

**CLINICAL PRIORITIES ADVISORY GROUP
XX XX 2018**

Agenda Item No	
National Programme	Trauma
Clinical Reference Group	Adult Critical Care
URN	1666

Title Insert service specification title in full

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Actions Requested	1. Recommend the adoption of the service specification proposition
	2. Recommend its approval as an IYSD

Proposition

Adult Critical Care (ACC) incorporates both intensive and high dependency care (ICU/HDU) and underpins all secondary and specialised adult care. NHS England's Information Rules for Prescribes Specialised Services states that any critical care period that is linked with a specialist spell e.g. neurosurgery, cardiac surgery, is considered to be a specialised service.

There is no existing published service specification for Adult Critical Care. In May 2016 CPAG considered a version of the service specification however it was rejected on the basis that it represented a significant cost pressure. The service specification was further revised by the ACC Specification Working Group with input from the Clinical Reference Group to reflect 'custom and practice'. The revised draft was shared with registered stakeholders on 6 July for the period of 2 weeks to seek their views. In addition it was shared with CRG where there were clinical interdependencies. A summary of stakeholder feedback and responses are included in the engagement report.

The committee is asked to receive the following assurance:

1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes where necessary an: Evidence Review; Clinical Panel Report
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2.	The Head of Acute Programmes confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Service Specification Proposition. The relevant National Programme of Care has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Operational Delivery Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.
5.	The Director of Nursing (Specialised Commissioning) confirms that the proposed quality indicators have been adequately defined.

The following documents are included (others available on request):

1.	Service Specification Proposition
2.	Consultation Report
3.	Evidence Summary (where completed)
4.	Clinical Panel Report (where completed)
5.	Equality Impact and Assessment Report

The Benefits of the Proposition

No	Metric	Grade of evidence (where evidence review completed)	Summary of benefit (where applicable)
1.	Survival	Not measured	Where an evidence review has been completed, please include metric of survival (e.g., 30 days benefit, 50 years benefit)
2.	Progression free survival	Not measured	
3.	Mobility	Not measured	
4.	Self-care	Not measured	
5.	Usual activities	Not measured	
6.	Pain	Not measured	

7.	Anxiety / Depression	Not measured	
8.	Replacement of more toxic treatment	Not measured	
9.	Dependency on care giver / supporting independence	Not measured	
10.	Safety	Not measured	
11.	Delivery of intervention	Not measured	

Other health metrics determined by the evidence review (*where evidence review completed*)

No	Metric	Grade of evidence	Summary from evidence review
		Grade A	[AS ABOVE]
		Grade A	
		Grade A	
		Grade A	
		Grade A	

Considerations from review by Rare Disease Advisory Group

[NOT APPLICABLE/TO BE COMPLETED BY AC WHERE APPROPRIATE]

Pharmaceutical considerations

Not applicable

Considerations from review by National Programme of Care

POC Board support

Select appropriate option:

1) The proposal received the full support of the Trauma PoC Board on 25/09/18

Select appropriate option:

1) Non material amendments and therefore suitable for immediate adoption

SECTION 2 – IMPACT REPORT

No	Item	N/Cost £K	Level of uncertainty
1.	Number of patients affected in England	The total number of critical care bed days billed to specialised commissioning is 41,000 per month	
2.	Total cost per patient over 5 years	£5,210	The average cost per episode of care as per 2016/17 reference costs. This covers both specialised and non-specialised (CCG commissioned care).
3.	Budget impact year 1	£0	Cost neutral. It is not anticipated that the revised service specification will have a direct impact on local prices.
4.	Budget impact year 2	£0	Cost neutral. As described in Section 2. (Box 3.) above.
5.	Budget impact year 3	£0	Cost neutral. As described in Section 2. (Box 3.) above.
6.	Budget impact year 4	£0	Cost neutral. As described in Section 2. (Box 3.) above.
7.	Budget impact year 5	£0	Cost neutral. As described in Section 2. (Box 3.) above.
8.	Total number of patients treated over 5 years		The number of patients receiving critical care is not separately recorded.
9.	Net cost per patient treated over 5 years	£0	
10.	Estimated proportion of patients benefitting (%)	N/A	
11.	Total cost per patient benefitting over 5 years	N/A	

Key additional information

This is considered to be cost neutral because the updated service specification is not expected to change the currently commissioned pathway for adult critical care. The vast majority of standards outlined in the service specification are deemed to be custom and practice and therefore no change to local prices is anticipated.

A separate review of the payment mechanism for adult critical care is being undertaken.

[TO BE COMPLETED BY NHS ENGLAND FINANCE (Justine Stalker Booth)]