standing up for dietetics

Nine step guide to making the case for dietetics

This guide is suitable for dietitians working in all four countries of the United Kingdom. It describes the steps that you can take to make the case for dietetics. You may wish to make the case for dietetics in order to either protect or expand and develop your service offerings. The guide updates, builds on and replaces the 'Know your own Worth' documents published in 2013. It should be used in conjunction with the 'How to analyse and influence your stakeholders' document in this Influencing Action Pack which provides guidance on how to influence your key stakeholders – an important part of making the case for dietetics.

There are nine main steps in the process each of which are described in this document.

1. **Know your service**
2. **Research local needs**
3. **Research national guidelines**
4. **Identify key stakeholders**
5. **Analyse stakeholders**
6. **Plan engagement with stakeholders**
7. **Develop a service model**
8. **Write a business case and submit**
9. **Lesson learnt**

1. Know your service

The first step in the process of protecting or expanding your dietetic services is to be able to clearly describe your existing Nutrition and Dietetic Service.

This will enable you to talk with confidence about your service to key stakeholders and will provide a starting base from which to make any alterations/improvements to your service. The following table outlines the types of information about your service that you need to be familiar with.

Know Your Service Checklist

	Information	Check
1	Number of referrals and sources of referrals – consultant/practice/locality	
2	Proportion of inappropriate referrals	
3	Demand versus capacity information	
4	Length of waiting list and how this has changed/is changing/other variations during the year	
5	Where is the service (s) provided and access and by hard to reach groups	
6	Percentage of DNAs and cancellations and are there any trends	
7	How is the service paid for? Is the service undertaking activities that it is not paid to do?	
8	What do patients think about the service? It is important that patients are included in the design and evaluation of services. This could be through different methods including focus groups, face to face interviews, case studies, patient stories and questionnaires.	
9	Skill mix – who delivers what parts of the service?	
10	What competences are needed to deliver the outcomes? Is there a gap between the competencies of staff versus the services required to be delivered?	
11	What competences do the team have, how else could these competences be used?	
12	Multi-professional or agency working – how does the service contribute to care pathways?	
13	How does the service contribute to healthcare standards, implementing NICE guidance, implementing NSFs or reducing demand in other parts of the system?	
14	What areas of good practice, case studies are there that could help demonstrate the service provided to patients?	
15	What else does the service do which supports patients or other professionals to deliver nutritional care but which is not face to face contact and how much time does is allocated to this?	
16	Can the service generate income? And if so how and by how much?	
17	Do you have any results from audits or service evaluations or local research?	
18	Summarise the costs of your existing service **	

** The costs that you need to be familiar with include:
The cost of
- a new face to face consultation and a follow up face to face consultation
- a dietitian seeing a patient on an acute ward in a hospital
- the delivery of training

NB. The service is likely to have reference costs calculated as part of the national process linked to PbR (Payment by results) and tariffs and it is essential to know why your costs are higher or lower than other dietetic services.

Consult your financial manager to help calculate these costs. Other sources of financial help can include business managers, contract managers or planning managers.

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2. Research local needs

You now need to research the needs of the local population and identify the priorities of the commissioners who are responsible for commissioning your service. Doing this research will enable you to review your current service offerings in the light of local priorities and determine what changes , if any, you need to make to protect your current service or what to target if you wish to expand and offer new dietetic services.

For more details on how to do this research in England please refer to Appendix 1.

3. Research national guidelines

Keep abreast of the national guidelines (e.g. published by NICE and other bodies) and any new and relevant research into specialist areas of dietetics.

The BDA publishes a series of Key Facts leaflets and 'Trust a Dietitian' leaflets which have been written by dietitians specialising in the different areas of dietetics. These are useful sources of evidence based information about how dietitians impact the health and treatment of patients with specific conditions. They may also give you useful examples of dietetic services being delivered successfully in other areas of the four countries of the UK.

You may wish to make contact with dietitians who are already running similar services in other areas to find out how they deliver them and what are the challenges you may have to face.

The information from these sources will help support the case for dietetics. It is important to demonstrate to commissioners that you have based your decisions on how to shape your service on the most up to date evidence.

4. Identify key stakeholders

Armed with an extensive knowledge of your current service as well as the national and local priorities you can now start talking to the people who can help you achieve your aims to protect or expand your services. In other words you can now start to 'influence' your key stakeholders in a positive way.

Refer to the Influencing Action Pack document 'How to analyse and influence your stakeholders'

for a detailed step wise approach to identifying your stakeholders describes the whole process of influencing in great detail. Please refer to this document for additional help. Here, the process is described more briefly and begins with identifying your key stakeholders.

Your key stakeholders may seem obvious at the outset but it is worth dedicating some time to thinking who else may be influential and help your cause. It is also useful to note down those people who are influential but may hinder your cause and then plan carefully how to engage them with the intention of changing their views.

When bidding for a new service the most obvious stakeholders are the commissioners who are directly involved in the procurement process. However they are not your only stakeholders – it is sensible to include people who have influence over the commissioners who may be able to support your bid either formally or informally.

5. Analyse stakeholders

Now you have a list of your stakeholders you need to analyse them. This is a two step process:

1) Add your stakeholders to the matrix below.

You will need to decide what level of power/ influence you think the stakeholder has in the process of commissioning a service and also what level of interest in your service they have. Divide your stakeholders into 4 groups:

: High power high interest people: these are the people your 'key players' - you must fully engage and make the greatest efforts to satisfy. Your approach is to 'manage closely'.

: High power, less interested people, put enough work in to keep these people satisfied but do not bore them with excessive communication. Your aim should be to increase their level of interest in you and your service. Your approach is to 'meet their needs and keep them satisfied'.

: Low power, high interest people: Your approach is to 'keep these people informed'. These people can be useful. If they are interested in your area of work they may at some stage be tasked with working in it – keep informed, but don't spend excessive time in doing so.

: Low power, less interested people: Your approach is to 'monitor these people' but do not bore them with excessive communication. Your aim should be to increase their level of interest in you and your service.

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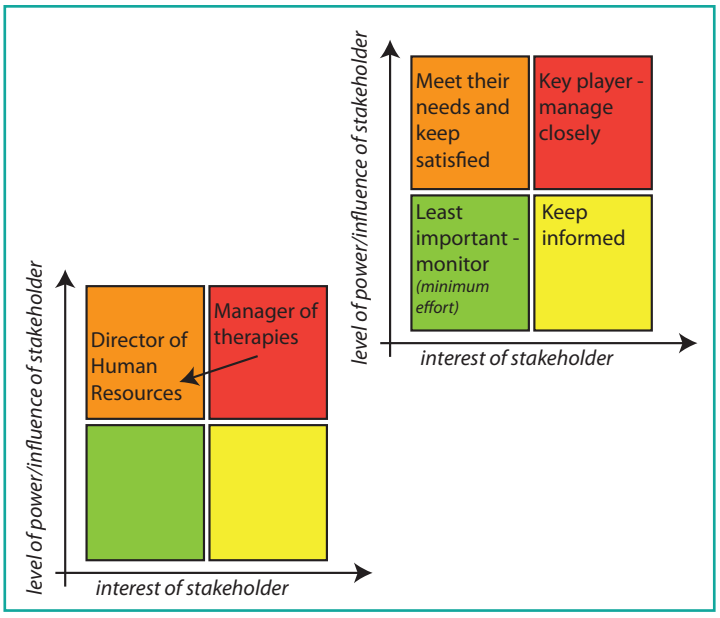

Now you need to analyse the needs of your stakeholders by completing the table below which is available in Appendix 2

Planning Stakeholder Engagement Table

Stakeholder name	Stakeholder contact details	Engagement approach *	Key interests	Current status**	Desired support***	Messages	Action and communication ****	When to contact - timeframe	Review results

*Engagement approach: Manage closely / Keep satisfied/keep informed/Monitor

**Current status: are they a critic/supporter/neutral?

***Desired support: what do you want them to do for you?

****Action and communication: frequency of communication and method(s)

You will need to decide what messages you wish to give to which stakeholder so you must know your service as well as the needs of the local population and the national guidance and evidence that supports the commissioning of a dietetic service.

The message may be different for different stakeholders depending on their key interests and what you want them to do for you.

NB If you wish to have a brand new service commissioned you may need to have completed step 7 (i.e. developed your new service) prior to deciding what messages you want to give.

When preparing your messages consider why a stakeholder like a commissioner should buy your particular service over any other or why the commissioner would want to commission a completely new service altogether.

You can do this by asking the following questions:

- How will service users benefit from your service? How will the commissioner benefit (does it help meet his/her targets)?
- What are the strengths of the service, what is done well? Also consider what information exists to confirm that this is an effective service
- Is there patient satisfaction data, outcome data, or evidence that the actual or proposed service reduces demand in another part of the system?
- What evidence exists to confirm that this is a quality service?
- What evidence is there that the service is meeting the health needs of the population and reducing the local health inequalities gap?
- What evidence is there of an impact elsewhere in the health community? For example: does the diabetes group reduce people attending the GP, does it reduce admissions?

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6. Plan engagement with stakeholders

You now need to plan how to deliver your messages to your stakeholders i.e. what method(s) to use and when.

Refer to the document entitled

'How to analyse and influence your stakeholders'

to determine the best methods to use.

All the normal guidelines on good communication apply when engaging with stakeholders. When planning your engagement you will need to consider:-

- The business language of your stakeholders – try to use the language they are using some examples of buzz words include: frailty, long term conditions, cost effectiveness, cost savings, preventing unplanned admissions etc. Do you need to avoid or explain jargon, abbreviations and acronyms?
- Your target audience's level of understanding - if you are unsure about their understanding then check i.e. ask them - this is better than assuming no understanding and then patronising them!
- How can you make the message meaningful to them or stand out from other messages they are hearing? – using patient stories and patient quotes to illustrate your messages can be really powerful.

You are likely to have to build relationships up slowly over months if not years. Plan ahead. Plan to deliver your message(s) on more than one occasion to the same people - in a phased approach. Use different methods to deliver your message(s) and illustrate them differently to gain maximum impact!

Make the most of local opportunities e.g. conferences, meetings, open days, educational days but also create them as well – interviews, vodcasts, podcasts, invitations to visit the dietetic service in action etc.

It is worth preparing an 'elevator pitch' to make the most of any informal meetings with your stakeholders i.e. when standing in an elevator with your stakeholder. You will want to have a 1 minute speech prepared to engage your stakeholder with before they get out at the next floor!

For more detail on how to do this refer to the document

'The Elevator Pitch'.

- Timing is everything. For commissioners in the NHS or in local authority it is important to be aware of the planning cycle so that you can start to engage with your stakeholders at the right part of their planning cycle i.e. when they are putting together their commissioning intentions and when they are procuring services. Different organisations will have different timings so you will need to this out by talking to the commissioners. Planning cycles are based over a 12 month period so you may need to plan months in advance!

A typical planning cycle will look something like this:

The model consists of three central components:

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

- Strategic planning
- Procuring services
- Monitoring and evaluation

Strategic planning

In this stage the health needs of the population are assessed and the Joint Strategic Needs Assessment (JSNA) is produced. Existing services are reviewed to see if they are meeting specified patient outcomes and a complete service gap analysis is conducted. The commissioning organisation then publishes draft commissioning intentions for the year and consults with the public and local professionals.

This whole process will take place over four months during which time it is useful to engage with your stakeholders to make sure that nutrition and dietetics is considered as part of the commissioning intentions.

This is a crucial time - you have the opportunity to influence exactly what services are demanded by your commissioners and whether dietetics stays, expands or goes!

Procuring Services

At this stage services are designed based on evidence and set frameworks. You will need to make sure that you are aware of any tenders that go out that you or a group of healthcare professionals including dietitians can tender for.

Commissioners will publish a specification for the service they wish to procure. You must design your service to meet the specification. Hints on how to design your service are found below in step 7.

Monitoring and Evaluation

Once services are procured they need to be managed and performance monitored to ensure that services are of a good quality, are meeting outcomes and are delivered at a reasonable cost. This should be informed by patient and public feedback as well as professional input. Information gathered and reported at this stage will in turn affect strategic planning and so on.

7. Develop a service model

Whether you are developing a new service, protecting an existing service or revising a current service it is important to consider the following:

a) Develop the service to meet the specification/local health priorities

- Is this what the commissioners want to buy? And does it provide a solution/fit with the commissioner's priorities?
- If the dietitians are driving the proposal then it is essential it is in line with the commissioners' priorities.
- Does the proposed service meet the specification?
- Is this a clinically effective service that will benefit the commissioners and their patients? If can you describe exactly how patients will benefit i.e. what outcomes do you expect.
- Commissioners are also interested in cost
- Don't' forget to ensure your approach is evidence based – i.e. also based on national guidance such as NICE guidelines, quality standards, or guidelines produced by specialist groups (BAPEN, Diabetes UK)

b) Develop the service model with the dietetic team and other professionals

- Define whether a bid is uni-disciplinary or multi-disciplinary. You may wish to work with other Allied Health Professionals and / or nurses. If so engage early with the specialist multi-disciplinary team. Define how much of the dietetic service is required for the integrated care pathway.

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- Commissioners are encouraging working with the social services (i.e. developing integrated services) and independent organisations that provide services to patients e.g. homecare services
- Commissioners are encouraging healthcare professionals to work with the voluntary services such as local charities. Do you think you could work with a local charity e.g. RVS who supply befriending services and meals on wheels

c) Consider innovative and radical ways of working

- Consider making use of technology to help to reduce the costs of your service e.g. telephone/ text monitoring services, text reminders of appointments. You can source NHS funding to help you develop such technologies.
- Consider skill mix or new ways of working.

  Learn from local colleagues – maybe you can share a service model and so benefit from economies of scale, particularly in the area of training for health professionals.
- Learn from other expert colleagues nationally

  What is the unique selling point(s) for the service you are offering over a potential competitor?
- Commissioners are encouraging services that help patients to manage their condition themselves with minimal help from professionals. Diabetes education programmes are a good example, but maybe you can think of how to encourage self-management in other patient groups.

d) Develop a service model with patients

Patient and public involvement is key to changing services for the better. As a provider of nutrition and dietetic services it is important to ensure that the service meets the needs of both the commissioners and the patients. Patients can be involved at a variety of stages:

- Integral to a senior clinicians' team developing the model from the start. Ask potential service users to examine with you how a service could develop.
- Consult with a draft model and options based on evidence, best practice and local needs and the views of service users.
- All too often patients are only involved at the final stage – what could be learned from earlier input?
- How do you currently use service user feedback to develop and change the service?

e) Develop a patient pathway

A clear pathway describing the patients' journey ensures the model remains patient focused and has many benefits for both provider and commissioner including:

- Being easy to understand for the patient / public involved in the development
- Keeping the patient as the central focus

  Able to be used to develop efficiencies and identify risk / bottlenecks at various stages of the pathway
- Identifying a clear model of cost savings released in some areas and cost pressures in others
- Integrated care for the patient
- It is essential to make sure the model you develop is accessible to everyone no matter what characteristics i.e. age, sex, religion, sexual orientation, disability etc.

f) Build evaluation into your service model

New ways of working have to have integral robust evaluation. Audit needs to be on-going throughout and specific. There should be a method of data analysis right from the start and baseline comparison.

- Can the service be compared with other similar services in other areas?

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- What would happen if the service closed?
- Are quantitative outcomes being measured such as hospital admission avoidance, or qualitative outcomes such as the patient experience? For instance patient education can reduce patient anxieties, promote self-care, reduce episodes in hospital care, prevent long term complications and reduce visits to primary care. Build in evaluation and audit strategies as part of the service design and objectives.

g) Prepare the costs of your service

You will need to demonstrate how cost effective your service is. Don't forget to include the following costs:

- staff costs
- clinical, management costs
- administration, finance, Human resources costs;
- training costs;
- travel expenses;
- costs of disposable resources and information e.g. stationary, postage,
- computers and IT service costs;
- non disposable resources/equipment e.g. office, clinic space – rental

You should be able to quote the following costs for your proposed service model: the costs of

- a face to face consultation?
- a dietitian seeing a patient on an acute ward in a hospital
- the delivery of training

h) Make sure you can answer the following questions about your service

When you meet with a commissioner about your proposed service make sure you can answer the following questions:

- What are the benefits of the services to patients?
- How does the development of a service fit with the joint strategic needs assessment, clinical commissioning group priorities & plans?
- What evidence is there to prove worth?
- How can value for money be demonstrated?
- What is the cost of the service?
- What are the cost benefits?
- How will a service be evaluated?
- How will benefits realisation be illustrated?
- What examples of best practice are there?
- What examples of patient stories and/or case studies are available?
- What are the risks and options?
- How can you evidence better outcomes from the commissioner, patient and clinician perspective?

It is important to ensure the commissioner provides sufficient information on the boundaries and scope of the model. Where scope is not clear, ensure that you detail your assumptions and the sources of those assumptions

It is important to note that existing services that are not a commissioning priority, or are not meeting quality standards, may be decommissioned and different services commissioned or invested in.

If a service is perceived to be underperforming or not meeting quality standards identified by the commissioners, work with the commissioners to understand what is unsatisfactory so that it the service can be improved.

Build in evaluation and audit strategies as part of the service design and objectives.

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8. Write a business case

The key components of a business case are outlined in the table below.

Title	Include name of patient pathway / service and who will be providing the service. Does it do what it says on the tin! Do not assume any information is known about the case you are presenting Ensure it is clear if it is draft for consideration or final version
Executive Summary	Remember that those reading a business case are busy people! The purpose of the case, who the case is to be read by, what is being asked for and why should all be contained in the executive summary
How does the case fit with national and local policy and context?	Reference specific national policy, NICE guidance, Department of Health policy to set the case in context
Current situation, reason for the case, the case for change and scope	These should be clearly demonstrated Detail the commissioners' criteria / scope of service. Detail assumptions you have made. Detail assumptions the commissioner has made. Clinical roles / activities proposed and staffing, WTE, grade, activities Pathway for patients/ patient access to service/speed of referral How the services link together if multidisciplinary pathway Present MDT pathways in a joined up way – not uni-professional, communication
Benefits of the case	Consider why commissioners would wish to consider your case over others Detail throughout how the model relates to commissioners priorities such as: length of stay, reducing admissions, waiting lists How does it help them with delivering their priorities?
Risks	Detail the risks of model to: • Patients • Commissioner • Dietetic service / provider • Other identified stakeholders i.e. local authority, other dietetic service providers Costs & benefits realisation Costs of providing service Less costs of current service, re allocated funds or efficiencies Options Undertake an option appraisal i.e. list the options which could be: • Option 1 Do nothing • Option 2 Outline a model • Option 3 Outline a model and cost each option
Conclusion	Provide a succinct summary of the case
Recommendation	Be clear what is being recommended and why Next steps It is helpful to be clear on what you propose as the next steps. For example this could be to share the business case with x colleagues to gain their views in x timescale.

It may be difficult to motivate yourself to do this but is always worth reviewing your engagement with any stakeholder. Ask yourself did it go well? What could I have done better? What information did I learn from my stakeholder that I didn't know before? What can I do now to follow this up?

Write it down –it's a good discipline and a good CPD activity! You may wish to refer to your notes at a later date when approaching your stakeholder again or when handing your notes to a deputy.

The same principle applies to bidding for a tender. Its good practice to review how well you think you did and of course how successful you were. Try to find out what the commissioners thought and what they could suggest would have improved your bid. Write it down – it will be helpful for when you put in another bid.

Ask yourself did it go well?

What could I have done better?

What information did I learn from my stakeholder that I didn't know before?

What can I do now to follow this up?

APPENDIX 1

Research your local area.

In England, your commissioners may be based in Clinical Commissioning Groups (CCGs) in the NHS or within local authorities.

The information you need will be provided in one or more of the following:

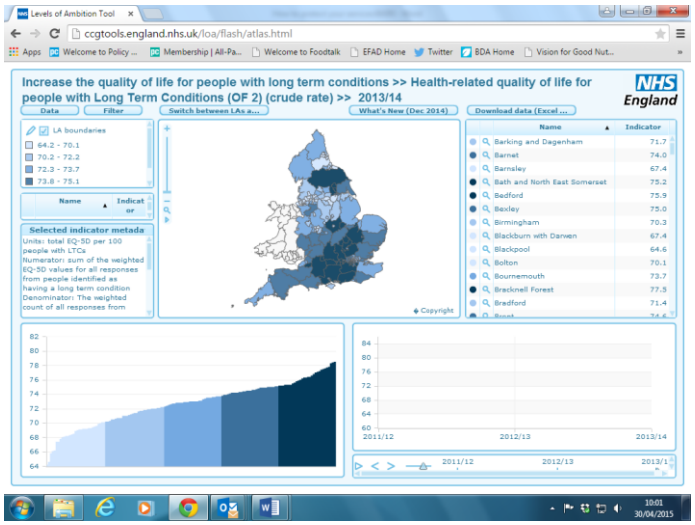
- The local Joint Strategic Needs Assessment (available on the local authority website)
- The local Health and Well Being Strategy (available on the local authority website)
- The local CCG (s) commissioning intentions (available on the CCG website)

You may also wish to compare the prevalence of disease of populations in other areas in the country and this can be done by accessing the following:

- Atlas of Ambition (http://ccgtools.england.nhs.uk/loa/flash/atlas.html)

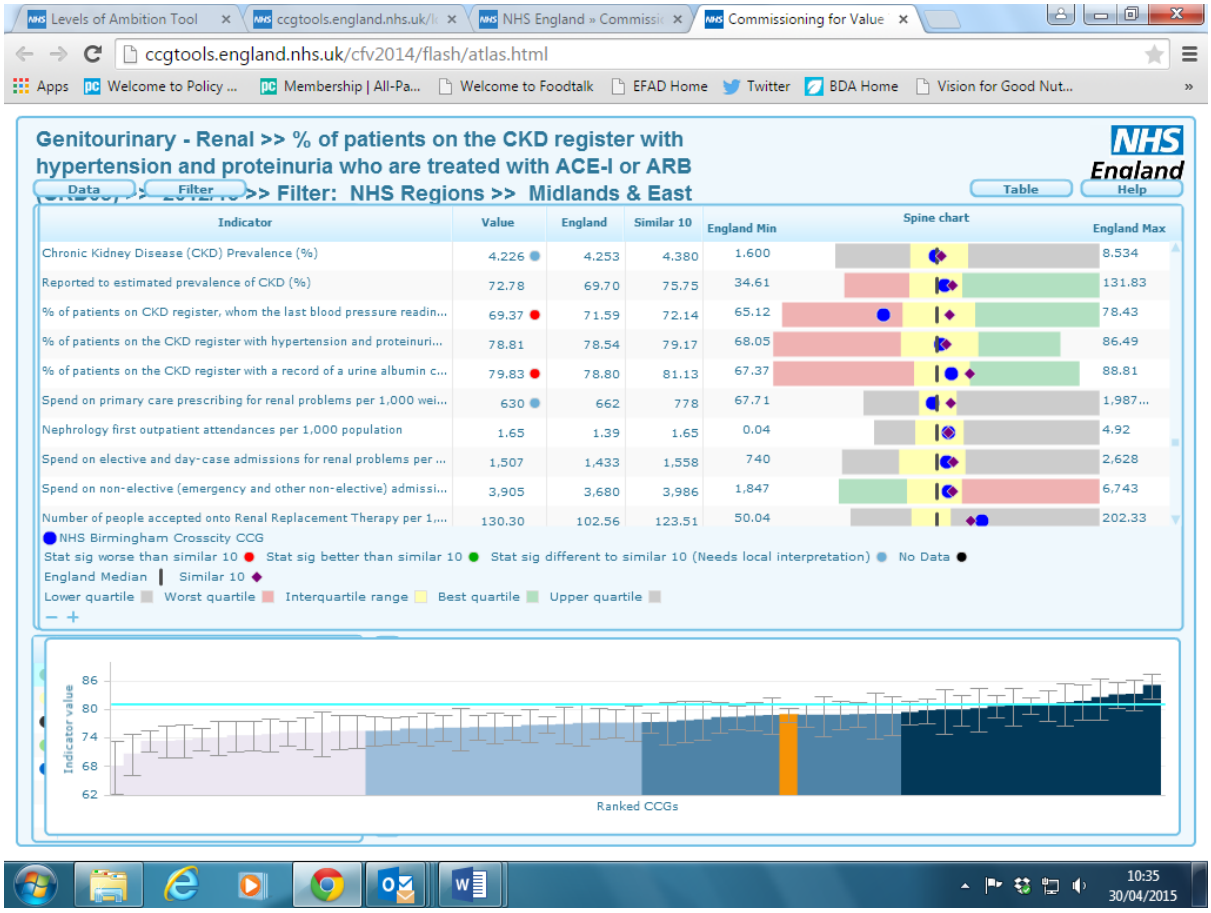
In the Atlas you can compare specific 'ambitions' data from all the CCGs in England to see how well or otherwise your CCG performs. CCGs are ranked in quintiles out of 211 CCGs. This means you can compare how well your CCG is doing with regard to its ambition to impact data such as:

- Potential Years of Life Lost amenable to healthcare for males and females
- Under 75 Mortality from CVD, respiratory disease and cancer
- The proportion of elderly who were offered rehabilitation after discharge from acute or community hospital



- The Commissioning for Value tool (www.ccgtools.england.nhs.uk/cfv2014/flash/atlas.html/

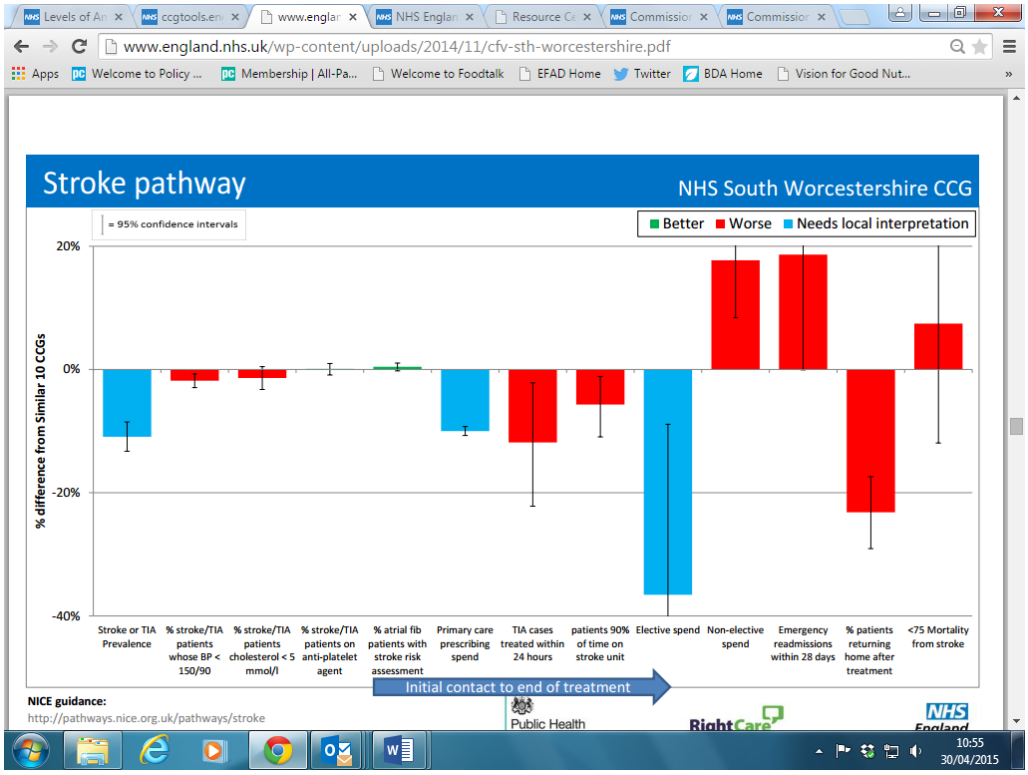
This tool allows users to view maps, charts and tables for the indicators in the packs across CCGs, and to view a spine chart of all the indicators for one or more CCGs. Here are some images from the tool. The tool allows you to determine for each indicator whether your CCG is better or worse than the same indicator in 10 similar CCGs.



- Commissioning for Value: Pathways on a page

Commissioning for Value is about identifying priority programmes which offer the best opportunities to improve healthcare for populations; improving the value that patients receive from their healthcare and improving the value that populations receive from investment in their local health system

The ‘pathways on a page’ can be accessed to help you identify the areas of care that your CCG are focussing on to obtain maximum value (in terms of value for money as well as impact on patient outcomes.) Some example pages from this document :-



NHS RightCare provides a website to explain the Commissioning for value concept in England and also how you can interrogate the information available on lots of conditions such as CVD and diabetes. It is available on : http://www.rightcare.nhs.uk/index.php/commissioning-for-value/

Planning Stakeholder Engagement Table

Stakeholder name	Stakeholder contact details	Engagement approach *	Key interests	Current status**	Desired support***	Messages	Action and communication ****	When to contact - timeframe	Review results

*Engagement approach: Manage closely / Keep satisfied/keep informed/Monitor

**Current status: are they a critic/supporter/neutral?

***Desired support: what do you want them to do for you?

****Action and communication: frequency of communication and method(s)