



Building the MA Business Case Toolkit

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**NHS Shortfall  
prediction:  
£15 billion**

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**Cost of minor ailments  
consultations in  
general practice  
£2 billion**

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**51.4 million GP  
consultations  
for minor  
ailments alone**

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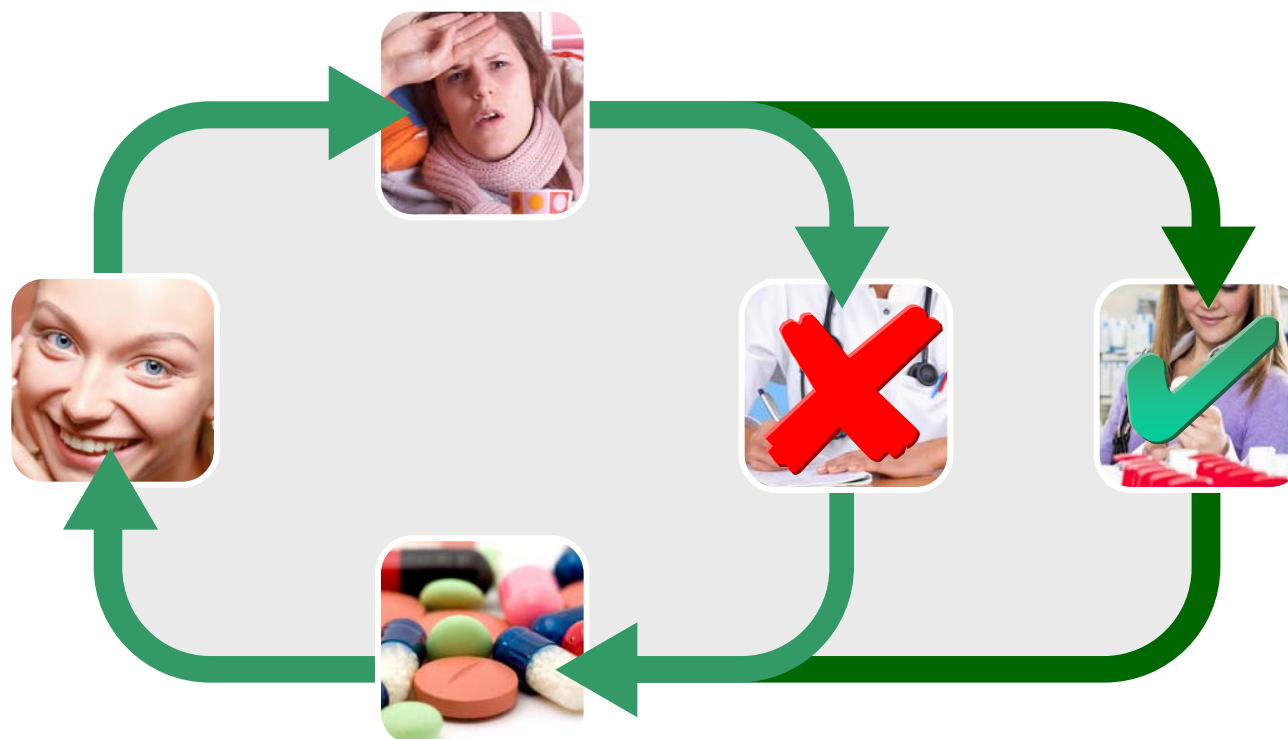
**91% receive a  
prescription**

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**Cost of minor  
ailment  
prescriptions  
£371 million**

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Treating minor ailments is a habitual process –  
in order to change behaviour the cycle needs to be broken!



**Generally GPs/Nurses are too willing to prescribe and lack confidence in pharmacists so need 'permission to act' to break this cycle**

# Top ten ailments account for 75% of MA consultations which is the target for shift to self care

Top 10 account for 75% of all minor ailments

MA	Total consultations (millions)
Back Pain	8.4
Dermatitis	6.8
Heartburn and indigestion	6.8
Nasal Congestion	5.3
Constipation	4.3
Migraine	2.7
Cough	2.6
Acne	2.4
Sprains and Strains	2.2
Headache	1.8
Earache	1.7
Psoriasis	1.7
Conjunctivitis	1.3
Sore Throat	1.2
Diarrhoea	1.2
Haemorrhoids	0.9
Cystitis	0.7
Hay Fever	0.7

Warts and Verrucas	0.6
Nail Infections	0.4
Common Cold	0.4
Influenza	0.3
Dysmenorrhoea	0.3
Thrush	0.3
Infantile Colic	0.2
Insect bites	0.2
Mouth Ulcers	0.2
Athlete's Foot	0.2
Muscular Pain	0.2
Oral Thrush	0.2
Threadworm	0.1
Nappy Rash	0.1
Head Lice	0.1
Gingivitis	0.04
Dandruff	0.04
Cold Sores	0.04
Cradle Cap	0.02
Travel Sickness	0.02
Teething	0.02

\*Dermatitis includes all forms of dermatitis (e.g. contact, atopic, ingestion, seborrhoeic) and eczema (e.g. atopic, dry, infantile)

Source: IMS Health Dec. 2007 study, commissioned by PAGB; Base: 500,000 patient records from IMS database 'Data Analyser'

## World Class Commissioning

**Commissioning is the process by which primary care trusts (PCTs) secure best value and deliver improvements in health and care services, to meet the needs of the populations they serve. World class commissioning (WCC) is transforming the way these services are commissioned, leading to improved health outcomes and reduction in health inequalities, adding life to years and years to life.**

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## World Class Commissioning

- **...better value for all**
  - Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources.
  - PCTs will work with others to optimise efficient and effective care.

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Quality, Innovation, Productivity, Prevention

**QIPP needs to become woven into the NHS's DNA, and efficiencies come from the avoidable use of NHS resources, effective partnerships and best practice**

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## Background summary

1. **MA = inappropriate use of NHS resources**
2. Service transformation imperative WCC/QIPP
3. **Self care offers real solution**

However:

1. **Need to prove it works**
2. How can we do this?
3. **Who will fund it?**
4. What's the process?

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What's in your toolkit?

- 1. Social marketing**
2. Project management approach
- 3. Messaging matrix**

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How  
**Social Marketing**  
can help

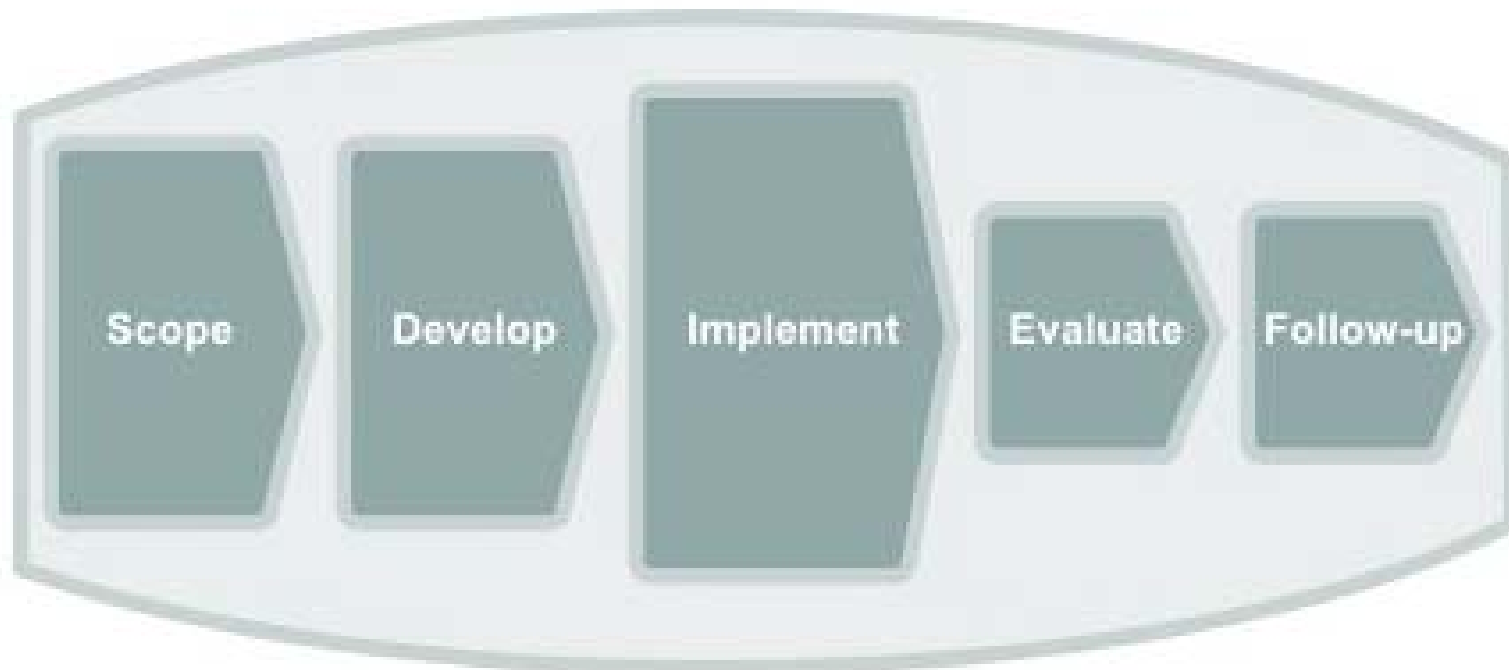
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Social marketing is...



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## Social marketing process



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# **Project Management led approach**

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## Prince II Business Case Structure

- 1. Purpose**
2. Reasons
- 3. Options**
4. Benefits expected
- 5. Risks**
6. Cost
- 7. Timescales**
8. Investment appraisal

# Building a messaging matrix

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Ailment	Insights	Outcome	Features	Benefits	Channels
Back Pain	<p>Affects around a third of UK population</p> <p>Most common cause of sickness among nurses</p> <p>If symptoms persist consumers will visit GP to seek reassurance ("right to free service")</p>	8.4 million GP consultations a year	Clear information on when to self-care – time frame and description are critical	Frees up GP time for patients with more serious problems	<p>Information leaflets and posters in Pharmacies, GP surgeries, Garden Centres, Gyms, DIY stores</p> <p>Risk stratification and proactive telephonic outreach to worst/repeat offenders</p>
	<p>Lack of confidence to self medicate</p> <p>Lots of cultural health myths surrounding back pain</p> <p>Misleading/incorrect information on Internet</p> <p>Likely to be a persistent problem for a number of patients – reinforcing dependent behaviour</p> <p>Often linked to other preventable conditions eg: obesity</p>		Clear information on how to self-care – OTC solutions, community services, alternative remedies, preventative action, etc	Encourages independence rather than dependence in consumers	<p>Better signposting to alternative "clinically recommended" services for specific conditions (eg: advertising on local websites, local radio)</p> <p>Nurse/pharmacist-led education programmes to encourage self-help</p> <p>Target specific community groups re cultural health myths</p> <p>PCT-led roadshows to showcase community services</p>
	<p>GP examination/letter often required as proof for employer/benefits office</p> <p>Some GPs unwilling to prescribe "alternative" remedies (eg: yoga, acupuncture)</p> <p>Most GPs unaware of what's available locally</p>		Clear information on where to get advice before seeking GP/hospital advice	Avoids unnecessary consultations	<p>Incentives for GPs to recommend self-help</p> <p>Introduce self-referral pathway to community facilities</p> <p>Empower pharmacists to issue sick notes</p> <p>Education for employers re: Occupational Health issues</p>
				Saves NHS money	

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