Options development and appraisal	<ul style="list-style-type: none">✓ Your approach to options development (e.g. longlist, yes/no evaluation, shortlist, evaluate preferred option)✓ How stakeholders were involved in appraising the options and how their feedback was incorporated <i>[it is helpful to re-iterate this with potential cross reference to the “you said, we did” themes in the engagement chapter to show open mind and adherence to engagement legal duties]</i>✓ How you got to your shortlist for consultation and preferred option, if you have one, which might include:<ul style="list-style-type: none">✓ Any fixed points (e.g. capital envelope, location of specialised services)✓ Any minimum thresholds that have been applied (e.g. financial viability, capacity, capital, maximum travel time) to get to a shortlist✓ The evaluation of shortlisted options to compare them against each other✓ A list of the options for consultation and a preferred option (if you have one) with the reasons for shortlisting and/or preference clearly described (particularly if there is a single or preferred option) <i>[it is important to describe the logic flow and evidence as to why any option has been removed so it is clear why options have been retained or discarded – describe the proposals rather than the meetings/discussions that was used to develop them]</i>✓ Sensitivity analysis

Checklist for PCBC development (4/6)

Content	Have you included?
Description of the proposals including integrated impact assessment <i>[the IIA is usually an appendix with key points pulled into the PCBC]</i>	<ul style="list-style-type: none">✓ The impact of the new models of care where they are the same across all options (for example, plans to invest in primary care may be the same for all options)✓ The impact of each option for consultation which may include the impact on:<ul style="list-style-type: none">✓ Quality and outcomes [the impact may not be differential between options and would therefore be included in the previous section for impact that is the same for all options]✓ Access including travel times✓ Equalities and inequalities including communities✓ Sustainability and estates including timelines for implementation✓ Finance✓ <i>[Each option needs to have the same level of detail to show an open mind and so that consultees have information on all options to be able to give informed feedback]</i>
Enablers	<ul style="list-style-type: none">✓ Details of the enablers that would be required to implement your proposals including <i>[any costs associated with these should have been included in the costing of your options]</i>:<ul style="list-style-type: none">✓ Workforce – plans to recruit, retain and develop the required workforce including strategies for recruitment and retention, plans around organisational development and culture change✓ Digital – any digital requirements for implementation including data sharing, new IT, information governance✓ Estates – including approaches to reduce carbon emissions and meet Net Zero requirement✓ Innovation – any support structures or processes to identify and implement innovative approaches✓ <i>[Enablers should be common across all options – any requirements that are different between options should be put into the previous section on the impact of the options]</i>

Checklist for PCBC development (5/6)

Content	Have you included?
Benefits	<ul style="list-style-type: none">✓ Your approach to identifying, measuring and managing benefits during proposal development and implementation✓ The benefits that you have identified if the proposals were implemented <i>[this should align with the issues identified in the case for change – together, the benefits should resolve the issues in the case for change]</i>✓ Quantification of the benefits (if capital is required) and identification of cash-releasing and monetisable benefits✓ How the benefits will be realised and measured during implementation
Implementation planning	<ul style="list-style-type: none">✓ High-level implementation plans <i>[these should show sufficient level of detail to be clear where there are key dependencies and what are the major milestones]</i>✓ Proposed governance structures for complementation including handover from ICB to providers✓ Resourcing requirements for implementation✓ Key risks and mitigation <i>[it is helpful to separate these into programme and implementation, as the implementation risks will need to be managed operationally by providers whilst programme risks will be managed by the programme (often owned by the ICB)]</i>
Quality assurance	<ul style="list-style-type: none">✓ Quality assurance undertaken by Clinical Senate (and other clinical bodies such as Royal Colleges, if relevant) including findings and how these influenced the proposals <i>[they said, we did]</i>✓ NHSE assurance processes including how the five tests for service change have been met and response to Stage 2 assurance✓ Any national assurance processes (e.g. around capital)✓ Assurance undertaken by the Health Overview and Scrutiny Committees including how feedback fed into the proposals✓ Any other peer review or other assurance processes, if relevant✓ <i>[Include letters of support from assurance processes and from neighbouring providers where there are patient flows – these do not need to support a particular option but must support the options for consultation]</i>

Checklist for PCBC development (6/6)

Content	Have you included?
Plans for consultation	<ul style="list-style-type: none">✓ The purpose of undertaking consultation and the legal principles underpinning this✓ Your consultation approach and key stakeholders✓ Planned consultation activities and materials✓ How responses will be collected and analysed✓ Resourcing plan
Approvals and next steps	<ul style="list-style-type: none">✓ The decision(s) you are asking the decision-maker (commissioners) to make <i>[it is important to be clear on this from a legal perspective]</i>✓ What will happen next in the process
Glossary	<ul style="list-style-type: none">✓ Explanation of abbreviations and unfamiliar terms used in the document

Top tips: writing the PCBC

- ✓ **Start with the executive summary.** A two-pager narrative is crucial to coalesce stakeholders around a single narrative
- ✓ **Be clear about your reader** – for the PCBC, it is the decision-making body but also needs to tick boxes for anyone included in the sign-off process (Regional Office, NHSE, Clinical Senate).
- ✓ **Be clear about your voice** – who is the PCBC from – and **keep the same voice throughout**
- ✓ Keep things as **short and simple** as possible. Have an active and dynamic style. Don't use flowery language or long words. Avoid redundant phrases like 'looking forward'. Don't use jargon or abbreviations. Be consistent in nomenclature
- ✓ **Use subheadings to structure the report and summarise the content** – taken together, the subheadings should give the executive summary of the section
- ✓ **Choose exhibits carefully** and be clear how they relate to the narrative.
- ✓ Leave plenty of **time for editing** and **proof-reading** (and have a format template before you start). Give the PCBC to someone who hasn't been closely involved in developing it to make sure it makes sense
- ✓ **Have one person 'holding the pen'** and making overall editorial decisions, even if sections are being written by different people. DO NOT try to write a PCBC by committee!

Top tips: getting the PCBC signed-off

- ✓ Spend time early on **mapping out the meetings** that the PCBC will need to go through for discussion, scrutiny or sign-off – it will be complicated, and the national meetings won't fit into your timeline!
- ✓ Each section of the PCBC should be **read and signed off by a senior leader** (the finance section by the Chair of the Finance Group, the service model section by the Clinical Lead, etc). Diarise time for these people to do this
- ✓ The process of writing, iterating and agreeing the PCBC will take 5-6 weeks so try to **write and sign-off sections as you go along**
- ✓ Only **a few people are likely to read the entire PCBC before sign-off**; these should include the lawyer, the Programme Director, the Communications Lead and the Regional Lead. Don't underestimate the time it will take to read the PCBC
- ✓ Be certain about the **evidence for everything** in the PCBC, especially if external agencies have been involved in developing material
- ✓ **Document and file everything** so knowledge isn't lost by judicial review

Examples of pre consultation business cases

Click each example for further information

North Central London ICS



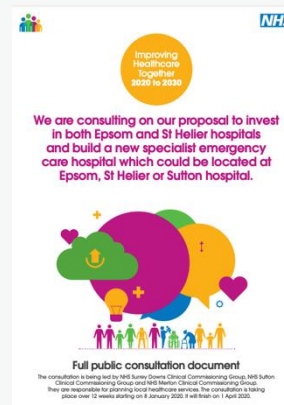
Hampshire and Isle of Wight ICB



South Tyneside and Cumbria



Surrey Downs, Sutton and Merton CCGs



Further examples can be found here:



Ask your Regional lead about further resources available in systems

Thank You



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