CHAPTER 13

Benefits Realisation Plan

None of the previous effort is worthwhile unless benefits and net benefits are realised. This requires benefits realisation to be part of the e-health investment plan, and needs effort by users and organisations as part of each e-health project. Benefits are often realised from changes in clinical and working practices, leading to improvements in performance. It is essential that stakeholders are aware of the opportunities and challenges to improve health and healthcare through e-health, so they can contribute fully to realising benefits and amalgamate them with the range of other priorities for change.

There are two main types of benefit. One derives from the requirements of the health and healthcare strategy, the other is additional to them. For the benefits realisation plan, the strategic benefits and any significant high-value additional benefits need to be included. The aim is to move from the generic features such as quality, access and efficiency, and change models such as strategic, organic and process, to develop a set of measurable steps that lead to benefits realisation over a realistic timescale. To achieve this, it is important to identify the appropriate, significant dependencies of the e-health project components that have to be in specific sequences. Then, you need to link them together. The tasks involved are:

- Preparing an analysis of current service provision and performance before the start of the e-health programmes or projects, so that benefits realisation will be more achievable and measurable
- Developing supporting infrastructure
- Ensuring that stakeholders know the changes required and their role in realising these
- Setting up new clinical and working arrangements
- Removing or redeploying redundant resources.

These are complex tasks, and an effective way to approach them is to rely on teamwork between health and healthcare groups and to start benefits realisation at the outset of each e-health project. Benefits should be identified in the e-health investment plan described in chapter 12. Table 18 illustrates a schedule of activities for all e-health projects.

Table 18. Illustrative summary of benefits realisation activity and links

Benefit	*Dependency*	*Change*	*Leader*	*Start*	*Risks*
Project 1 More patient access	E-health 1 E-health 2	**Adopt:** Clinical practice 1 Clinical practice 2 Working practice 1 **Give up:** Working practice 21	Dr A	2010	Overrun Engagement Data security
Project 2 Fewer malaria cases	E-health 2 E-health 3	**Adopt:** Clinical practice 3 Clinical practice 4 Working practice 2 **Give up:** Working practice 22	Dr B	2011	Overrun Engagement Wrong e-health ICT infrastructure
Project 3 Lower child mortality	E-health 3 E-health 4	**Adopt:** Clinical practice 5 Clinical practice 6 Working practice 3 **Give up:** Working practice 23	Dr C	2012	Overrun Engagement Wrong e-health ICT infrastructure
Project 4 Fewer maternal deaths	E-health 3 E-health 5	**Adopt:** Clinical practice 3 Clinical practice 5 Working practice 4 **Give up:** Working practice 24	Dr D	2013	Overrun Engagement Wrong e-health ICT infrastructure

The separate supporting plan and table for benefits realisation needed for each e-health project will have detailed activities and practices. This should form part of each project plan and will be part of the whole e-health programme. It enables benefits realisation to maintain a driving role in project management. This is instead of the typical mad rush to spend the available money, achieving few future net benefits but sometimes a net cost, and often with high risk of failure.

Table 18 is a source of information for programme management. When your benefit realisation effort is underway, the progress updates the plan. If nothing happens, the routine review can trigger decisions and actions to deal with blockages and inhibitors, and this is valuable information for the programme board.