

Integrated Impact Assessment Report for Service Specifications

Service Specification Reference Number	1652		
Service Specification Title	<u>Specialist maternity care for women diagnosed with abnormally invasive placenta</u>		
Lead Commissioner	Anthony Prudhoe	Clinical Lead	Catherine Greenwood.
Finance Lead	Jazz Nandra	Analytical Lead	
Integrated Impact Assessment – Index			
Section A – Activity	Section B - Service	Section C – Finance	
A1 Current Patient Population & Demography / Growth	B1 Service Organisation	C1 Tariff	
A2 Future Patient Population & Demography	B2 Geography & Access	C2 Average Cost per Patient	
A3 Activity	B3 Implementation	C3 Overall Cost Impact of this service specification to NHS England	
A4 Patient Pathway	B4 Collaborative Commissioning	C4 Overall cost impact of this service specification to the NHS as a whole	
A5 Service Setting		C5 Funding	
A6 Coding		C6 Financial Risks Associated with Implementing this service specification	
A7 Monitoring		C7 Value for Money	
		C8 Cost Profile	

About this Impact Assessment: instructions for completion and explanatory notes

- Each section is divided into themes.
- Each theme sets out a number of questions.
- All questions are answered by selecting a drop down option or including free text.
- Free text boxes are provided to enable succinct relevant commentary to be added which explains the rationale for response or assumption. Please limit responses to 3 sentences of explanatory text.
- Data in this document is either drawn from one of the relevant service specification documents or a source for the information is provided.
- Where assumptions are included where data is not available, this is specified.

Section A - Activity Impact

A1 Current Patient Population & Demography / Growth

A1.1 Prevalence of the disease/condition.

Abnormally Invasive Placenta (AIP) is rare. The single greatest risk factor for AIP is previous caesarean delivery. Caesarean section rates are at 26.2%. The risk of AIP increases with each subsequent caesarean section and estimates are highlighting that around 65-70% of women request repeat caesarean section rather than vaginal birth after caesarean section.

A soon to be published observational study, led by clinicians in Oxford, contacted all 154 obstetric led units in England asking for details regarding intended place of delivery for antenatally diagnosed AIP and the estimated numbers of cases treated over the last 5 years (2012-2017). One hundred and fourteen units replied to the survey (74%). Extrapolating their numbers to all the units in England gives an estimate of approximately 344 procedures per year, an incidence of 5.2 cases per 10,000 births. This is higher than the previous incidence reported by UKOSS in 2013 but is in line with the numbers being anecdotally reported by English Clinicians.

For integrated impact assessment planning purposes we have estimated that the total number of procedures for all centres in England is 344/year. We have not used the projected number of cases linked to caesarean section rates.

Source: Service Specification Proposition section 3.1

A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.

344

Source: See A1.2 Provider Survey

Please specify

See A1.1

<p>A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.</p>	<p><u>All ages</u> Please specify Babies born in England in 2013 were most likely to have a mother aged 25-34 with over half of mothers (59%) in this age group. A further 21% of babies were born to mothers aged under 25 while 20% had mothers aged over 35 at the time of birth. <i>(Live Births in England and Wales by Characteristics of Mother 2013; Office for national statistics)</i></p>								
<p>A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria</p>	<p>As above <i>Source: required</i> Please specify See A1.3</p>								
<p>A1.5 How is the population currently distributed geographically?</p>	<p><u>Evenly</u> If unevenly, estimate regional distribution by %:</p> <table border="1" data-bbox="1088 754 1599 971"> <tr> <td>North</td> <td>enter %</td> </tr> <tr> <td>Midlands & East</td> <td>enter %</td> </tr> <tr> <td>London</td> <td>enter %</td> </tr> <tr> <td>South</td> <td>enter %</td> </tr> </table> <p><i>Source: Service specification proposition section 6</i></p>	North	enter %	Midlands & East	enter %	London	enter %	South	enter %
North	enter %								
Midlands & East	enter %								
London	enter %								
South	enter %								
<p>A2 Future Patient Population & Demography</p>									
<p>A2.1 Projected changes in the disease/condition epidemiology, such as incidence or prevalence (prior to applying the new service specification) in 2, 5, and 10 years?</p>	<p><u>Increasing</u></p>								

	*PSSAG (Prescribed Specialised Services Advisory Group)
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	344 <i>Source: Provider Survey</i> See A1.1
A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?	344 <i>Source: Provider Survey</i> See A1.1
A4 Patient Pathway	
A4.1 Patient pathway Describe the current patient pathway and service. .	Between a half to two thirds of women with AIP are not currently antenatally diagnosed with the condition only being discovered at delivery. There is currently no agreed national patient pathway or service. Many Trusts in England have their own guidelines with either in house review or referral to a local fetal medicine unit. Who is screened, what diagnostic technique (US or MRI) is used and where and how the woman is delivered, is entirely dependent on the individual clinicians. <i>Source: Current pathway</i>
A4.2. What are the current service access and stopping criteria?	Access is determined by the local facilities and individual clinician. Stopping criteria is linked to no evidence of AIP on ultrasound or MRI examination.

	<i>Source: Current pathway</i>				
A4.3 What percentage of the total eligible population are: a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria	If not known, please specify Not known a) b) <i>Source: Current pathway</i>				
A4.4 What percentage of the total eligible population is expected to: a) Be referred to the proposed service b) Be eligible for care according to the proposed criteria for the service c) Take up care according to the proposed criteria for the service d) Continue care according to the proposed criteria for the service?	Not known a) b) c) d) <i>Source: Click here to enter text.</i>				
A4.5 Specify the nature and duration of the proposed new service or intervention.	<u>One off</u> For time limited services, specify frequency and/or duration. Single intervention linked to individual pregnancy. <i>Source: Service Specification</i>				
A5 Service Setting					
A5.1 How is this service delivered to the patient?	<i>Select all that apply:</i> <table border="1"> <tr> <td>Emergency/Urgent care attendance</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Acute Trust: inpatient</td><td><input checked="" type="checkbox"/></td></tr> </table>	Emergency/Urgent care attendance	<input checked="" type="checkbox"/>	Acute Trust: inpatient	<input checked="" type="checkbox"/>
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	<table border="1"> <tr> <td>Acute Trust: day patient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: outpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: inpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community setting</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Homecare</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	Acute Trust: day patient	<input type="checkbox"/>	Acute Trust: outpatient	<input checked="" type="checkbox"/>	Mental Health provider: inpatient	<input type="checkbox"/>	Mental Health provider: outpatient	<input type="checkbox"/>	Community setting	<input type="checkbox"/>	Homecare	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Acute Trust: day patient	<input type="checkbox"/>															
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Homecare	<input type="checkbox"/>															
Other	<input type="checkbox"/>															
<p>A5.2 What is the current number of contracted providers for the eligible population by region?</p>	<table border="1"> <tr> <td>NORTH</td> <td>0</td> </tr> <tr> <td>MIDLANDS & EAST</td> <td>0</td> </tr> <tr> <td>LONDON</td> <td>0</td> </tr> <tr> <td>SOUTH</td> <td>0</td> </tr> </table>	NORTH	0	MIDLANDS & EAST	0	LONDON	0	SOUTH	0	<p>There are no contracted providers. A number of centres have self-reported that they carry out this procedure and that they regard themselves as specialist centres for the management of AIP.</p>						
NORTH	0															
MIDLANDS & EAST	0															
LONDON	0															
SOUTH	0															
<p>A5.3 Does the proposition require a change of delivery setting or capacity requirements?</p>	<p><u>Yes</u> Please specify: NHS England does not contract with centres to deliver specialist maternity care for diagnosis and management of women with AIP. This service will need to be procured. <i>Source: Current pathway</i></p>															

A6 Coding

A6.1 Specify the datasets used to record the new patient pathway activity.

*expected to be populated for all commissioned activity

Select all that apply:

Aggregate Contract Monitoring *	<input type="checkbox"/>
Patient level contract monitoring	<input type="checkbox"/>
Patient level drugs dataset	<input type="checkbox"/>
Patient level devices dataset	<input type="checkbox"/>
Devices supply chain reconciliation dataset	<input type="checkbox"/>
Secondary Usage Service (SUS+)	<input checked="" type="checkbox"/>
Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>
National Return**	<input type="checkbox"/>
Clinical Database**	<input type="checkbox"/>
Other**	<input type="checkbox"/>

**If National Return, Clinical database or other selected, please specify:
[Click here to enter text.](#)

A6.2 Specify how the activity related to the new patient pathway will be identified.

Select all that apply:

OPCS v4.8	<input checked="" type="checkbox"/>
ICD10	<input checked="" type="checkbox"/>
Service function code	<input type="checkbox"/>
Main Speciality code	<input checked="" type="checkbox"/>
HRG	<input type="checkbox"/>

	<table border="1" data-bbox="1086 97 1850 248"> <tr> <td data-bbox="1086 97 1753 156">SNOMED</td><td data-bbox="1753 97 1850 156"><input type="checkbox"/></td></tr> <tr> <td data-bbox="1086 156 1753 248">Clinical coding / terming methodology used by clinical profession</td><td data-bbox="1753 156 1850 248"><input type="checkbox"/></td></tr> </table> <p data-bbox="1086 300 1227 336">See A6.5.</p>	SNOMED	<input type="checkbox"/>	Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>
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Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>				
<p data-bbox="96 395 629 432">A6.3 Identification Rules for Drugs:</p> <p data-bbox="96 443 584 480">How are any drug costs captured?</p>	<p data-bbox="1086 395 1308 432"><u>Not applicable</u></p> <p data-bbox="1086 443 2141 512">If already specified in the current NHS England Drug / Devices List, please specify drug name and indication for all that apply:</p> <p data-bbox="1086 523 1413 560">Click here to enter text.</p> <p data-bbox="1086 571 2101 676">If drug(s) NOT already been specified in the current NHS England Drug List please give details of action required and confirm that this has been discussed with the pharmacy lead:</p> <p data-bbox="1086 687 1413 724">Click here to enter text.</p>				
<p data-bbox="96 778 658 815">A6.4 Identification Rules for Devices:</p> <p data-bbox="96 826 551 863">How are device costs captured?</p>	<p data-bbox="1086 778 1308 815"><u>Not applicable</u></p> <p data-bbox="1086 826 2123 932">If device(s) covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance) for all that apply:</p> <p data-bbox="1086 943 1413 979">Click here to enter text.</p> <p data-bbox="1086 991 2141 1096">If device(s) not excluded from Tariff nor covered within existing National or Local prices please specify details of action required and confirm that this has been discussed with the HCTED team.</p> <p data-bbox="1086 1107 1413 1144">Click here to enter text.</p>				
<p data-bbox="96 1201 651 1238">A6.5 Identification Rules for Activity:</p> <p data-bbox="96 1249 555 1286">How are activity costs captured?</p>	<p data-bbox="1086 1201 1872 1238"><u>Not captured by an existing specialised service line</u></p> <p data-bbox="1086 1249 2141 1318">If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).</p>				

	<p>Click here to enter text.</p> <p>If the activity is not captured please specify whether the proposed identification rules have been documented and agreed with the Identification Rules team. <u>Yes</u></p>
A7 Monitoring	
<p>A7.1 Contracts</p> <p>Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.</p> <p>Please identify any excluded drugs or devices relevant to the service and their current status with regard to NHS England specialised services commissioning.</p>	<p><u>Yes - other</u></p> <p>Please specify</p> <p>Activity data to be developed</p>
<p>A7.2 Business intelligence</p> <p>Is there potential for duplicate reporting?</p>	<p><u>No</u></p> <p>If yes, please specify mitigation:</p> <p>Click here to enter text.</p>
<p>A7.3 Contract monitoring</p> <p>Is this part of routine contract monitoring?</p>	<p><u>No</u></p> <p>If no, please specify contract monitoring requirement:</p> <p>Once the service is procured it will be subject to contract monitoring</p>
<p>A7.4 Dashboard reporting</p> <p>Specify whether a dashboard exists for the proposed service?</p>	<p><u>No</u></p> <p>If yes, specify how routine performance monitoring data will be used for dashboard reporting.</p> <p>Click here to enter text.</p>

	<p>If no, will one be developed?</p> <p>Yes</p>
<p>A7.5 NICE reporting</p> <p>Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new service specification?</p>	<p>No</p> <p>If yes, specify how performance monitoring data will be used for this purpose.</p> <p>Click here to enter text.</p>
<p>Section B - Service Impact</p>	
<p>B1 Service Organisation</p>	
<p>B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)</p>	<p>This service is currently organised across general maternity and tertiary care services. Some informal local networks have developed but the overall service model is not yet fully developed or commissioned.</p> <p><i>Source Current Pathway</i></p>
<p>B1.2 Will the specification change the way the commissioned service is organised?</p>	<p>Yes</p> <p>Please specify:</p> <p>Specialist AIP centres will be commissioned to provide services as part of a regional network arrangement with local maternity services.</p> <p><i>Source: Service Specification</i></p>
<p>B1.3 Will the specification require a new approach to the organisation of care?</p>	<p><u>Implement a new model of care</u></p> <p>Please specify:</p> <p>As above</p>

B2 Geography & Access

B2.1 Where do current referrals come from?

Select all that apply:

GP	<input type="checkbox"/>
Secondary care	<input checked="" type="checkbox"/>
Tertiary care	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:

Referrals from maternity services.

B2.2 What impact will the new service specification have on the sources of referral?

No impact

Please specify:

This service specification will not impact on the sources of referral. It will allow for referrals to be made to a commissioned service.

B2.3 Is the new service specification likely to improve equity of access?

Increase

Please specify:

The service specification will ensure that all women are referred to specialist units for both diagnosis and management. These units will meet appropriate pre-defined standards.

Source: Equalities Impact Assessment

B2.4 Is the new service specification likely to improve equality of access and/or outcomes?

No impact

Please specify:

[Click here to enter text.](#)

Source: Equalities Impact Assessment

B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<u>Procurement action</u> Please specify: Possible provider selection action
B3.2 Time to implementation: Is a lead-in time required prior to implementation?	<u>Yes - go to B3.3</u> Yes as this service will need to be procured
B3.3 Time to implementation: If lead-in time is required prior to implementation, will an interim plan for implementation be required?	<u>Yes</u> If yes, outline the plan: <ul style="list-style-type: none"> • Agree service specification and commissioning/procurement plan August 2018 • Agree and confirm funding flows and top slicing arrangements with NHS England Pricing Development Team and NHS Improvement • Procure service during 2018/19 • Go live with new service 1 4 2019
B3.4 Is a change in provider physical infrastructure required?	<u>No</u> Providers will already have physical infrastructure linked to existing commissioned services – maternity theatres, adult critical care, neonatal critical care.
B3.5 Is a change in provider staffing required?	<u>Yes</u> To meet service specification requirements there may need to be some changes in provider staffing, however a number of centres are already providing this activity although not formally commissioned, therefore

	limited changes in provider staffing required for a number of providers.																
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<u>Yes</u> New formal network arrangements will need to be put in place to support the referral process to the specialist AIP centres																
B3.7 Are there changes in the support services that need to be in place?	<u>Yes</u> Please specify: Commissioned services will need to ensure that the necessary support services are in place, but for a number of providers this is already available.																
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<u>No</u> But the service will need to be supported by regional network arrangements with local maternity services																
B3.9 Is there likely to be either an increase or decrease in the number of commissioned providers? If yes, specify the current and estimated number of providers required in each region	<u>Increase</u> Please complete the table: <table><tr><th>Region</th><th>Current no. of providers</th><th>Future State expected range</th><th>Provisional or confirmed</th></tr><tr><td>North</td><td>0</td><td></td><td><u>P</u></td></tr><tr><td>Midlands & East</td><td>0</td><td></td><td><u>P</u></td></tr><tr><td>London</td><td>0</td><td></td><td><u>P</u></td></tr></table>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North	0		<u>P</u>	Midlands & East	0		<u>P</u>	London	0		<u>P</u>
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North	0		<u>P</u>														
Midlands & East	0		<u>P</u>														
London	0		<u>P</u>														

	South	0		<u>P</u>																
	Total	0	10-20	<u>P</u>																
Please specify: Click here to enter text.																				
B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.	<i>Select all that apply:</i> <table border="1"> <tr> <td>Publication and notification of new service specification</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Market intervention required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Competitive selection process to secure increase or decrease provider configuration</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Price-based selection process to maximise cost effectiveness</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Any qualified provider</td> <td><input type="checkbox"/></td> </tr> <tr> <td>National Commercial Agreements e.g. drugs, devices</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Procurement</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>				Publication and notification of new service specification	<input checked="" type="checkbox"/>	Market intervention required	<input type="checkbox"/>	Competitive selection process to secure increase or decrease provider configuration	<input checked="" type="checkbox"/>	Price-based selection process to maximise cost effectiveness	<input type="checkbox"/>	Any qualified provider	<input type="checkbox"/>	National Commercial Agreements e.g. drugs, devices	<input type="checkbox"/>	Procurement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
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B4 Place-based Commissioning																				
B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)	<u>No</u> Please specify: Low activity numbers will necessitate a limited number of providers to be commissioned at a regional level.																			
Section C - Finance Impact																				

C1 Tariff/Pricing

C1.1 How is the service contracted and/or charged?
Only specify for the relevant section of the patient pathway

Select all that apply:

Drugs	Not separately charged – part of local or national tariffs	<input checked="" type="checkbox"/>
	Excluded from tariff – pass through	<input type="checkbox"/>
	Excluded from tariff - other	<input type="checkbox"/>
Devices	Not separately charged – part of local or national tariffs	<input checked="" type="checkbox"/>
	Excluded from tariff (excluding ZCM) – pass through	<input type="checkbox"/>
	Excluded from tariff (excluding ZCM) – other	<input type="checkbox"/>
	Via Zero Cost Model	<input type="checkbox"/>
Activity	Paid entirely by National Tariffs	<input type="checkbox"/>
	Paid entirely by Local Tariffs	<input type="checkbox"/>
	Partially paid by National Tariffs	<input checked="" type="checkbox"/>
	Partially paid by Local Tariffs	<input checked="" type="checkbox"/>
	Part/fully paid under a Block arrangement	<input type="checkbox"/>
	Part/fully paid under Pass-Through arrangements	<input type="checkbox"/>
	Part/fully paid under Other arrangements	<input type="checkbox"/>

C1.2 Drug Costs

Where not included in national or local tariffs, list each drug or combination, dosage, quantity, **list** price including VAT if applicable and any other key information e.g. Chemotherapy Regime.
NB discounted prices or local prices must not be included as these

N/A

are subject to commercial confidentiality and must not be disclosed.	
C1.3 Device Costs Where not included in national or local tariff, list each element of the excluded device, quantity, list or expected price including VAT if applicable and any other key information. NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	N/A
C1.4 Activity Costs covered by National Tariff List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Activity costs are covered by the national maternity pathway tariff and NHS England is currently working with NHS Improvement and Pricing to remove costs from the maternity tariff to cover the cost of diagnostics and the surgical elements of the procedure:
C1.5 Activity Costs covered by Local Tariff List all the HRGs (if applicable), HRG or local description, estimated average tariff, volume and any other key costs. Also indicate whether the Local Tariff(s) is/are newly proposed or established and if newly proposed how it has been derived, validated and tested.	NA
C1.6 Other Activity Costs not covered by National or Local Tariff Include descriptions and estimates of all key costs.	NA
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	No Please specify: Click here to enter text.

C2 Average Cost per Patient		
C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?	YR1	£23,643.00
	YR2	£23,643.00
	YR3	£23,643.00
	YR4	£23,643.00
	YR5	£23,643.00
	Are there any changes expected in year 6-10 which would impact the model? If yes, please specify:	
C3 Overall Cost Impact of this Service specification to NHS England		
C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	<u>Cost neutral</u> Please specify: See C1.5	
C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.	NA.	
C3.3 If the activity is subject to a change of commissioning responsibility, from CCG to NHS England, has a methodology for the transfer of funds been identified, and calculated?	AIP is linked to the maternity tariff. See C1.5	
C4 Overall cost impact of this service specification to the NHS as a whole		

<p>C4.1 Specify the budget impact of the proposal on other parts of the NHS.</p>	<p>Budget impact for CCGs: <u>Cost neutral</u> Budget impact for providers: <u>Cost neutral</u> Please specify: Click here to enter text.</p>
<p>C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.</p>	<p><u>Cost neutral</u> Please specify: Click here to enter text.</p>
<p>C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured</p>	
<p>C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?</p>	<p><u>No</u> Please specify: Click here to enter text.</p>
<p>C5 Funding</p>	
<p>C5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified, e.g. decommissioning less clinically or cost-effective services.</p>	<p>NA</p>
<p>C6 Financial Risks Associated with Implementing this Service specification</p>	

C6.1 What are the material financial risks to implementing this service specification?	The costs allocated to providers based on activity and top slicing the national maternity tariff may not adequately cover the provider costs.						
C6.2 How can these risks be mitigated?	Activity monitoring and review of budget profile in the second part of 2019/20.						
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	None.						
C6.4 What scenario has been approved and why?	Activity levels has been set based on the most recent survey and the commissioning assumptions have been based on this which is higher than the original planning assumptions linked to caesarean rates						
C7 Value for Money							
C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?	<u>There is no published evidence of cost-effectiveness</u>						
C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification</td><td><input type="checkbox"/></td></tr> <tr> <td>Available pricing data suggests the service is lower cost compared to current/comparator treatment</td><td><input type="checkbox"/></td></tr> <tr> <td>Available clinical practice data suggests the new service specification has the potential to improve value for money</td><td><input type="checkbox"/></td></tr> </table>	Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input type="checkbox"/>	Available pricing data suggests the service is lower cost compared to current/comparator treatment	<input type="checkbox"/>	Available clinical practice data suggests the new service specification has the potential to improve value for money	<input type="checkbox"/>
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Available pricing data suggests the service is lower cost compared to current/comparator treatment	<input type="checkbox"/>						
Available clinical practice data suggests the new service specification has the potential to improve value for money	<input type="checkbox"/>						

	Other data has been identified	<input type="checkbox"/>
	No data has been identified	<input checked="" type="checkbox"/>
	The data supports a high level of certainty about the impact on value	<input type="checkbox"/>
	The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>
C8 Non-Recurrent Costs		
C8.1 Are there non-recurrent revenue costs associated with this service specification?	<p><u>No</u></p> <p>If yes, please specify and indicate whether these would be incurred or passed through to NHS England:</p> <p>Click here to enter text.</p> <p>If the costs are to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact.</p> <p>Choose an item.</p>	
C8.2 Are there any non-recurrent provider capital costs associated with the service specification?	<p><u>No</u></p> <p>If yes, please specify and indicate with there is a separate source of funding identified (commissioners cannot reimburse capital costs).</p> <p>Click here to enter text.</p>	